
Pathway for management of common shoulder problems in Primary Care

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Shoulder pain

**Acute fracture:
Send to A&E or
Fracture clinic**

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

Exclude referred pain from cervical spine

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

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

Consider physiotherapy

**Symptoms interfering with daily life
and not responding to rest and physio**

**Consider referral to
secondary care for
further investigation
and treatment**

Patient aged 30-60

Hx and exam suggest
Frozen shoulder

Investigate initially
with x ray

**Calcifying
tendonitis**

**Glenohumeral
arthritis**

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

Ultrasound

Rotator cuff tear

Not responded

Normal result

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

Consider referral to secondary care

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**