GP PLS Session Shoulder and Elbow

Thursday 14th April 2106

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Session Plan

Brief overview of anatomy

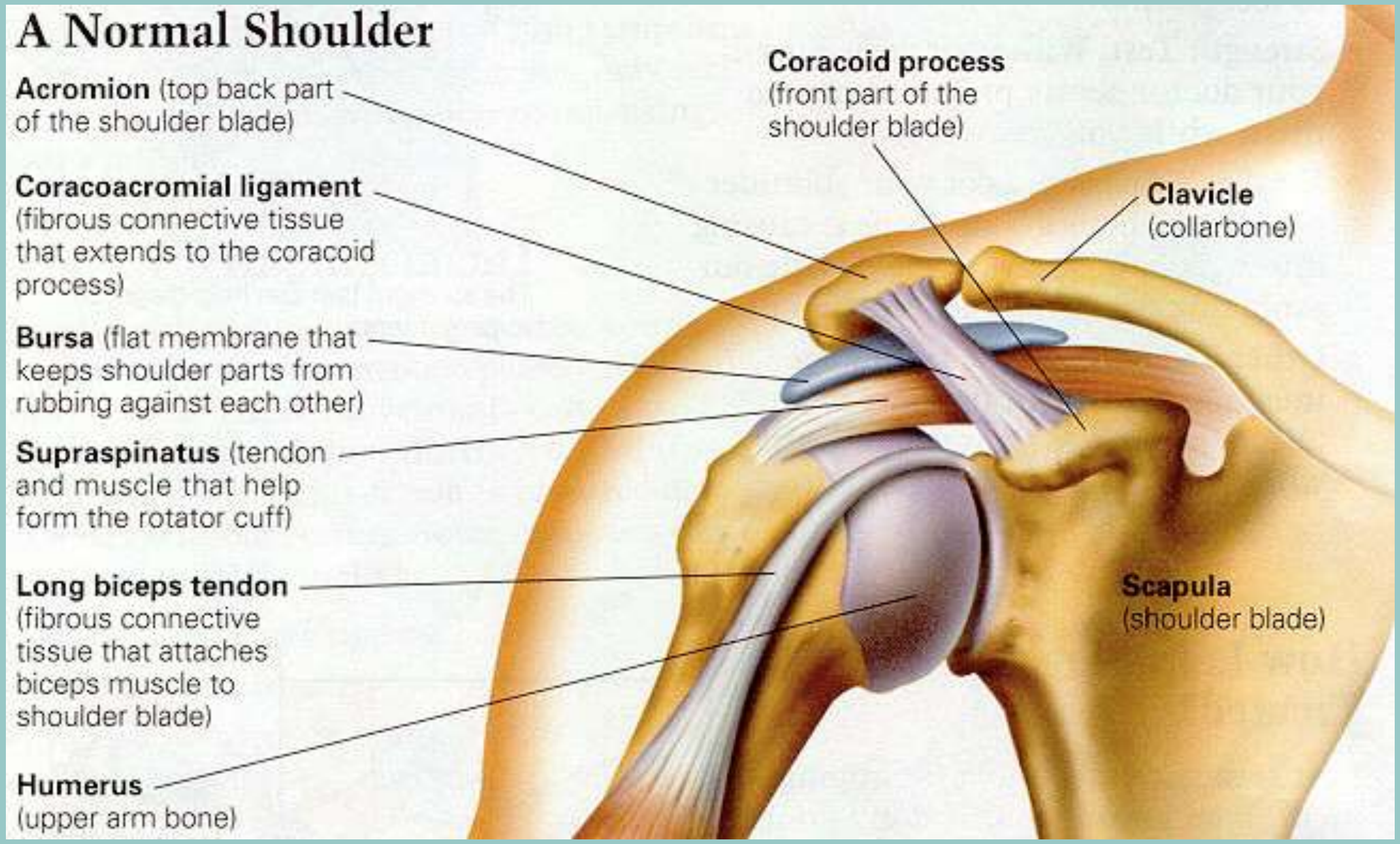
Diagnosis of Shoulder problems in Primary Care

Common shoulder Pathologies

Management and when to refer

Elbow - Brief Decision Aid for Tendinopathy

A Normal Shoulder



Rotator Cuff and Glenoid Labrum

What you want to know in 10 minutes!

