

Shoulders

Diagnosis and treatment update

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WWW.SHOULDERSURGERY.INFO

Topics

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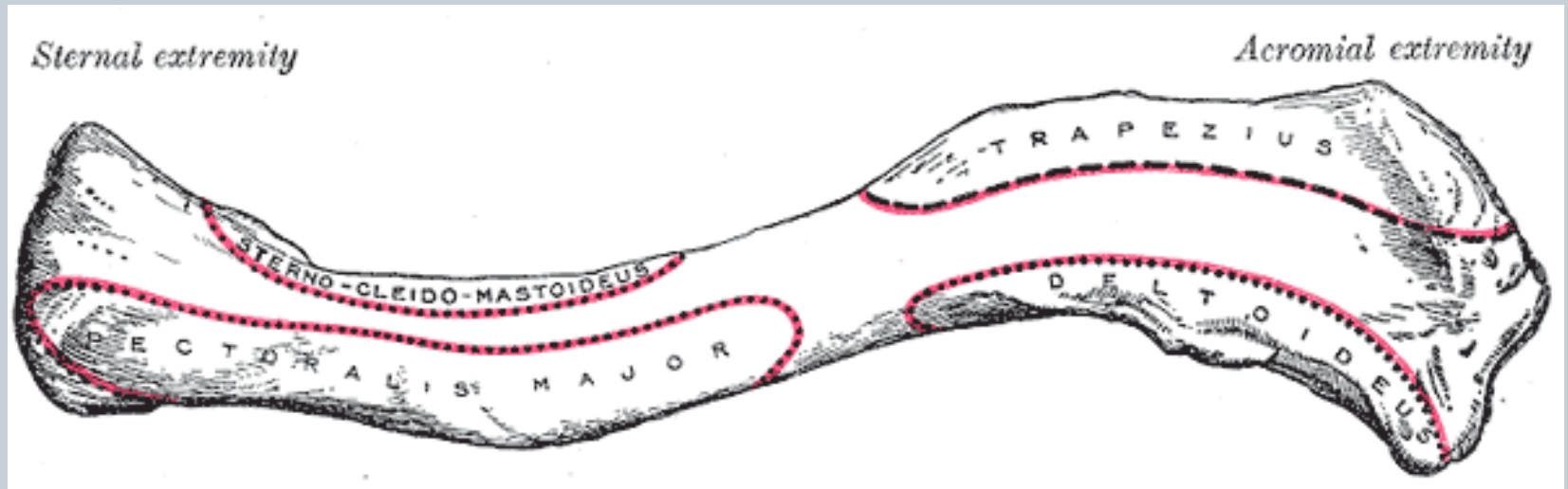
- Examination of the shoulder
 - Criteria for acute referral
 - Common conditions
 - Diagnosing OA
- Investigations in General Practice:
 - X-ray
 - USS
 - MRI scan
- Local pathway development
- When to refer to Orthopaedics

