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GENERAL PRACTICE SUPERVISION AUSTRALIA

Shoulder pain

Shoulder pain is the third most common musculoskeletal reason for patients to attend their GP (after back and neck pain). It is particularly prevalent in certain occupational groups and is a common workers compensation presentation. Chronic shoulder pain can cause severe disability, particularly in the elderly. There is evidence that GPs are uncertain in the diagnosis and management of shoulder pain, leading to a high rate of unnecessary imaging – this is likely to be even more so in GP registrars. A careful and systematic approach to diagnosis and management is therefore important.

TEACHING AND LEARNING AREAS		• Anatomy and function of the shoulder joint • Common causes of shoulder pain in general practice • Appropriate history-taking, including red flags for serious disease • Appropriate shoulder examination, including special tests • Approach to shoulder injuries • Differential diagnoses, including non-MSk causes • Indication for investigations • Management options and role of corticosteroid injection • Indications for referral and appropriate pathways
PRE- SESSION ACTIVITIES		• Read the 2018 NPS Medicinewise news article Non-traumatic shoulder pain in general practice: a pragmatic approach to diagnosis
TEACHING TIPS AND TRAPS		• Shoulder pain is commonly multifactorial in aetiology, especially in the elderly • Consider PMR in patients with bilateral shoulder pain • Referred pain from the neck can mimic shoulder pathology • Risk factors for adhesive capsulitis include diabetes, trauma and prolonged immobility • Global pain and restriction of both active and passive movements is highly suggestive of adhesive capsulitis • The most common isolated clinical finding in biceps tendinopathy is bicipital groove tenderness • Imaging for shoulder pain rarely adds to a careful history and examination, and is usually unnecessary – however, investigations are appropriate in patients with red flags • Over half of patients over 60 have aymptomatic rotator cuff tears and imaging can therefore be misleading • Practice shoulder examination with the registrar • Invite the registrar to observe a shoulder injection in the practice
RESOURCES	**Read**	• Clinical Practice Guidelines for the Management of Rotator Cuff Syndrome in the Workplace
	Watch	• Brief video on shoulder examination
FOLLOW UP/ EXTENSION ACTIVITIES		• Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Janice Frost is a 53 year old accountant who complains of a 6 week history of left shoulder pain, especially when doing up her bra and reaching up to high shelves.

QUESTION 1. What are the MOST IMPORTANT key features of history i.e. red flags, in helping to identify potentially serious causes of Janice's shoulder pain? List up to FIVE.

1 _____

2 _____

3 _____

4 _____

5 _____

QUESTION 2. There is no significant further history. What is the MOST LIKELY diagnosis at this point? List ONE diagnosis

_____

QUESTION 3. On examination there is tenderness over the lateral aspect of the shoulder and a 'painful arc' on shoulder abduction, but otherwise normal range of movement.

What are the next actions in Janice's initial management? Select as many management actions as appropriate.

- FBC
- ESR
- Calcium level
- Plain x-ray shoulder
- Ultrasound shoulder
- CT scan shoulder
- MRI shoulder
- Bone scan
- Refer for physio
- Orthopaedic review
- Refer for corticosteroid joint injection

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history i.e. red flags, in helping to identify potentially serious causes of Janice's shoulder pain? List up to FIVE.

- Trauma
- History of malignancy
- Fevers
- Weight loss
- Night pain
- Neurological deficit

QUESTION 2

There is no significant further history. What is the MOST LIKELY diagnosis at this point? List ONE diagnosis.

- Supraspinatus tendonitis/subacromial bursitis

QUESTION 3

On examination there is tenderness over the lateral aspect of the shoulder and a 'painful arc' on shoulder abduction, but otherwise normal range of movement.

What are the next actions in Janice's initial management?

There is no indication for imaging with a short duration of pain, absence of red flags and the patient yet to trial physiotherapy.

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