

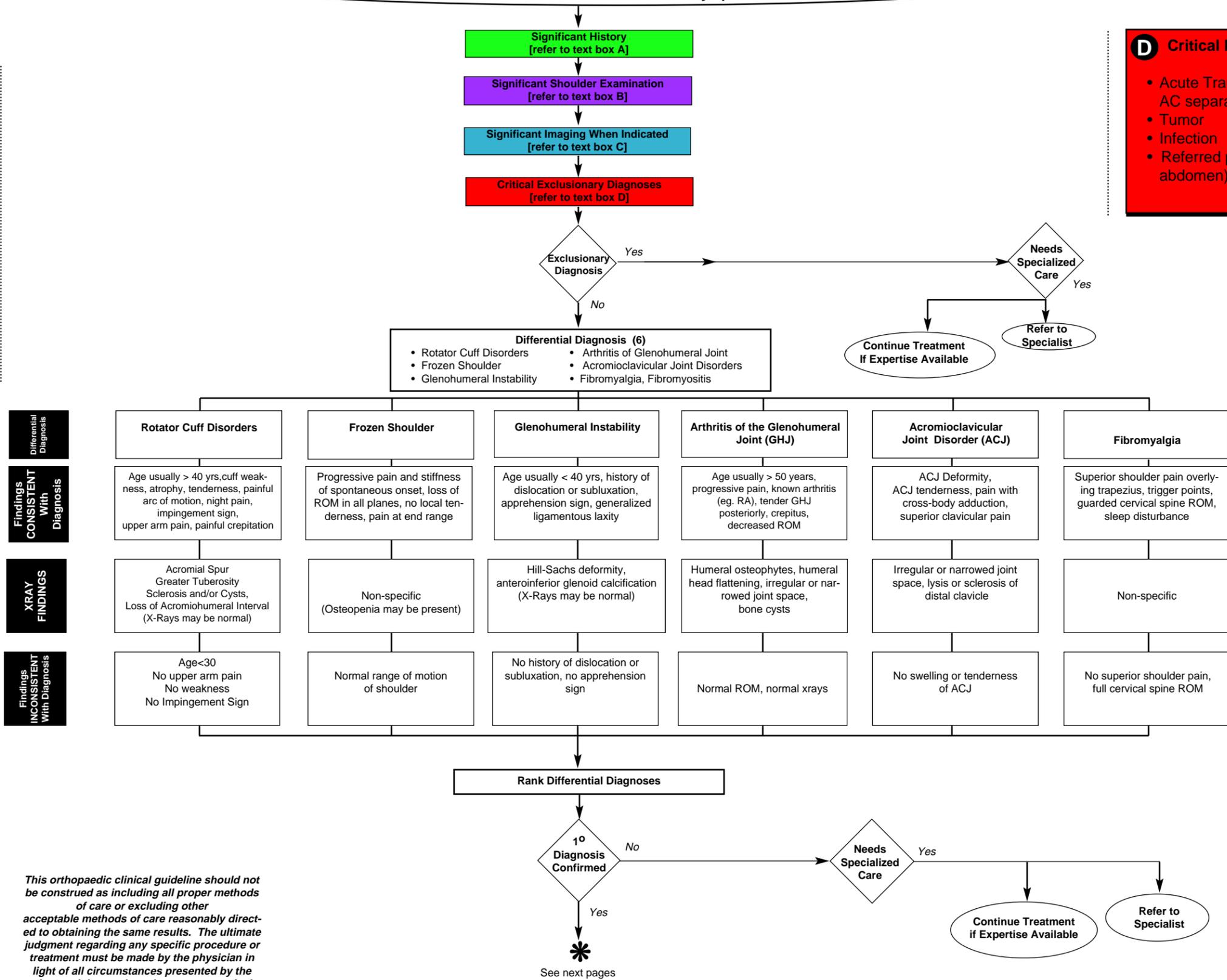
Universe Of Adult Patients With Localized Shoulder Pain Symptoms — Phase I Guideline