Is this an MSK Shoulder problem?

What is the Diagnosis?

What can I do for the patient now?

When shall I refer on and where to?

New flow charts on SMSKP Website

Red Flags/ Serious Pathology

A suspected infected joint/ septic arthritis needs same day emergency referral A&E

An unreduced dislocation needs same day emergency referral A&E

Suspected tumour and malignancy will need urgent referral following the local 2-week cancer referral pathway.

An acute cuff tear as a result of a traumatic event needs urgent referral and ideally should be seen in the next available outpatient clinic via MSK ICATs

Inflammatory joint disease - Rheumatology referral

Exclude Cervical source of symptoms

Most Common Pathologies in Primary Care

Sub-acromial shoulder pain/ Impingement/ Calcific tendinopathy

Rotator cuff tears

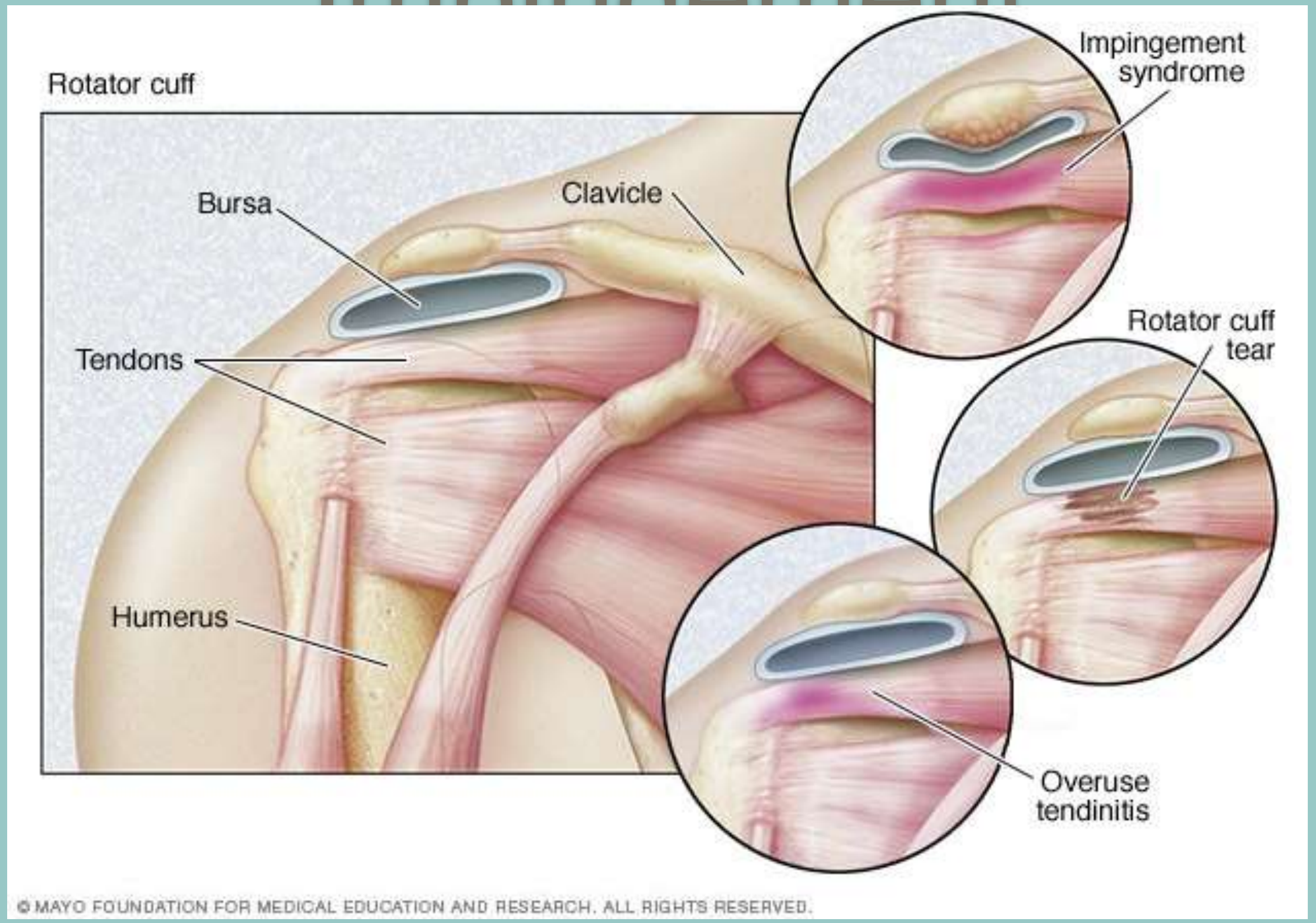
ACJ pain

Glenohumeral joint pain

- Frozen Shoulder
- Osteoarthritis

Instability

Subacromial Impingement



