

Diagnosis of Shoulder problems in Primary Care:

Guidelines on treatment and referral

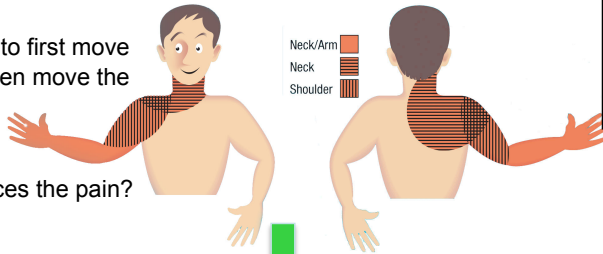
Red Flags = Urgent Referral

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?

Yes

Primary Care

Instability

Common age 10 - 35 yrs

- Physio if Atraumatic

Refer

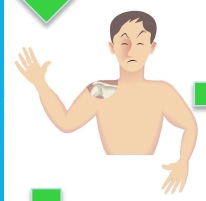
Refer to Shoulder Clinic

Instability

- Traumatic dislocation
- Ongoing symptoms
- Atraumatic with failed physio

No

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



Yes

Acromioclavicular Joint Disease

Common age >30 yrs

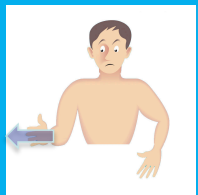
- Rest/NSAIDs/analgesics
- Steroid injection
- Physio
- X-ray if no improvement

Refer

Acromioclavicular Joint Disease

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

No



- Is there reduced passive external rotation?

Yes

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

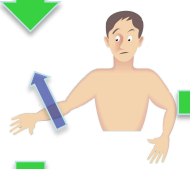
Refer

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.

No

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



Yes

Rotator Cuff Tendinopathy

Common age 35-75 years

- Rest / NSAIDs / analgesics
- Subacromial injection
- Physiotherapy

Refer

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

No

N.B. Although an ultrasound scan can be of value, 25% of 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

The Oxford Shoulder Clinic at the Nuffield Orthopaedic Centre
(see – www.noc.nhs.uk/shoulderandelbow - for patient information booklets)

