Appendix 1

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/Arm
Neck
Shoulder

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?

N.B. A history of trauma with loss of abduction in a younger patient = Red Flag 1

Yes → **Rotator Cuff Tendinopathy** (Common age 35-75 years; • Rest / NSAIDS / analgesics • Subacromial injection • Physiotherapy; N.B. Although an ultrasound scan can be of value; 25% of people over 65 years have asymptomatic cuff tears.) → Refer → **Rotator Cuff Tendinopathy** (• Transient or no response to injection and physiotherapy; N.B. Massive cuff tears in patients > 75 years are generally not repairable.)

No ↓

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)

OXFORD Shoulder & Elbow CLINIC

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