Subacromial Shoulder pain

Impingement

Reportedly 70 % of new shoulder pain presenting to GP's

Over 40: Pain upper arm on overhead movement, repetitive use or on side at night

Impingement Tests: Hawkins- Kennedy, NEER, Jobe's empty can + PAIN

PILS; NSAID's, Activity Modification 6 weeks

Physiotherapy at least 6 weeks

Consider injection to subacromial space

MSK referral

BESS/BOA Patient Care Pathway SMSKP Website

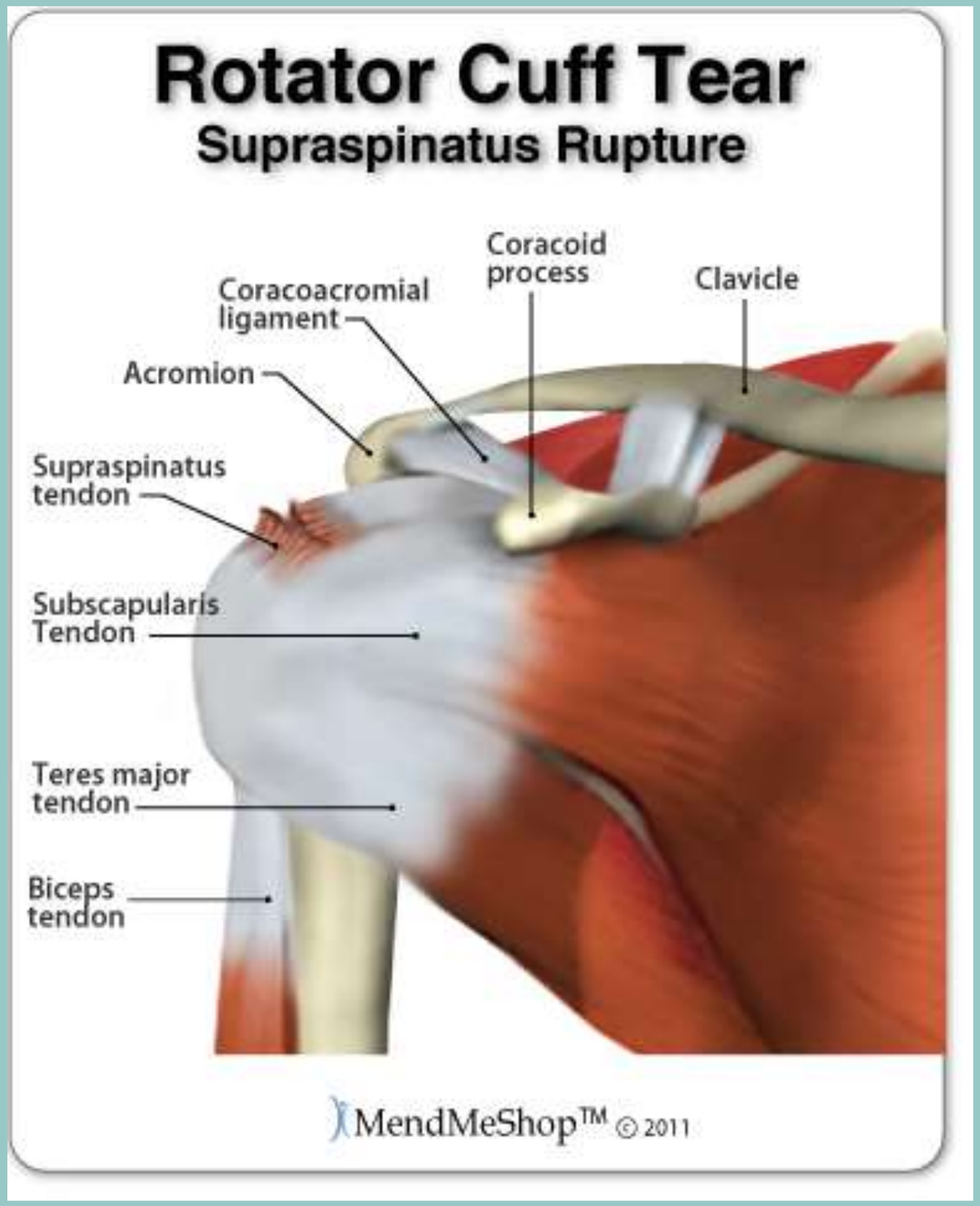
Rotator Cuff Tears

Overall prevalence of 34% but increases with age to 50% over age 80

Consider age of patient - trauma < 40 more *unlikely* to be a cuff tear

Suspected acute traumatic cuff tears require URGENT MSK referral

Look for recent trauma, pain and significant weakness



Rotator Cuff Tests

Drop Arm sign, Lag Sign - likely massive cuff tear

Jobe's full and empty can tests - weakness

Resisted External rotation

Gerber lift off and belly press

Degenerative cuff tears managed well conservatively -
pain management, physiotherapy or Injection -
Follow pathway for subacromial pain

ACJ Pain

Trauma, instability or OA

Patient points to ACJ and is tender over ACJ

Positive forced flexion test

Positive scarf test/ cross arm adduction

Follow pathway as for Subacromial pain

PILs/NSAIDs/activity modification/physio/ MSK referral

GH Pain
Frozen Shoulder

One of the *most* painful shoulder conditions leading to stiffness and disability

More common in women than men aged over 40 until 65

Contracture of the capsule with thickening and inflammation

Volume of capsule may shrink from 10-30ml to 3 - 4 ml

Frozen Shoulder

A stiff shoulder is not always a frozen shoulder - OA, missed dislocation, stiff impinger

Passive restriction to internal and external rotation

Limited *true* passive abduction

In the early painful referral phase refer early to MSK for Steroid Injection with x-ray

Moderate pain and stiffness - Physiotherapy 6/52 and MSK referral if limited response

