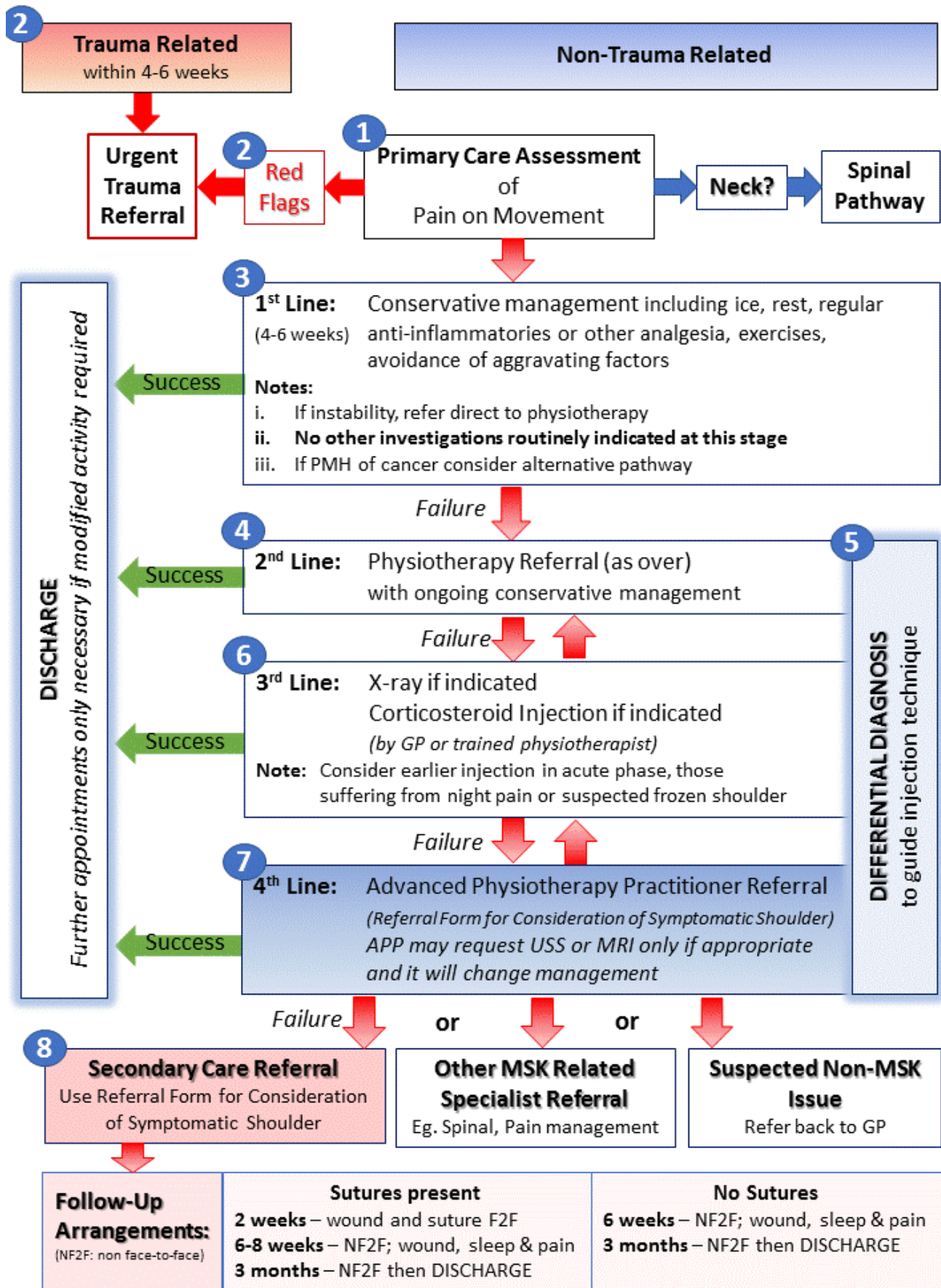
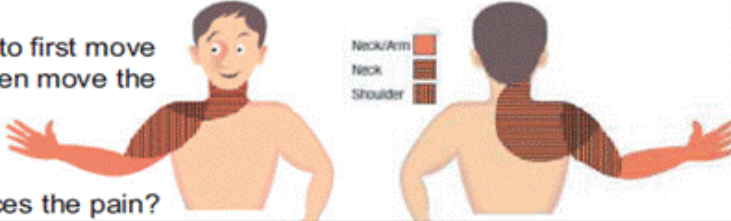