Anatomy



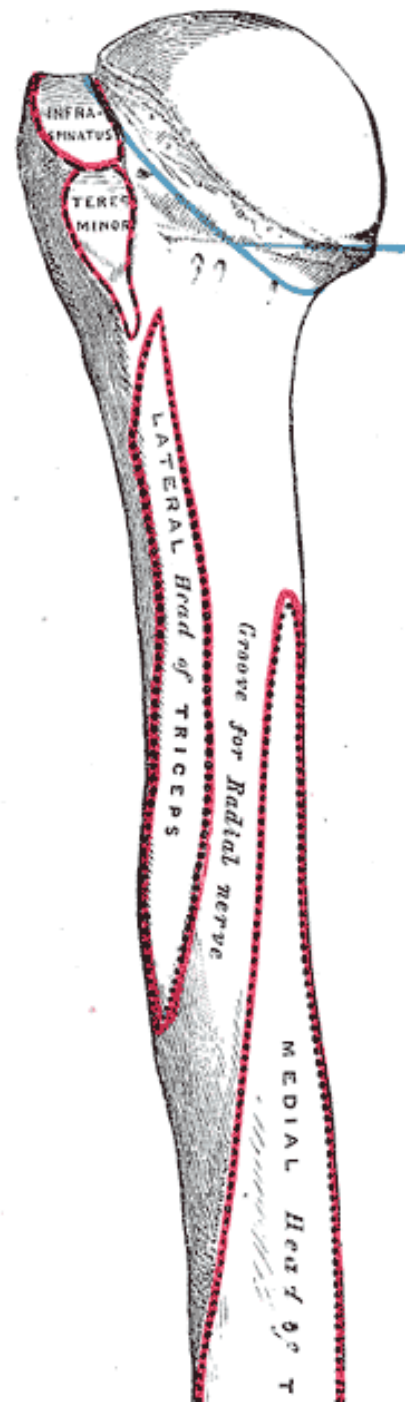
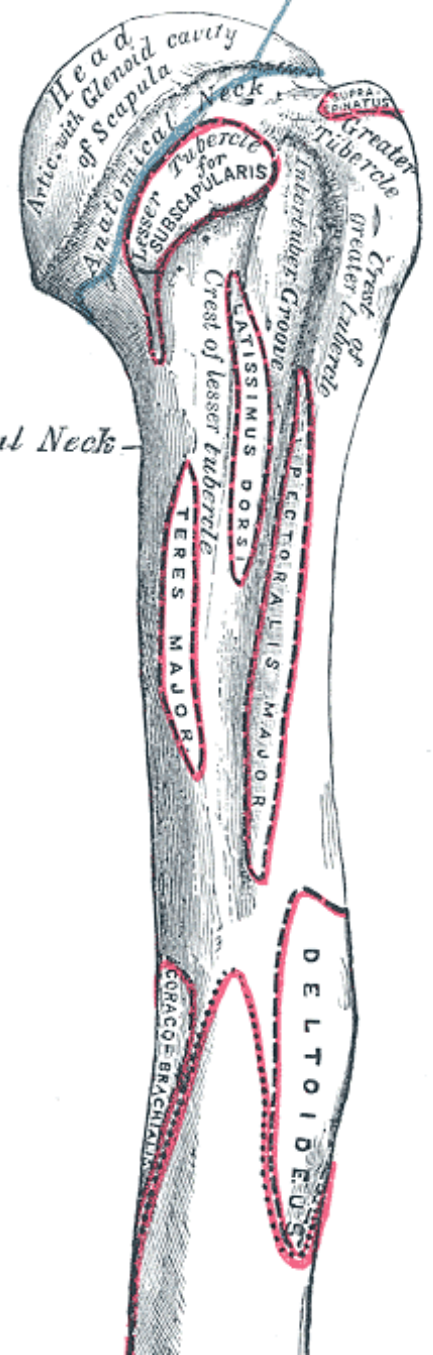
- Bones
- Ligaments
- Muscles
- Nerves

