Sussex MSK Partnership East

Shoulder Pain (2 of 2)

NHS

History, Examination, Assessment

Suspected sinister pathology to be investigated in primary care
Refer via 2WW cancer pathway where appropriate
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis, suspected fracture or dislocation needs referral to emergency acute orthopaedics via A&E

Clinical Presentation

Shoulder Pain - Cuff tear (Degenerative)

Shoulder Pain - Traumatic

Shoulder Pain - Recurrent Instability

Primary Care Management

Diagnostics:

- Plain film x-ray (AP & Axillary)

Management:

- Pain relief in line with agreed formularies / guidance
- Consider subacromial injection

Diagnostics:

- If significant injury or ongoing symptoms - x-ray plain film AP & axillary

Management:

- If no fracture assess for:

- Acute cuff tear: loss of strength and function. Refer urgently to MSK service within 2/52

- Traumatic ACJ

- Mild - manage conservatively
- Moderate - physio
- Severe - refer to orthopaedic consultant as urgent if fracture/dislocation send to A&E

If no significant loss of function or strength consider:

- Pain relief in line with agreed formularies / guidance
- Patient education / exercise sheet
- Reassurance
- Activity modification
- Advise if pain increase to come back to GP
- Inject if GP is competent and feels happy to do so

Diagnostics:

- None

Management:

- Patient education (booklet)
- Exercise sheet
- Activity modification
- Pain relief in line with agreed formularies / guidance
- Tennis elbow strap (epiclast)
- Avoid injection unless in severe pain / cannot lift objects / unable to grip and ideally symptoms > 6 weeks
- Patient education regarding injection treatment

Thresholds for referral to SMSKPE

Refer to Physiotherapy if:

- Patient has persistent pain and loss of function

Refer to Advanced Practitioner:

- Increased pain and increased loss of function
- Poor response to physiotherapy at -6 - 8 weeks
- Poor outcome to physiotherapy > 12 weeks

Refer to physiotherapy if:

- Symptoms persist > 4 weeks but strength / movement maintained, no suggestion of an RC tear.

Refer to Advanced Practitioner if:

- Suspected rotator cuff tear with significant weakness / loss of function - **Urgent**
- Severe pain since injury
- Deteriorating or persisting symptoms
- GH recurrent instability
- Symptomatic ACJ dislocation / subluxation

Refer to Orthopaedic Consultant if:

- Fracture / GH dislocation on x-ray send to A&E

Refer to physiotherapy if:

- Symptoms > 12 weeks
- No / poor resolution from injection

Refer to Advanced Practitioner if:

- No response to Physiotherapy
- Diagnostic query