

Subacromial pain - Commissioning guidelines

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Sponsoring Organisation: British Elbow & Shoulder Society (BESS), British Orthopaedic ... Royal College of Surgeons to produce its Commissioning guidance.

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www.bess.org.uk/media/.../National%20Guidelines/Frozen%20Shoulder.pdf ▾

BESS care pathways

= commissioning guidelines

- subacromial pain
- traumatic shoulder instability
- frozen shoulder
- ... glenohumeral arthritis

- also: best practice S&E arthroplasty, multi centre studies RCRs, arthroscopy, clavicle & proximal humeral fractures, frozen shoulder, GIRFT, DVT etc



British
Orthopaedic
Association

Caring for Patients; Supporting Surgeons



BESS

Excellence through knowledge



RCS

ADVANCING SURGICAL STANDARDS

2014

Commissioning guide:

Subacromial Shoulder Pain

Diagnosis of Shoulder problems in Primary Care:

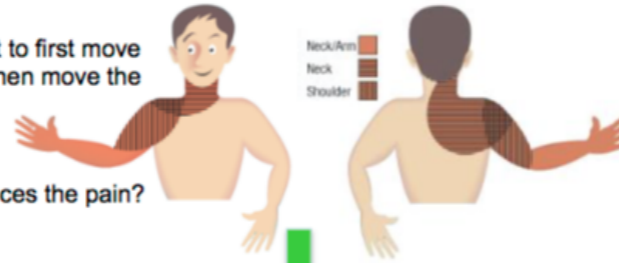
Guidelines on treatment and referral

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?

Primary Care

Instability

Common age 10 - 35 yrs

- Physio if Atraumatic

Refer to Shoulder Clinic

Instability

- Traumatic dislocation
- Ongoing symptoms
- Atraumatic with failed physio

Yes

Refer

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

Refer

Acromioclavicular Joint Disease

Common age >30 yrs

- Rest/NSAIDs/analgesics
- Steroid injection
- Physio
- X-ray if no improvement

Acromioclavicular Joint Disease

- Refer if transient or no response to injection and physio.

No



- Is there reduced passive external rotation?

Yes

Refer

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

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

Refer

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.

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