Clavicle



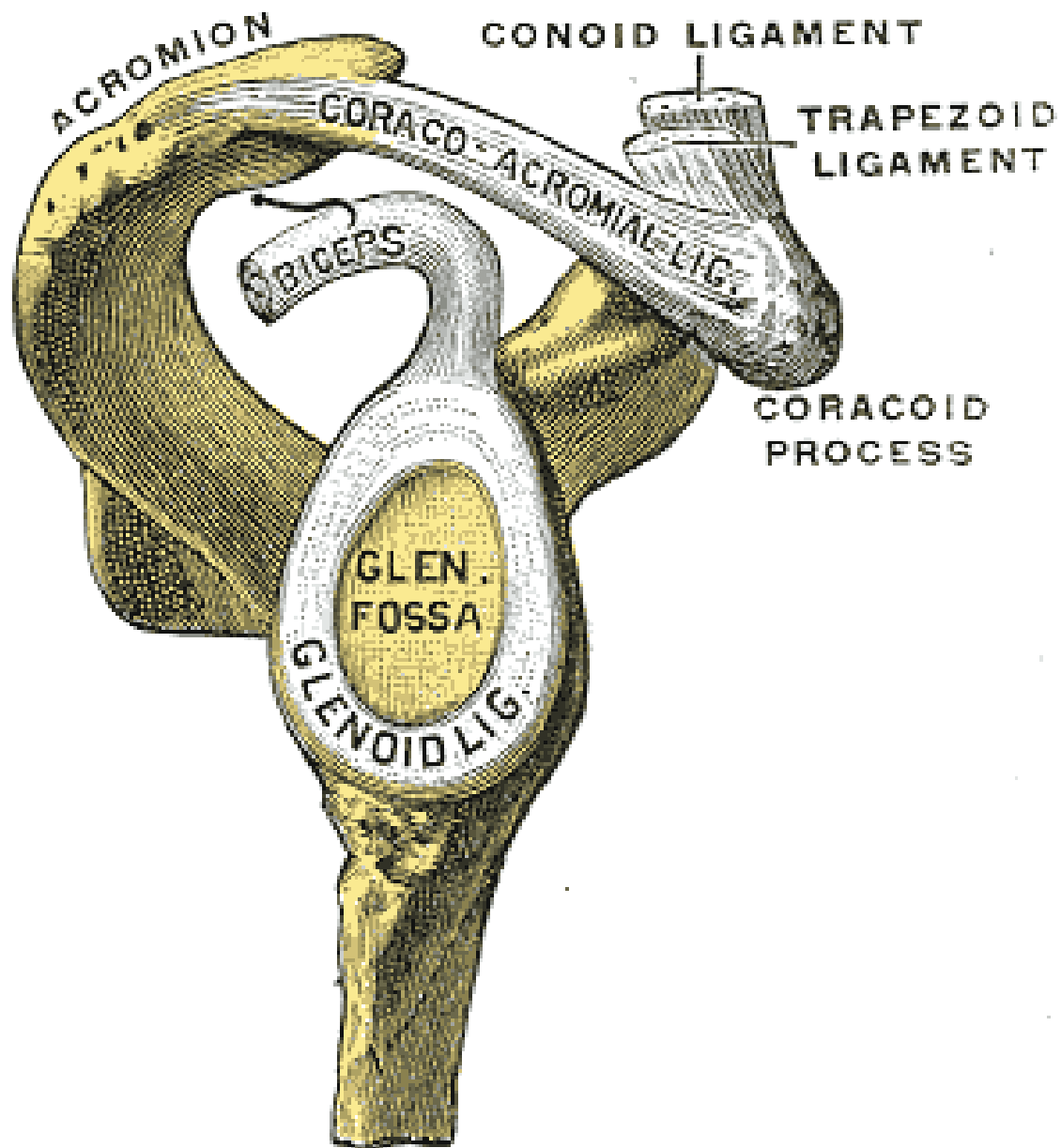
Articular capsule

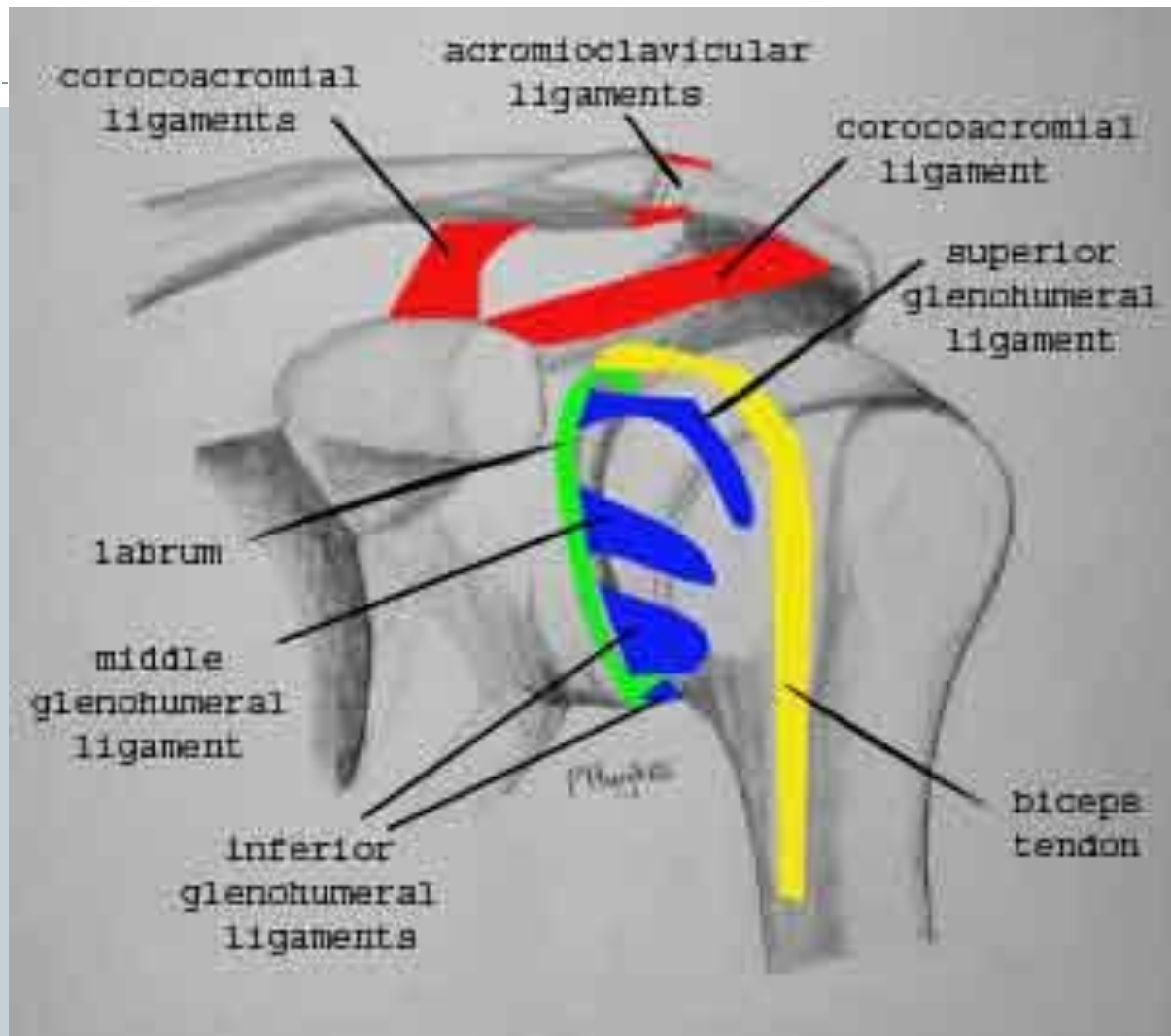
Surgical Neck

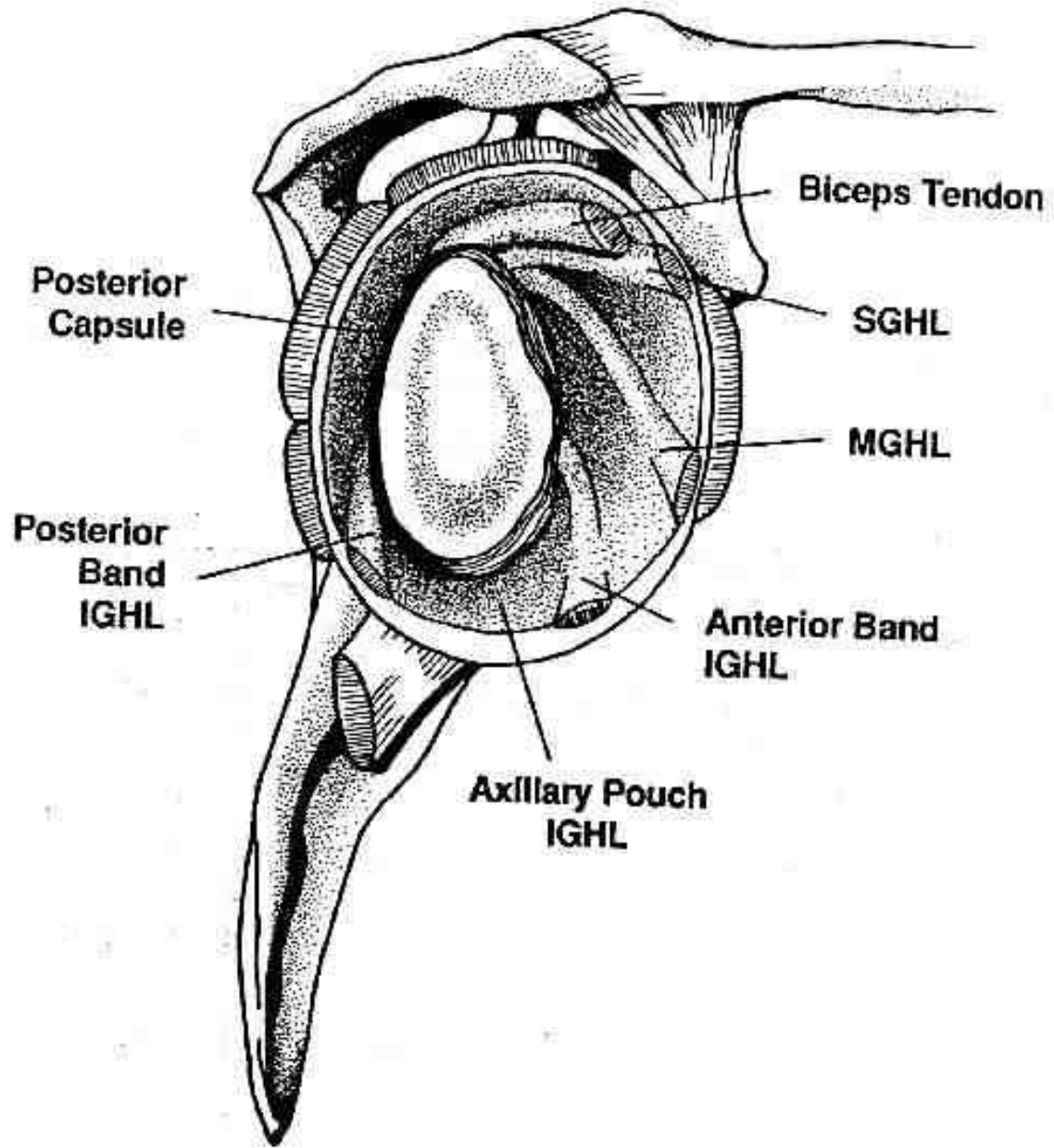


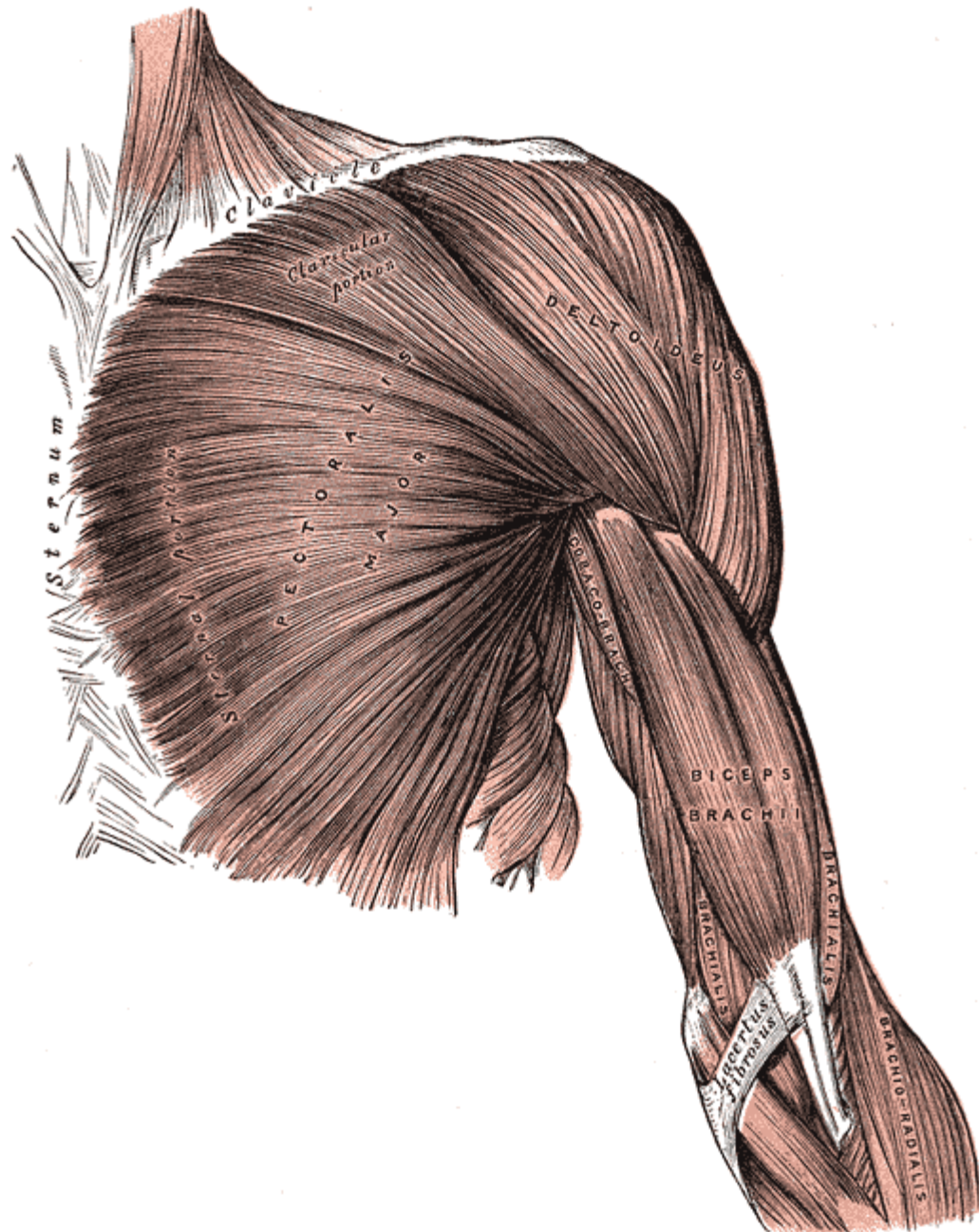
Articular capsule

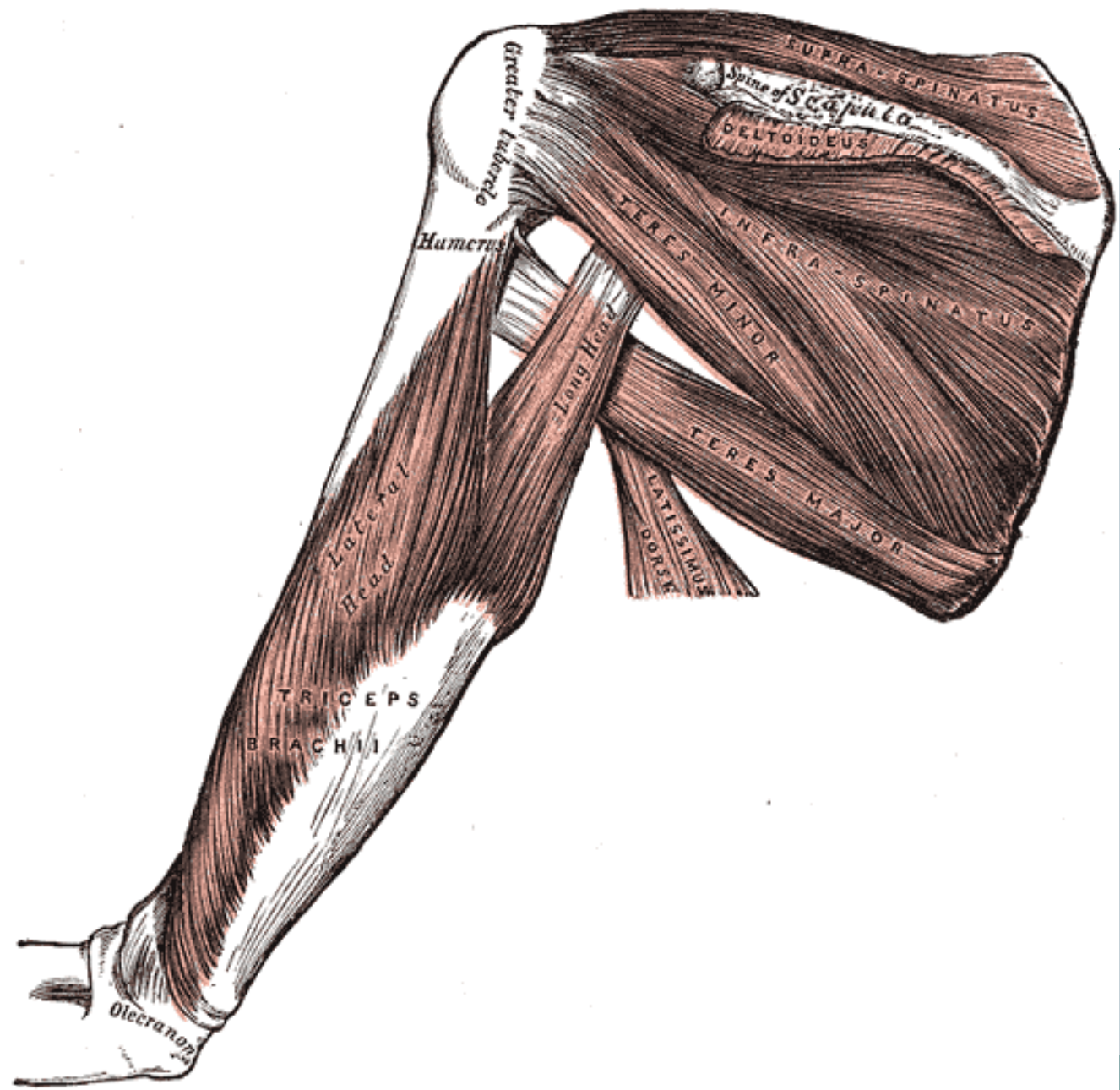


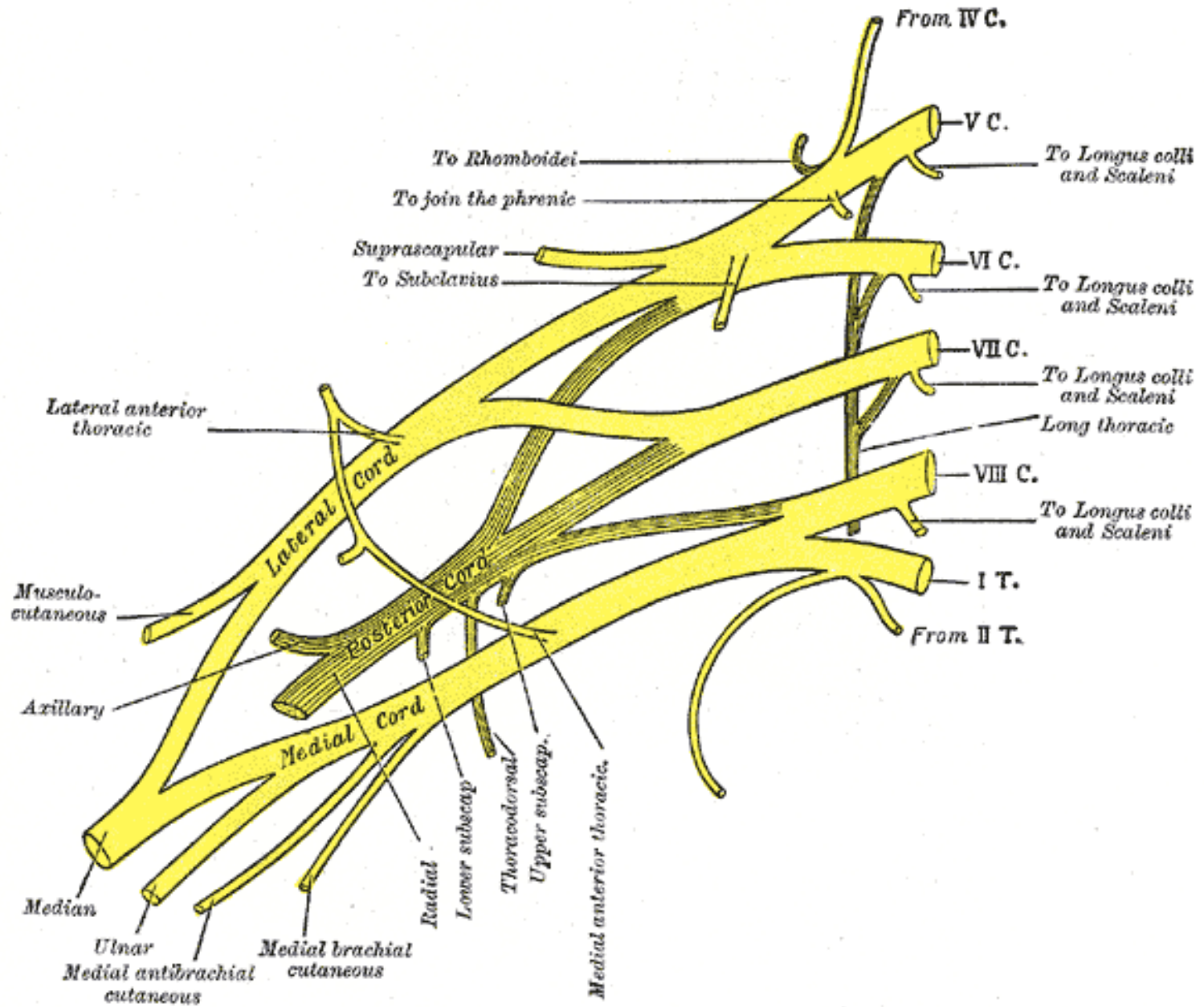












Examination

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- Look, Feel, Move
- Range of Movements
 - Elevation
 - ✦ Forward flexion
 - ✦ Abduction
 - Rotation
 - ✦ External
 - ✦ Internal



Muscles and Nerves

