Bucks MSK
Shoulder pathway GP management

Shoulder impingement

Subacromal impingement: Assessment

- Painful arc signs: pain/catching/crepitus on active movements. Often overhead/ abduction movements.
- Less pain on passive movements.
- Pain often at anterior shoulder and superior/lateral aspect of arm
- Weakness and pain on strength testing: abduction/lateral rotation most common, worse on abduction with thumb down
- Can include calcific tendinitis and rotator cuff tears: intact or partial
- Impingement Tests: Hawkins- Kennedy, NEER, Jobe's empty can + PAIN
- Traumatic cuff tear (complete tear is rare)- follow impingement pathway but consider early referral if significant functional loss

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Reassure majority of shoulder pain resolves in 3 months
- Provide shoulder /pain/impingement patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe pain and dysfunction and X ray AP view if symptoms > 4 weeks, severe, keeping awake
- Consider sub-acromial injection after 6 weeks if competence within the practice. Review in 3 weeks

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks (or 9 if injection has been offered)
- Refer: GP referral, via e-RS

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Bucks MSK
Shoulder pathway GP management

Adhesive capsulitis

Assessment

- Women>men, 40-50yrs old
- Cycle of pain, then stiffness, then resolution
- Active and passive movement reduction when "frozen", specifically lateral rotation with accompanied stiffness in all directions.
- Pain can radiate to elbow/wrist, difficulty sleeping/lying on affected side
- May take weeks to present as a frozen shoulder: highly variable presentation and pain levels
- Self resolving: Varying length of duration for resolution but can be over 2 years
- Common in diabetics: consider diabetes testing/management if diabetic or suspicious of diabetes.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/ NSAIDS as appropriate
- Reassure, advise to mobilise arm within pain limits: see exercises for frozen shoulder in patient information leaflet
- Explain >95% will get better with no treatment
- Provide shoulder pain patient information leaflet: Bucks MSK and/ or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe pain and dysfunction and X-ray AP view if symptoms > 4 weeks, severe, keeping awake
- Consider glenohumeral joint injection after 6 weeks if competence within the practice. Review in 3 weeks

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks (or 9 weeks if injection has been offered)
- Refer: GP referral, via e-RS

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Bucks MSK
Shoulder pathway GP management

Shoulder osteoarthritis

Assessment
- Glenohumeral (GHJ) OA can mimic frozen shoulder
- Common: > 60 years, family history of OA, presence of OA in other joints, progressive pain and stiffness over protracted period, previous trauma/incomplete cuff tear
- Presence of crepitus on movements
- Variable presentations of GHJ movement restriction and pain

Early management
(must be attempted prior to any referral to iMSK)
- Analgesic ladder/ NSAIDS as appropriate
- Provide shoulder pain patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe pain and dysfunction and X-ray AP view if symptoms > 4 weeks, severe, keeping awake
- Consider glenohumeral joint injection after 6 weeks if competence within the practice. Review in 3 weeks

Referral to Bucks MSK:
- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks (11 if steroid injection has been offered)
- Refer: GP referral, via e-RS

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