- A Significant History**
- Age
 - Extremity dominance
 - Onset and duration of symptoms
 - History of trauma, dislocation, subluxation
 - Weakness, numbness, paresthesias
 - Sports participation
 - Past medical history
 - Previous history of joint problems
 - Stiffness, ROM (range of motion) limitation
 - Night pain
 - Occupation, position of arm when working
 - Aggravating factors
 - Alleviating factors
 - Previous treatment
 - Pain location - anterior shoulder, upper arm, superior shoulder, interscapular
 - History of malignancy

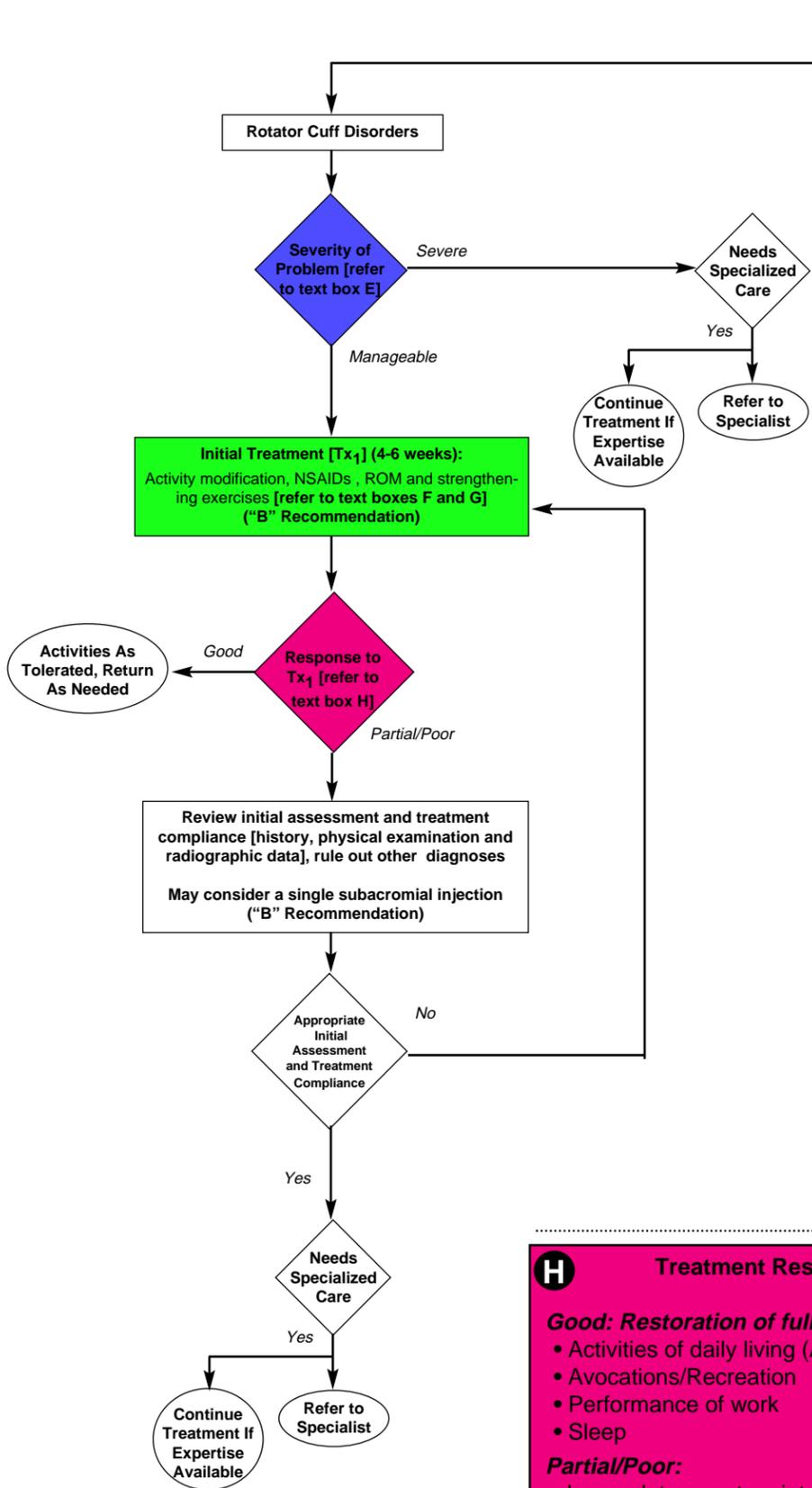
- B Significant Shoulder Examination**
- Observation (swelling, atrophy, deformity)
 - Tenderness localized to bursa, acromioclavicular joint, glenohumeral joint
 - Range of motion (active and passive) in planes of elevation, external rotation, internal rotation, cross body adduction
 - Provocative tests for impingement, instability
 - Motor and sensory upper extremity assessment
 - Non-contributory cervical spine examination
 - NB: examination should be bilateral, and each side compared for symmetry
 - Distal Upper Extremity Exam