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- Deltoid
- Rotator Cuff
 - Supraspinatus
 - Infraspinatus
 - Subscapularis
 - Teres Minor

Special tests

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Special tests

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Diagnosis of shoulder problems: With guidelines for initial management

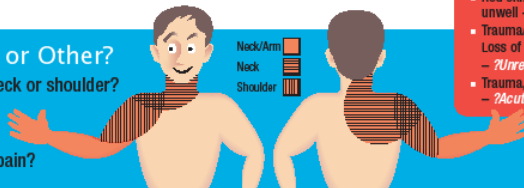
Red Flags – urgent referral

- Any mass or swelling – ?*Tumour*
- Red skin, fever or systemically unwell – ?*Infection*
- Trauma/epileptic fit/electric shock
Loss of rotation and abnormal shape
– ?*reduced dislocation*
- Trauma, pain and weakness
– ?*Acute cuff tear*

Neck or Shoulder or Other?

- Symptoms localised to neck or shoulder?
- Move the neck and then the shoulder.
- Does this reproduce the pain?

Neck/Arm
Neck
Shoulder



Neck

Common Age 35+

Management

- Perform neurological examination. If positive findings then refer
- Rest
- NSAIDs/analgesia
- Physiotherapy

Shoulder

History of instability?

- Has your shoulder ever partly or completely come out of joint?
