

Musculoskeletal Pathways SHOULDER

SHOULDER	Signs & Symptoms	Treatment	Consider onward referral	Diagnostic tests/ investigations prior to referral	Indication for surgery/ Secondary care referral
Impingement (Bursitis and Tendinopathies)	Painful arc Pain over deltoid; sleep disturbance (lying on affected side) Worse in elevation Affecting work or ADL	NSAID, analgesia Explanation & advice on ADL Physiotherapy rehab Steroid injection 3x to SA space	Not responding to treatment and 3x Steroid injection	Impingement signs positive: i.e. Hawkins Kennedy test X-ray AP and axillary view affected shoulder	Not responding to conservative treatment > 9 months duration consideration of Arthroscopic SAD
Acromioclavicular Joint	Pain felt over the top of shoulder Painful arc above 150° and on stressing the joint	Explanation & advice on ADL Physiotherapy Steroid injection to ACJ	Not responding to treatment and 3x injection For functional disability and pain	+ve scarf test x-ray AP and axillary view affected shoulder together with ACJ view	If x-ray shows significant disruption of joint ?excision lateral end of clavicle
Instability	History of dislocation / subluxation ?Traumatic/ nontrauma	Physiotherapy rehab Assess for motor patterning Musc imbalance.	Not responding to treatment Apprehension affecting ADL, work, sport	Positive instability tests Xray AP , lateral scapula and Stryker view MRI Arthrogram	Traumatic Atraumatic - structural

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Frozen Shoulder	Progressive onset of stiffness and pain in capsular pattern (mostly Lat.rot./Abd /Med. rot) Sleep disturbance	Explanation re natural history & advice on ADL Physiotherapy rehab injection 3-5x	Not responding to physio /3x injecti Severe limitation of ROM causing severe functional disability	Stiffness and hard end feel on passive test movements Xray AP and lateral scapula view If possible axillary view	If stiffness major problem Consideration of MUA with corticosteroid injection
OA Shoulder	Progressive onset of stiffness and pain in capsular pattern (LAM) Disturbed sleep Crepitus Elderly population	Explanation & advice on ADL Physiotherapy Steroid injection 3x	Not responding to treatment Wants surgery and understands that this is mainly pain relief measure	X-ray AP/Axillary view affected shoulder	Functional disability affecting work and ADL Severe pain. Previous shoulder surgery Patient understand aim of surgery
Acute Rotator Cuff Tear	Inability to abduct arm Weak LR /Abduction History of trauma			X-ray in light of history of trauma Ultrasound, MRI	Direct referral to secondary care
Degenerative Rotator Cuff Tear	Inability to abduct shoulder. Weak rotation. Night pain common	Steroid injection Physiotherapy rehab. Advise lifestyle	Not responding to treatment and 3x steroid injection.	Ultrasound scan or MRI	If persistent and functionally limiting ?consideration for SAD

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Sudden inability to move shoulder	Global restriction of ROM Constant worsening pain History of CA IV drug misuse	NA	NA	Xray AP, lateral scapula and axillary view	Direct referral to secondary care