- C Initial Imaging**
- True AP in 0° external rotation
 - Lateral in scapular plane
 - Axillary view
- When imaging studies are indicated during the *initial* evaluation and treatment of a patient with shoulder pain, appropriate plain “x-rays” should be obtained. More sophisticated imaging studies (such as shoulder MRI, ultrasound, or arthrography) are *not* indicated.

- D Critical Exclusionary Diagnoses**
- Acute Trauma (fracture, dislocation, AC separation)
 - Tumor
 - Infection
 - Referred pain (from spine, chest abdomen)



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H Treatment Response Criteria

Good: Restoration of full activities including:

- Activities of daily living (ADL)
- Avocations/Recreation
- Performance of work
- Sleep

Partial/Poor:

- Incomplete or not maintained improvement in pain, motion, strength and ADL
- Minimal or no restoration of activities
- Inability to work
- Patient dissatisfied with outcome

E Severity of Problem

- **Severe:** marked or sudden loss of strength manifested by either:
 - drop arm sign
 - loss of active elevation
 - loss of external rotation strength
- **Manageable:** ADL dysfunction without sudden loss of strength

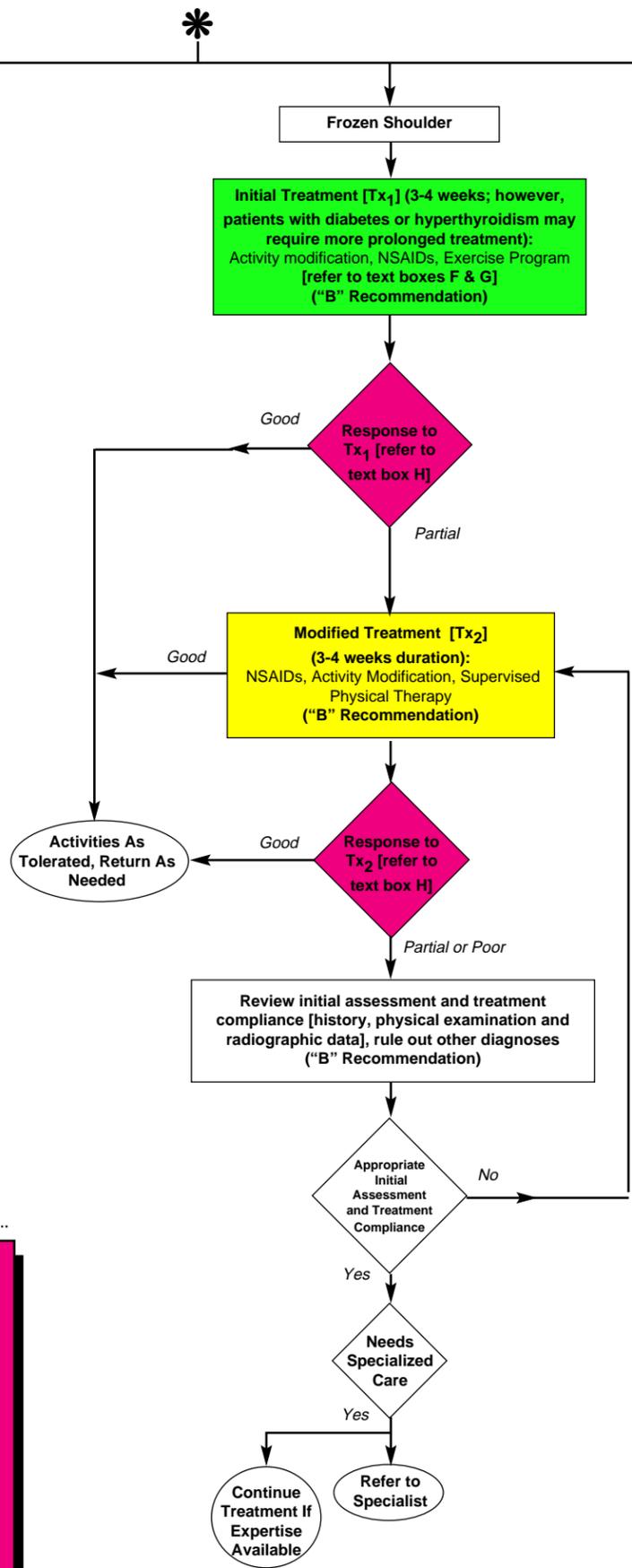
F Exercise Program for Rotator Cuff Disorders and Frozen Shoulder

