Pathway for management of common shoulder problems in Primary Care

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Shoulder pain

Exclude referred pain from cervical spine

Exclude red flag signs:
1. Tumour
2. Sepsis
3. Neurological lesion

Acute fracture: Send to A&E or Fracture clinic

Subsequent pathway depends on age of patient
Young patient aged 16 to about 30

History of trauma
Shoulder dislocates
Shoulder clicks
Worse on throwing

No trauma

Consider physiotherapy

1. Shoulder Instability
2. SLAP tear
3. ACJ disruption (x ray helpful)

Consider referral to secondary care for further investigation and treatment

Symptoms interfering with daily life and not responding to rest and physio
Patient aged 30-60

Hx and exam suggest Frozen shoulder

Investigate initially with x ray

Calcifying tendonitis

Glenohumeral arthritis

Ultrasound

Normal result

Rotator cuff tear

Suspect Labral tear

Diagnosis can be difficult and if symptoms warrant, consider referral to secondary care for treatment including further investigation such as MRI scan

Rest, NSAIDs if appropriate, full course of physio, steroid injection (up to 3, but only if responding)

Consider referral to secondary care

Not responded
Patient aged 60 or over

Likely diagnoses are:
1. Rotator cuff tear
2. Glenohumeral arthritis
3. Both – Cuff tear arthropathy

1. Night pain
2. Rest pain
3. Severe restriction of function

Rest, analgesia (NSAID if appropriate), physio

Consider further investigations:
X ray and ultrasound

US shows tendinosis but no tear of rotator cuff. Consider single steroid injection

US shows tear of rotator cuff. Not responded to conservative treatment. Patient would consider surgical treatment

Not responded

Consider referral to secondary care for further treatment