NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

SHOULDER PAIN MANAGEMENT (adults aged 18 and above)

Shoulder pain accounts for 5% of all GP encounters, with a lifetime risk of 30% in the general population. Subacromial shoulder pain from rotator cuff pathology, including tendinopathy, calcific tendonitis, and rotator cuff tears accounts for up to 70% of all new shoulder pain problems. The effectiveness and cost effectiveness of surgical treatment options for subacromial pain is unclear. A conservative approach is advocated as the initial treatment.

Self-Care Advice and Physiotherapy

All patients with non-traumatic subacromial shoulder pain should be offered initial advice about rest, activity modification, and prescribed appropriate analgesia as necessary for pain management, followed by a referral to physiotherapy for treatment for 6-12 weeks. If this fails to improve pain or pain is very severe, a corticosteroid injection may be offered in a primary care or in an intermediate care setting.

CRITERIA BASED ACCESS

GPs should make referrals for treatment following the MSK service/pathway.

- Patients with an **acute traumatic injury** resulting in significant loss of movement or function or acute traumatic injury with a suspected rotator cuff tear should be referred straight to secondary care (an X-ray and urgent ultrasound may be beneficial).
- All other patients must be referred through a single point of access, i.e., have been **triaged** or seen by the **Orthopaedic Interface Service/Musculoskeletal Assessment and Triage Service** prior to referral to secondary care for a surgical opinion.
- It is expected that patients with non-traumatic shoulder pain should be given conservative management (advice/exercises/physiotherapy) for a minimum of 6-12 weeks
- For shoulder conditions where it is appropriate, steroid injection(s) should have been trialled prior to surgical referral.
- For patients who initially present with shoulder pain, in primary care, the first line of radiological investigation should be a plain x-ray. The use of ultrasound, MRI and CT scanning should be only carried out in intermediate care (Orthopaedic Interface Service) or secondary care shoulder services.

EXCEPTIONAL FUNDING REQUIRED

Interventions not normally funded:

- The use of arthroscopy for diagnostic purposes
- Subacromial decompression
- Surgical repair of non-traumatic degenerative rotator cuff disorders
- Image-guided subacromial injections in primary, intermediate or secondary care. The use of other guided injections for glenohumeral joint and acromioclavicular joint problems should only be offered under the guidance of a specialised shoulder service.

Exclusions to this policy:

- Red Flags, including suspicion of infection/septic arthritis, fracture, history/suspicion of malignancy, any mass or swelling
- Other shoulder conditions, including primary or recurrent dislocation, inflammatory arthritis, Charcot shoulder and aseptic implant loosening.

References:

Academy of Medical Royal Colleges. Evidence-Based Interventions – List 2 Guidance. Nov 2020.NHS England. Evidence-Based Interventions: Guidance for ICBs. Nov 2018 (updated Jan 2019).

The British Shoulder and Elbow Society (BESS) and the British Orthopaedic Association (BOA) Patient Care Pathways. Shoulder Pain - Shoulder Diagnosis, Treatment and Referral Guidelines for Primary, Community, and Intermediate Care. Nov 2020.

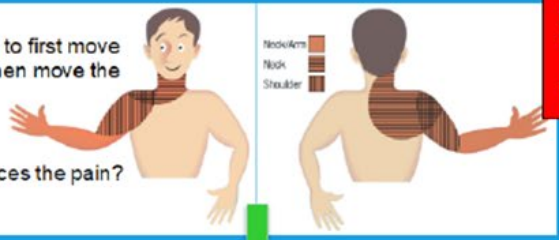
Diagnosis of Shoulder problems in Primary Care:

Guidelines on treatment and referral

Red Flags = Urgent Referral
1. Trauma, pain and weakness - ? Acute cuff tear
2. Any mass or swelling - ? Tumour
3. Red skin, fever or systemically unwell - ? Infection
4. Trauma / epileptic fit /electric shock leading to loss of rotation and abnormal shape -? Unreduced dislocation

Is it Neck or Shoulder ?

- Ask the patient to first move the neck and then move the shoulder.
- Which reproduces the pain?



Neck
- Follow local spinal service guidelines

Shoulder

History of Instability?
- Does the shoulder ever partly or completely come out of joint?
- Is your patient worried that their shoulder may dislocate during sport or on certain activities?

Yes → Primary Care: **Instability** — Common age 10 - 35 yrs
- Physio if Atraumatic

Refer → Refer to Shoulder Clinic: **Instability**
- Traumatic dislocation
- Ongoing symptoms
- Atraumatic with failed physio

No

- Is the pain localised to the AC joint and associated with tenderness?
- Is there high arc pain.
- Is there a positive cross arm test.

Yes → Primary Care: **Acromioclavicular Joint Disease** — Common age >30 yrs
- Rest/NSAIDS/analgesics
- Steroid injection
- Physio
- X-ray if no improvement

Refer → Refer to Shoulder Clinic: **Acromioclavicular Joint Disease**
- Refer if transient or no response to injection and physio.

No

- Is there reduced passive external rotation?

Yes → Primary Care: **Glenohumeral Joint**
Frozen shoulder — Common age 35-65 years
Arthritis — Common age >60 years
- X-ray – to differentiate.
- Rest
- NSAIDS/analgesics.
- Patient information
- Cortisone injection

Refer → Refer to Shoulder Clinic: **Glenohumeral Joint**
- If frozen shoulder with normal x-ray – refer if atypical and/or severe functional limitation.
- Refer if arthritis on x-ray and poor response to analgesics and injection.

No

- Is there a painful arc of abduction?
- Is there pain on abduction with the thumb down, worse against resistance?

N.B. A history of trauma with loss of abduction in a younger patient = Red Flag 1

Yes → Primary Care: **Rotator Cuff Tendinopathy** — Common age 35-75 years
- Rest / NSAIDS / analgesics
- Subacromial injection
- Physiotherapy

N.B. Although an ultrasound or MRI scan can be of value, some people over 65 years have asymptomatic cuff tears.

Refer → Refer to Shoulder Clinic: **Rotator Cuff Tendinopathy**
- Transient or no response to injection and physiotherapy

N.B. Massive cuff tears in patients > 75 years are generally not repairable.

No

Other cause of Neck or Arm pain

The British Elbow and Shoulder Society supports
Patient Care Pathways for the Shoulder