- Stretching to restore full elevation and rotation
- Posterior capsular stretching
- Strengthen rotator cuff and scapular stabilizers *after* ROM is restored.

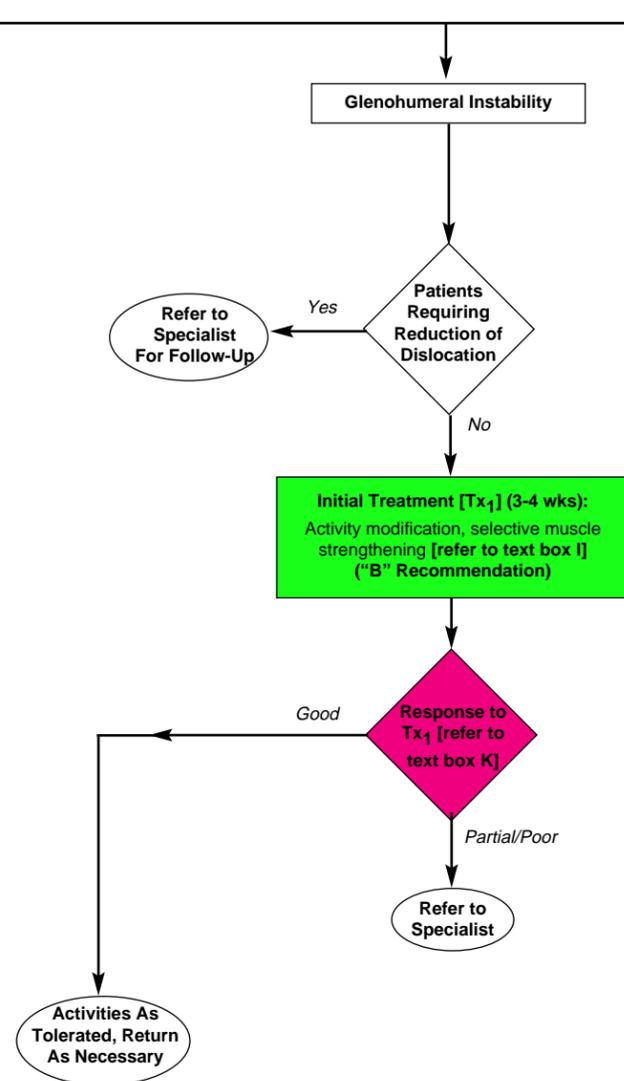
G NSAIDs

NSAIDs are relatively contraindicated in patients with renal insufficiency or pregnancy. Administer cautiously in individuals with hypertension, gastrointestinal intolerance, or kidney or liver disease. Side effects and toxicity should be monitored during administration.

There is no evidence that administration of NSAIDs are more efficacious than simple analgesics or acetaminophen in relieving symptoms in non-inflammatory conditions.



