

Diagnosis of Shoulder problems in Primary Care:

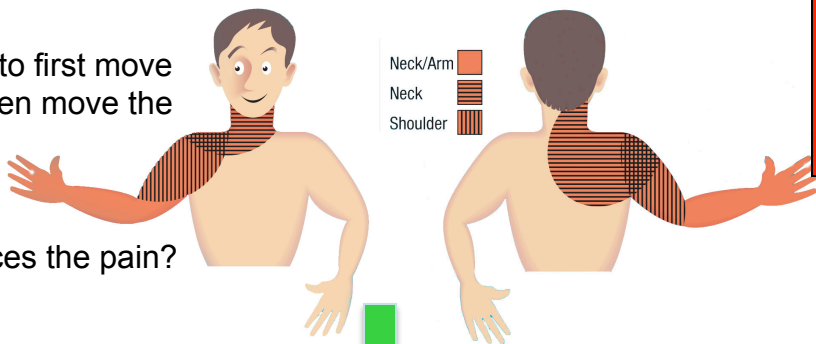
Guidelines on treatment and referral

Red Flags = Urgent Referral

1. Trauma, pain and weakness - ? Acute cuff tear
2. Any mass or swelling - ? Tumour
3. Red skin, fever or systemically unwell - ? Infection
4. Trauma / epileptic fit / electric shock leading to loss of rotation and abnormal shape - ? Unreduced dislocation

Is it Neck or Shoulder ?

- Ask the patient to first move the neck and then move the shoulder.



- Which reproduces the pain?

Neck

- Follow local spinal service guidelines

Shoulder

- History of Instability?
 - Does the shoulder ever partly or completely come out of joint?
 - Is your patient worried that their shoulder may dislocate during sport or on certain activities?

Primary Care

Instability

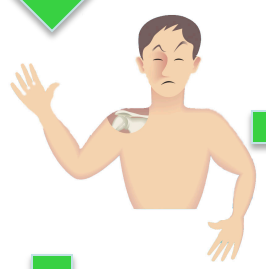
- Common age 10 - 35 yrs
- Physio if Atraumatic

Refer to Shoulder Clinic

Instability

- Traumatic dislocation
- Ongoing symptoms
- Atraumatic with failed physio

- Is the pain localised to the AC joint and associated with tenderness?
- Is there high arc pain.
- Is there a positive cross arm test.

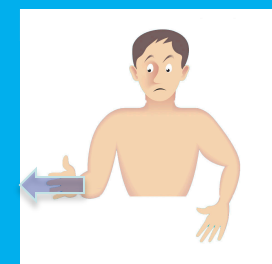


Acromioclavicular Joint Disease

- Common age >30 yrs
- Rest/NSAIDS/analgesics
- Steroid injection
- Physio
- X-ray if no improvement

Acromioclavicular Joint Disease

- Refer if transient or no response to injection and physio.



- Is there reduced **passive** external rotation?

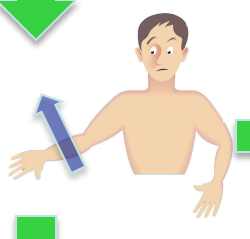
Glenohumeral Joint

- Frozen shoulder
- Common age 35-65 years
- Arthritis
- Common age >60 years
- X-ray – to differentiate.
- Rest
- NSAIDS/analgesics.
- Patient information
- Cortisone injection

Glenohumeral Joint

- If frozen shoulder with normal x-ray – refer if atypical and/or severe functional limitation.
- Refer if arthritis on x-ray and poor response to analgesics and injection.

- Is there a painful arc of abduction?
- Is there pain on abduction with the thumb down, worse against resistance?



Rotator Cuff Tendinopathy

- Common age 35-75 years
- Rest / NSAIDS / analgesics
- Subacromial injection
- Physiotherapy

Rotator Cuff Tendinopathy

- Transient or no response to injection and physiotherapy

N.B. A history of trauma with loss of abduction in a younger patient = **Red Flag 1**

N.B. Although an ultrasound or MRI scan can be of value, some people over 65 years have asymptomatic cuff tears.

N.B. Massive cuff tears in patients > 75 years are generally not repairable.

Other cause of Neck or Arm pain