

**Clinical Guideline:** Painful Shoulder - General Site: FPH

* Onset- gradual, acute, following injury. Exacerbating and relieving factors
* Site of maximal pain
* Relational of pain to movement or rest and night pain.
* Instability, neurological symptoms.
* Functional impairment- dominant or non-dominant arm
* Effects on work or sport
* Instability- history of dislocation
* Systemic features-fever, night sweats, weight loss, generalized joint pains, rash
* History of musculoskeletal or shoulder problems, or symptoms elsewhere.
* Co morbidity e.g. diabetes, stroke, cancer.

History

Advice and Treatment

* Refer to MSK clinic- if available, or an orthopaedic surgeon or rheumatologist (depending on the reason for referral) if:
* The diagnosis is uncertain.
* The person has acute trauma or active elevation of less than 120 degrees.
* A rotator cuff tear is suspected (i.e. obvious muscle wasting, significant rotator cuff weakness, inability to use the affected arm).
* There is an inadequate response after 3-6 months of conservative treatment.
* Consider earlier referral for certain groups for whom shoulder pain is particularly disabling (e.g. athletes involved in overhead sports, or people involved in heavy manual labour).

Referral Guidelines – red flag signs

There are no recommended routine investigations in primary care because, for most shoulder problems, the results of additional investigations (e.g. radiography, magnetic resonance imaging [MRI], computed tomography [CT], or ultrasonography) rarely influence treatment in primary care

Investigation

* As an initial screening test, ask the person to place the palms of their hands at the base of the neck with elbows points laterally and then to put their arms down and try to put the back of the hands between the shoulder blades. (This involves joints other than the shoulder).
* Inspect from the front, side and behind for muscle wasting, swelling and deformity and crepitus
* Assess active, passive and resisted movement of the shoulder joint.
* Look for painful arc (70-120 degrees of active abduction). Specific tests for impingement include Hawkins test- abduct the persons arm to 90 degrees and rotate between internal and external rotation. Pain with internal rotation is a positive Hawkins impingement sign.

Examination

* A general approach to assessment should be adopted and there is no recommendation for a large number of specific tests
* Mixed shoulder disorders are common and over-differentiation between the numerous diagnostic categories is unlikely to alter usual primary care treatment and follow up.

General Information