- Are you worried that your shoulder may dislocate or slip in the joint on sporting activity or on certain movements?

Yes to one or both

No to both

Other Neck or Arm

Common Age 35+

Management

- Rest
- NSAIDs
- Physiotherapy

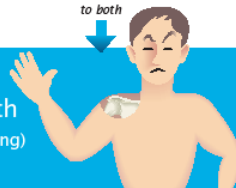
Instability

Common Age 10–35 years

Management

- Refer
- Surgery

Is the pain localised to the AC joint and associated with tenderness? (There may be swelling)



Yes

No

Acromioclavicular Joint Disease

Uncommon
Common Age 30–50 years

Management

- Rest
- NSAIDs/analgesia
- Consider Cortisone Injection
- Refer
- Surgery

Reduced Passive External Rotation



Yes

No

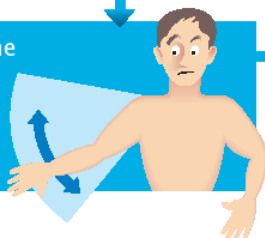
Glenohumeral Joint

Frozen Shoulder Common Age 40–60 years
Arthritis Uncommon
Common Age 60+

Management

- Rest
- NSAIDs/analgesia
- X ray
- Cortisone Injection
- Refer
- Surgery

Pain on abduction with the thumb down
Worse against resistance
Painful arc



Yes

No

Rotator Cuff/Impingement

Common Age 35–75 years

Management

- Rest
- NSAIDs/analgesia
- Cortisone Injection
- Consider Physiotherapy
- Refer
- Surgery