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I Exercise Program for Glenohumeral Instability

- Deltoid and rotator cuff strengthening
- Scapulothoracic muscle strengthening

J Exercise Program for Glenohumeral Arthritis

- Stretching to improve forward flexion, extension and rotation
- Posterior capsular stretching
- Strengthen deltoid, rotator cuff and scapular stabilizers as ROM is improving

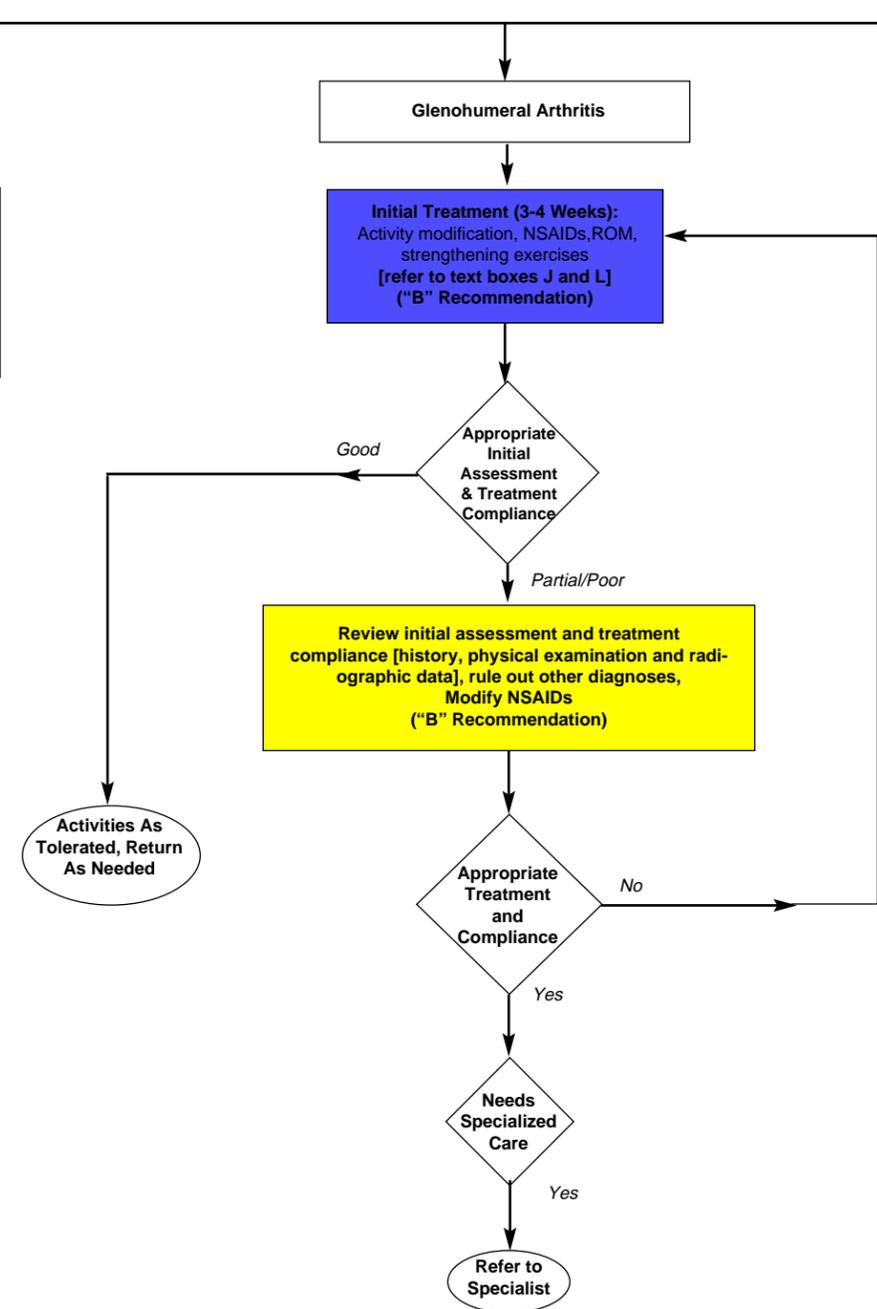
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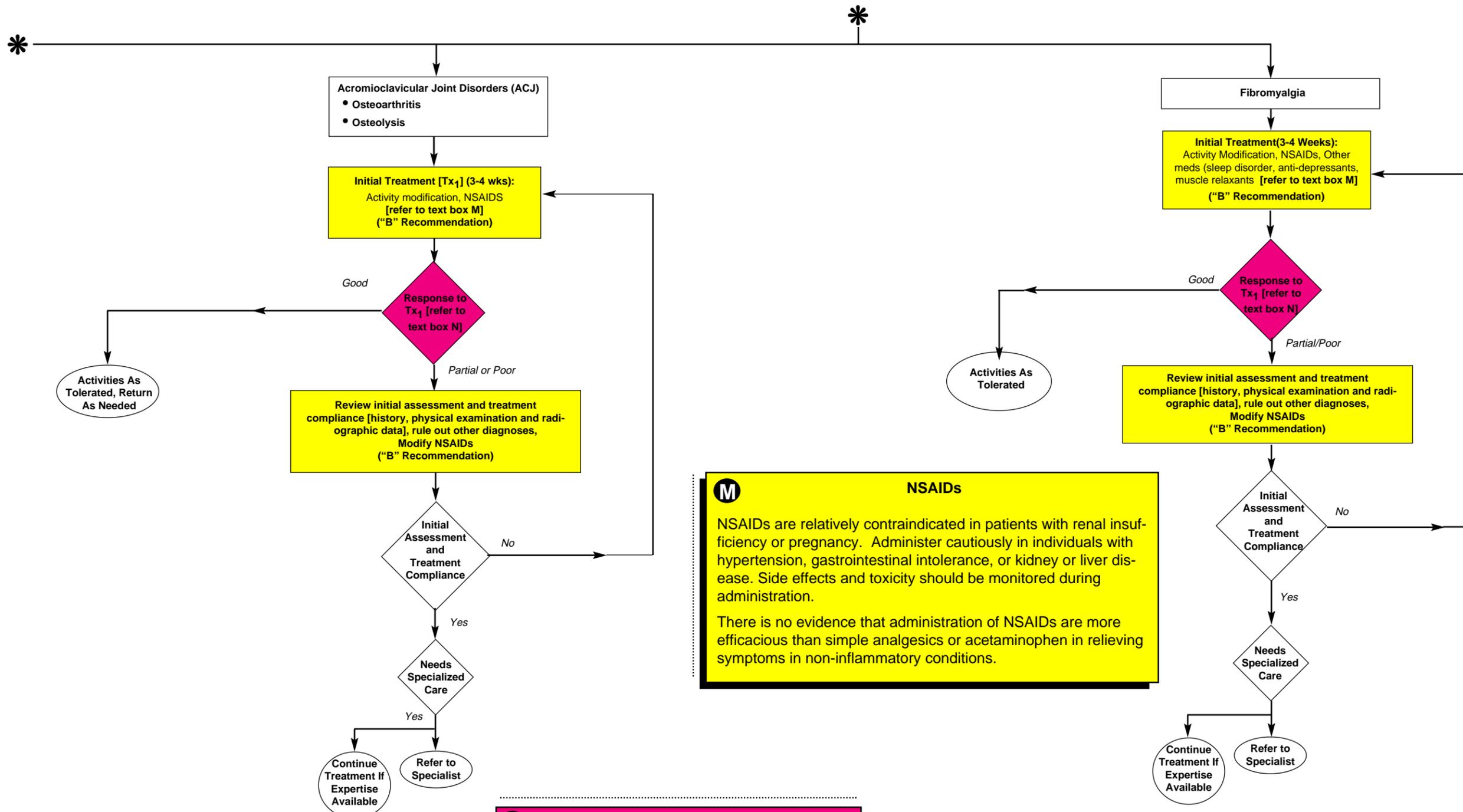
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