

# Rhomboid Manual Muscle Test

Patient's full name: \_\_\_\_\_ Date examined: \_\_\_\_\_

Physician's full name: \_\_\_\_\_

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## What you need

- An examination table or bed
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## Instructions

- Have your patient lie down in a prone position on an examination table/bed.
  - Have your patient put their hand on the small of their back. Instruct the patient to lift their hand off their back.
  - Apply a downward force on their arm while they are trying to reach the full range of motion upward; make sure to tell the patient to resist the force.
  - Exert maximum force first (Grade 5).
  - Exert strong/moderate force second (Grade 4).
  - After Grade 5 and 4, palpate the muscles along the scapula's medial border.
  - Have the patient lift their hands off the small of their back again while palpating the muscles (Grade 3).
  - After Grade 3, have the patient sit down while keeping their hand on the small of their back.
  - Palpate the rhomboid muscles and scapula while instructing the patient to complete the test of motion by lifting the arm of their back in a backward, rising motion (Grades 2, 1, and 0).
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## Results

- **Grade 5:** They completed the range of motion and exhibited maximum resistance to maximum downward force. This means their rhomboid muscles are at normal strength. The professional's fingers will pop out when the rhomboids contract.
- **Grade 4:** They completed the range of motion but only exhibited maximum resistance to strong/moderate downward force. This means their muscle strength is good. The professional's fingers will usually pop out when the rhomboids contract.
- **Grade 3:** They can complete the range of motion but can't tolerate the downward force exerted on their hand. This means their muscle strength is fair.
- **Grade 2:** They can complete the scapula's range of motion. This means their muscle strength is poor.
- **Grade 1:** Contractile activity was detected despite having no movement. This means there is a trace of contraction.
- **Grade 0:** There is no trace of contraction at all

## Additional notes