Other Neck or Arm pain

Common Age 35–75 years

Management

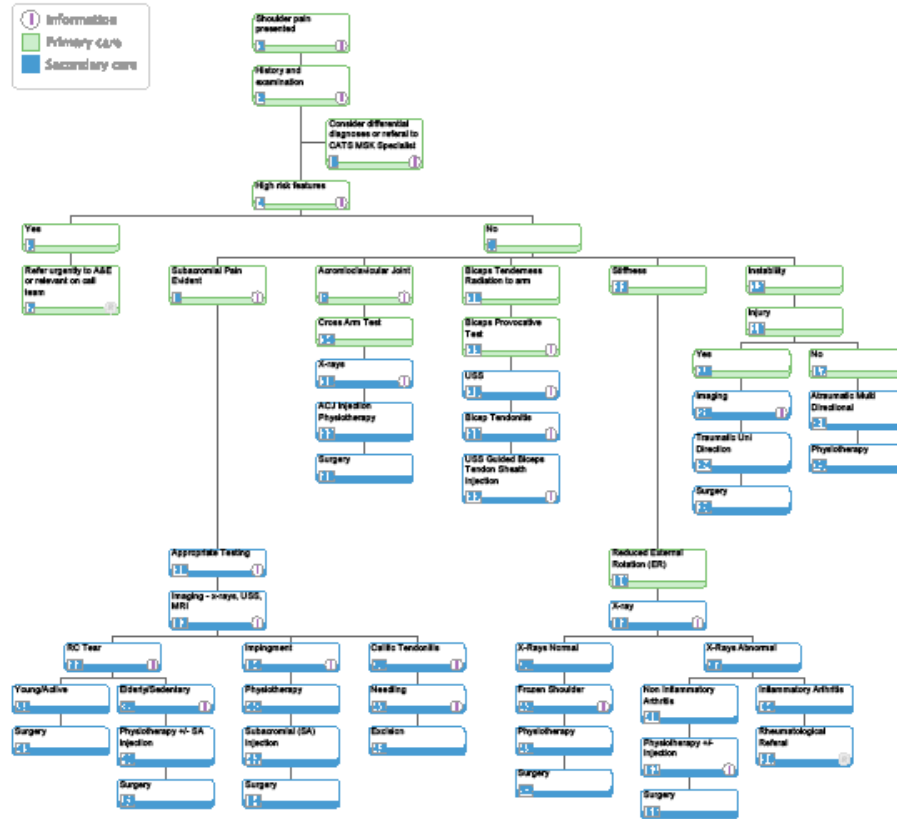
- Rest
- NSAIDs/analgesia
- Physiotherapy
- Refer



OXFORD
Shoulder & Elbow
CLINIC

Shoulder Pain (Mar11)

Trafford LHC - Pathways In Development > Orthopaedics > Shoulder Pain



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When to refer?

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- Red Flags –
- Trauma – fractures, cuff tears, instability
- When non operative measures have failed
 - ✦ Arthritis
 - ✦ Impingement
 - ✦ ACJ problems
 - ✦ Biceps problems
- Degenerate Cuff tears
 - ✦ Ensure surgery is NOT appropriate

Injections

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- Material – Steroid, Hyaluronic acid, PRP
- Route
 - **Gleno-humeral injection** –
 - ✦ inflammatory arthritis such as rheumatoid arthritis.
 - ✦ Less useful for osteoarthritis as this is a degenerative condition.
 - ✦ frozen shoulders but there is controversy about this.
 - ✦ Anterior or posterior routes can be used.
 - **Subacromial injections** –
 - ✦ impingement syndrome - the commonest shoulder disorder.
 - ✦ Rotator cuff tears should be excluded before the injections.
 - ✦ The accuracy in expert hands is about 75%.
 - ✦ USS guidance improves accuracy.
 - **Acromio-clavicular injections** –
 - ✦ Useful for degenerate conditions of the AC joint.
 - ✦ Can be repeated as the only other treatment is often surgical excision.
 - ✦ Again USS improves accuracy.
 - **Biceps sheath injections** –
 - ✦ for the specific diagnosis of biceps tendonitis. USS guidance is essential to avoid intratendinous injections and localise to the sheath.

The Lancet, Volume 376, Issue 9754, Pages 1751 - 1767,
20 November 2010

Efficacy and safety of corticosteroid injections and other injections for management of tendinopathy: a systematic review of randomised controlled trials

- 3824 trials were identified
- Short term benefit

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