Symptomatic Shoulder Pain Pathway



Shoulder Pain Pathway Definitions

<p>Pain on Movement</p> <ul style="list-style-type: none"> Ask the patient to first move the neck and then move the shoulder.  <ul style="list-style-type: none"> Which reproduces the pain? 	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div>			
<p>Red Flags & Trauma (within 4-6 weeks)</p> <p>Trauma, pain and weakness - ? <i>Acute cuff tear or fracture</i></p> <p>Any mass or swelling - ? <i>Tumour</i></p> <p>Red skin, fever or systemically unwell - ? <i>Infection</i></p> <p>Trauma/Epileptic Fit/Electric Shock leading to loss of rotation & abnormal shape - ? <i>Acute dislocation</i></p>	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2</div>			
<p>Conservative Management over 4-6 weeks</p> <p>Anti-inflammatories - <u>regular</u> doses for at least 4 weeks</p> <p>Avoidance of aggravating factors</p> <p>Lifestyle and modified activities</p> <p>Exercise</p> <p style="text-align: right;">For further guidance see <i>Move to Improve</i> website: www.hacw.nhs.uk/our-services/physiotherapy/move-to-improve/</p>	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div>			
<p>Physiotherapy Referral</p> <p>Redditch & Bromsgrove CCG area – Limited self-referral (<i>Move to Improve website</i>) or GP referral to community physiotherapy AQP providers.</p> <p>South Worcestershire CCG area – Self referral available via <i>Move to Improve website</i></p> <p>Wyre Forrest CCG area – Practice based service</p>	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>			
<p>Differential Diagnosis (arrange X-ray if not already undertaken)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Glenohumeral Joint</p> <p>Reduced passive external rotation</p>  <p><i>Frozen shoulder common in ages 35-65 yrs</i></p> <p><i>Arthritis common in ages > 60 years ± prior history of trauma</i></p> <p><i>Note: A history of trauma with loss of abduction in a younger patient suggests other causes of neck or arm pain</i></p> </td> <td style="width: 33%; vertical-align: top;"> <p>Rotator Cuff Tendinopathy</p> <p>Painful arc abduction & pain on abduction with thumb down, worse against resistance</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Acromioclavicular Joint</p> <p>Localised pain & tenderness ± high arc pain ± positive cross arm test (scarf test)</p>  </td> </tr> </table>	<p>Glenohumeral Joint</p> <p>Reduced passive external rotation</p>  <p><i>Frozen shoulder common in ages 35-65 yrs</i></p> <p><i>Arthritis common in ages > 60 years ± prior history of trauma</i></p> <p><i>Note: A history of trauma with loss of abduction in a younger patient suggests other causes of neck or arm pain</i></p>	<p>Rotator Cuff Tendinopathy</p> <p>Painful arc abduction & pain on abduction with thumb down, worse against resistance</p>	<p>Acromioclavicular Joint</p> <p>Localised pain & tenderness ± high arc pain ± positive cross arm test (scarf test)</p> 	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5</div>
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<p>Corticosteroid Injection: Methylprednisolone or triamcinolone upto 80mg* + local anaesthetic</p> <p>Only repeat (@ 4-6 weeks) if indicated and partial benefit seen within one month and further improvement predicted with subsequent injection. Maximum 2 injections within 6 months</p> <p>Notes: Correct diagnosis is essential to guide injection technique</p> <p>Earlier injection may be indicated in the acute phase, those suffering from night pain or suspected frozen shoulder</p> <p>Repeated injections not recommended in patients likely to be a candidate for joint replacement</p> <p>In patients deemed "never fit for surgery" repeat every 4-6 months</p> <p>* <i>Electronic Medicines Compendium ; licensed indications and doses https://www.medicines.org.uk/emc/</i></p>	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">6</div>			
<p>Advanced Physiotherapy Practitioner Services (APPS)</p> <p>Only refer following failure of all conservative measures including mainstream physiotherapy</p>	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div>			
<p>Secondary Care Referral Using "Referral Form for Consideration of Symptomatic Shoulder"</p> <ol style="list-style-type: none"> Failed 1st line conservative management over a period of 4-6 weeks Been compliant with physiotherapy over a 4-6 week period Failed to respond or responded and symptoms have returned to corticosteroid injection (whilst compliant with conservative management & physiotherapy), unless contra-indicated Symptoms that remain intrusive and debilitating despite the above and following review by an advanced musculoskeletal practitioner 	<div style="background-color: #0056b3; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">8</div>			