GH Pain OA

Osteoarthritis 60+

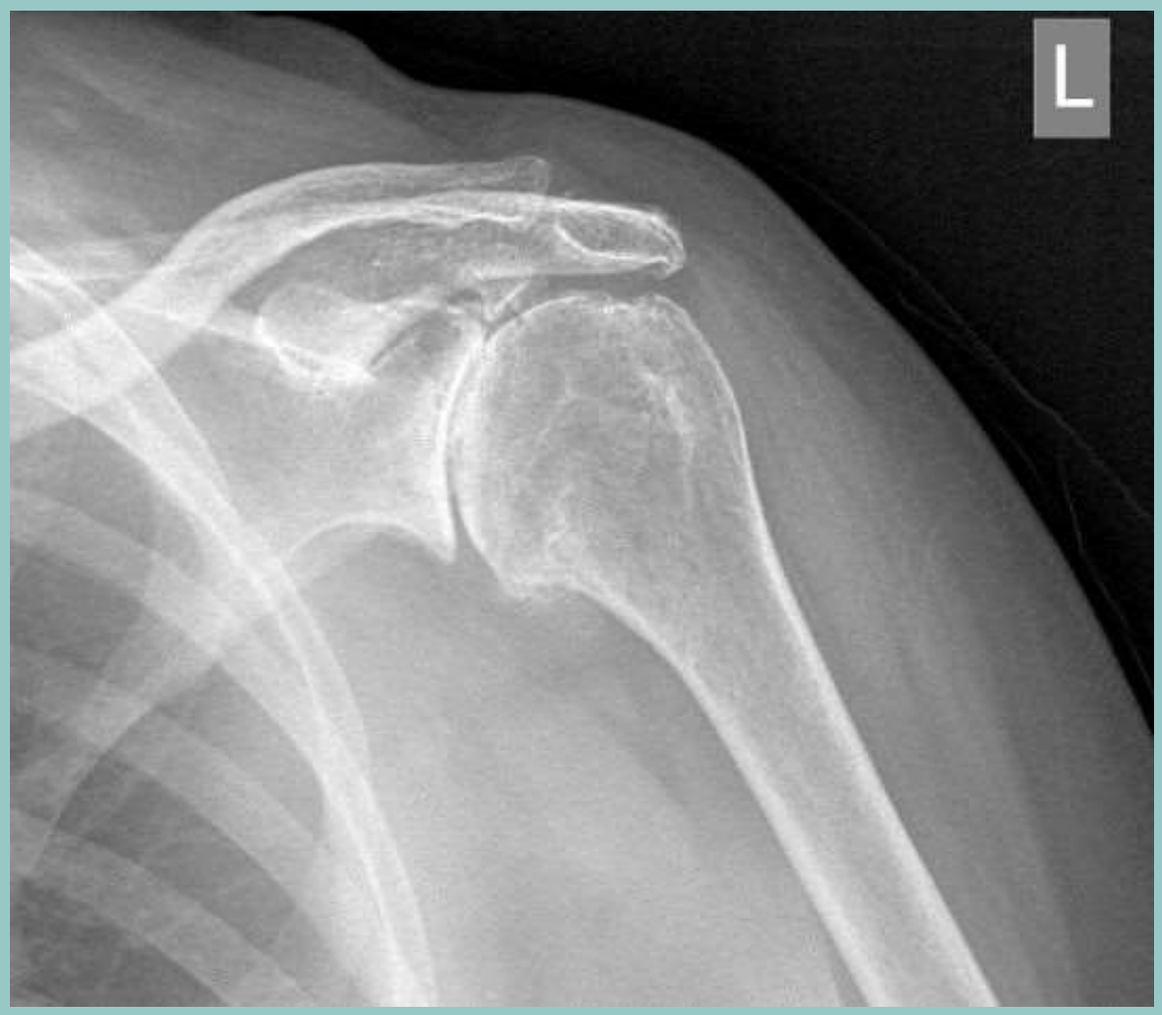
Limited passive range

External rotation block

GH joint injections MSK

Physiotherapy

Secondary care - Arthroplasty



Instability

Younger patients < 40

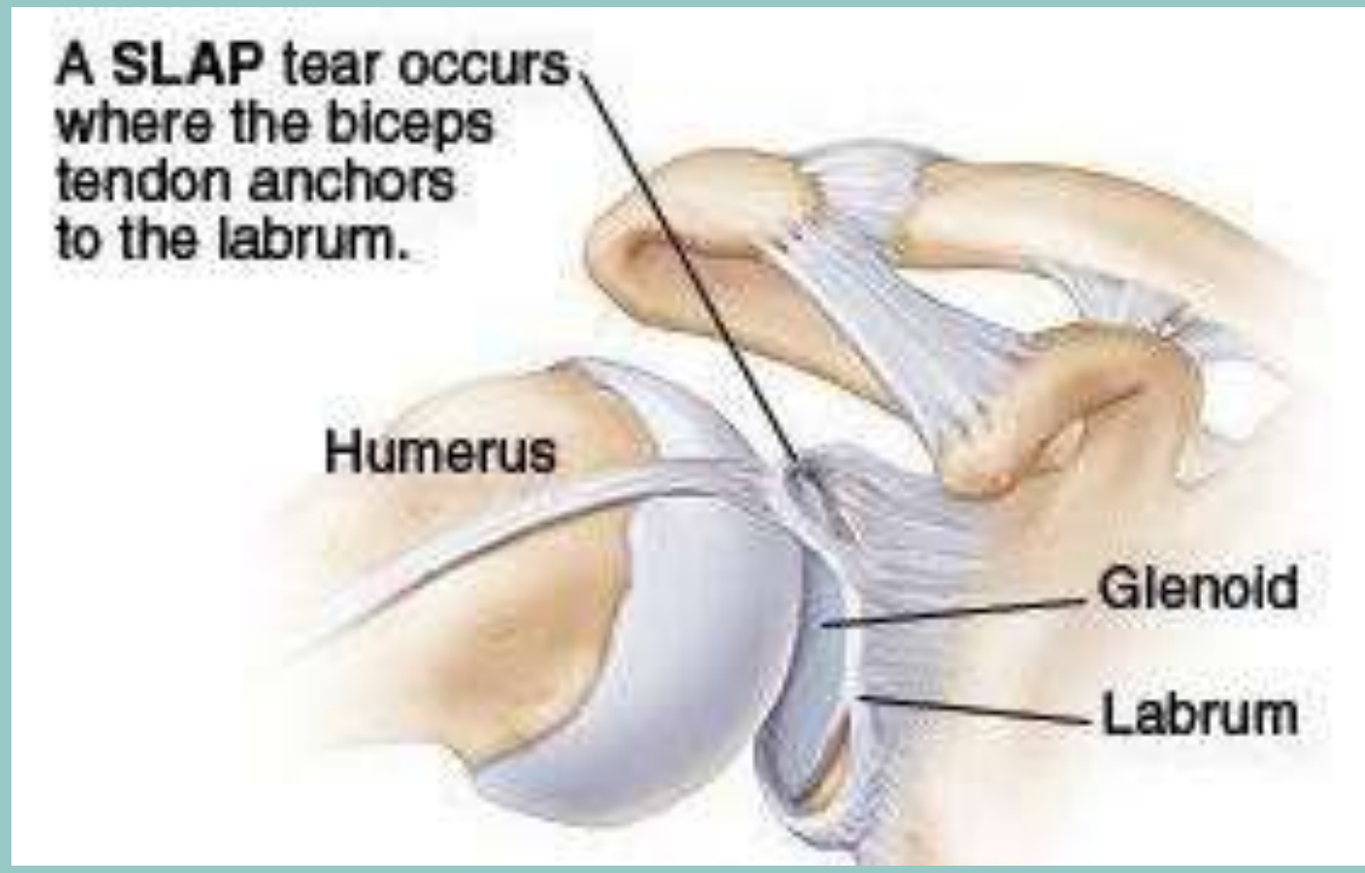
Dislocated, 95% anteriorly

Pops out of joint or subluxed at rest

Clicking, popping, grinding

Feeling of apprehension

Hypermobile



Instability

Traumatic - multiple dislocators - Bankart labral tear Refer MSK

Atraumatic Structural - overhead sports/ low trauma/structural pathology: investigation SLAP - Refer Physio or MSK

Atraumatic Muscle Patterning Instability - can be assoc. with hypermobility, no trauma/ low trauma: Do not do well with surgery - Refer Physio

Elbow Tendinopathies

Brief Decision Aid - widely available online and will attach to SMSKP website

Promotion of self management and activity modification

Physiotherapy very beneficial

Steroid Injection - only 1 - evidence shows may prolong symptoms in the long term

Refer MSK if not responding