

**Background:** Emma is a 32-year-old female who works as a software developer from home. She maintains an active lifestyle, engaging in rock climbing 2-3 times per week and practicing yoga once a week. Emma is single and lives alone with her cat.

**Suffering:** Emma's chief complaint is acute right shoulder pain, which began 3 days ago during an intense rock climbing session. She rates the pain severity as 8/10 on the Numeric Rating Scale (NRS). The pain is located in her right shoulder and radiates to her upper arm and neck.

**Reports:** Emma reports significant difficulty raising her arm above shoulder level. She experiences sharp pain when attempting to reach behind her back. The pain has disrupted her sleep patterns, and she finds herself unable to perform daily activities such as brushing her hair or putting on a jacket without discomfort.

**Report Details:** The pain is characterized as sharp and stabbing with movement, transitioning to a dull ache when at rest. Overhead movements, lifting objects, and lying on her right side aggravate the pain. Emma finds some relief through rest, ice application, and over-the-counter pain medication. She notes no numbness or tingling in her arm or hand.

**Historical Data:** Emma has a history of mild lower back pain, which she manages through stretching and exercise. Two years ago, she sprained her left ankle but has fully recovered from that injury. She has no previous shoulder injuries and no significant medical conditions. Emma is a non-smoker and consumes alcohol occasionally.

**Correct Approach:** A thorough assessment should begin with a detailed subjective examination, followed by an objective examination. This should include range of motion testing, strength testing, and special tests for rotator cuff and labral pathologies. The physiotherapist should perform palpation of the shoulder complex and cervical spine, conduct a postural assessment, and carry out functional movement screening.

**Diagnosis:** The primary diagnosis based on the presented information is likely acute rotator cuff tendinopathy, with the supraspinatus tendon being the most probable site of injury. Secondary diagnoses to consider include a potential labral tear and scapular dyskinesis. These diagnoses would need to be confirmed through the physical examination and possibly imaging studies if deemed necessary.