



BMJ Masterclass for GPs:

GeneralUpdate

Using the latest evidence to make better decisions

Musculoskeletal Problems

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GeneralUpdate

Using the latest evidence to make better decisions

Musculoskeletal 4 Shoulder pain: Impingement and frozen shoulder

Why is this important?

- Shoulder pain

Common, based on 650 000 GP consultations the prevalence rate is 2.4%

Rotator cuff problems, such as impingement, are the most common cause of shoulder pain

Frozen shoulder causes such severe pain that patients find it difficult to cope

30% of patients with shoulder pain still have symptoms after six months

- Linsell L et al. *Rheumatology (Oxford)* 2006;45-2:215-21.
- Mitchell C et al. *BMJ* 2005;331:1124-8.

What should I know about this condition?

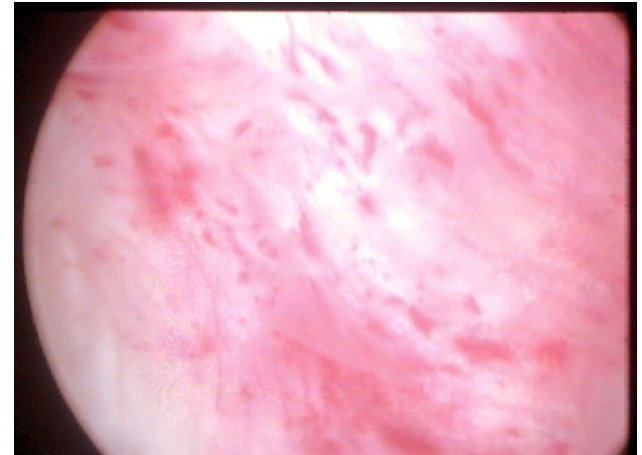


- Impingement
 - Supraspinatus tendonitis, subacromial impingement, bursitis
 - Part of spectrum leading to rotator cuff tears
 - 5th 6th 7th decades
 - Painful arc / positive impingement tests
 - Interventional treatment ranges from subacromial injections to subacromial decompression

What should I know about this condition?

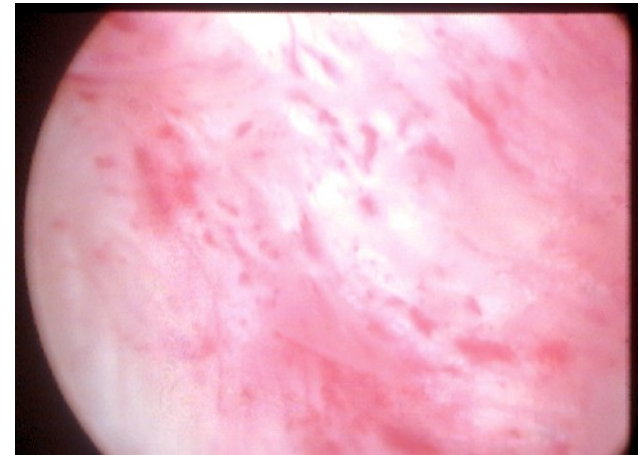
- Frozen shoulder

- Synovial inflammation and subsequent capsular fibrosis
- Aetiology ?
- Onset over days or weeks
- Pain is often severe
- Minor trauma may trigger
- Stiffness can take 4-8 weeks to develop



What should I know about this condition?

- Frozen Shoulder
 - Global loss of range especially external rotation
 - Usually self limiting but may take >2 years to resolve
 - 10% will be bilateral



Shoulder Examination Tips

- Move the neck, move the shoulder
- Ask patient to copy your movement's
- External rotation is the key
- Learn an impingement test (Jobe's)

Practical management tips

Impingement

- Exclude acute calcific tendinitis with Xray
- Develop technique of subacromial injection
- Physio should be directed to scapula, not just rotator cuff



Practical management tips

Frozen Shoulder

- Plain radiograph
- Good patient information is crucial
- Painful phase
 - No physio
 - Exercise within limits of pain
 - Analgesia
 - Gleno-humeral Injection
- Frozen and Thawing phases
 - Physio / exercises
 - MUA / release / distension



What's New ?

- Frozen shoulder
 - Dias et al. *BMJ* 2005;331:1453-6
 - Hand et al. *J Shoulder and Elbow Surg.* 2008;17(2):231-6
 - 90% have resolved at 3 years
 - 10% still have symptoms at 3 years

Shoulder pain - When to refer

- If diagnosis is in doubt
- Failure to improve with 1 or 2 steroid injections and physio / exercises
- Red flags:
 - Suspicion of tumour
 - Infection
 - Trauma and loss of contour
 - Neurological lesion

Diagnosis of shoulder problems:

With guidelines for initial management

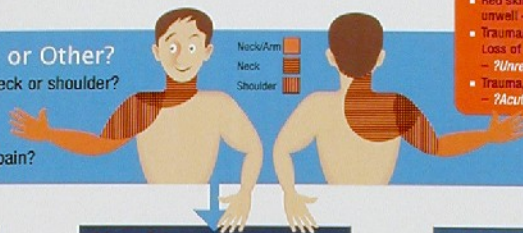
Red Flags – urgent referral

- Any mass or swelling – ?*tumour*
- Red skin, fever or systemically unwell – ?*infection*
- Trauma/epileptic fit/electric shock
- Loss of rotation and abnormal shape – ?*Unreduced dislocation*
- Trauma, pain and weakness – ?*Acute cuff tear*

Neck or Shoulder or Other?

- Symptoms localised to neck or shoulder?
- Move the neck and then the shoulder.
- Does this reproduce the pain?

Neck/Arm
Neck
Shoulder



Neck

Common Age 35+

Management

- Perform neurological examination. If positive findings then refer
- Rest
- NSAIDs/analgesia
- Physiotherapy

Shoulder

History of instability?

- Has your shoulder ever partly or completely come out of joint?
- Are you worried that your shoulder may dislocate or slip in the joint on sporting activity or on certain movements?

Yes
to one
or both

No
to both

Other Neck or Arm

Common Age 35+

Management

- Rest
- NSAIDs
- Physiotherapy

Instability

Common Age 10–35 years

Management

- Refer
- Surgery

Is the pain localised to the AC joint and associated with tenderness? (There may be swelling)



Yes

No

Acromioclavicular Joint Disease

Uncommon
Common Age 30–50 years

Management

- Rest
- NSAIDs/analgesia
- Consider Cortisone Injection
- Refer
- Surgery

Reduced Passive External Rotation



Yes

No

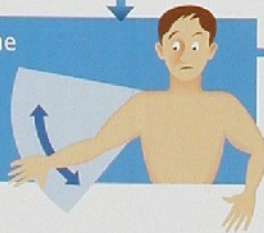
Glenohumeral Joint

Frozen Shoulder
Common Age 40–60 years
Arthritis Uncommon
Common Age 60+

Management

- Rest
- NSAIDs/analgesia
- X ray
- Cortisone injection
- Refer
- Surgery

Pain on abduction with the thumb down
Worse against resistance
Painful arc



Yes

No

Rotator Cuff/Impingement

Common Age 35–75 years

Management

- Rest
- NSAIDs/analgesia
- Cortisone injection
- Consider Physiotherapy
- Refer
- Surgery

Other Neck or Arm pain

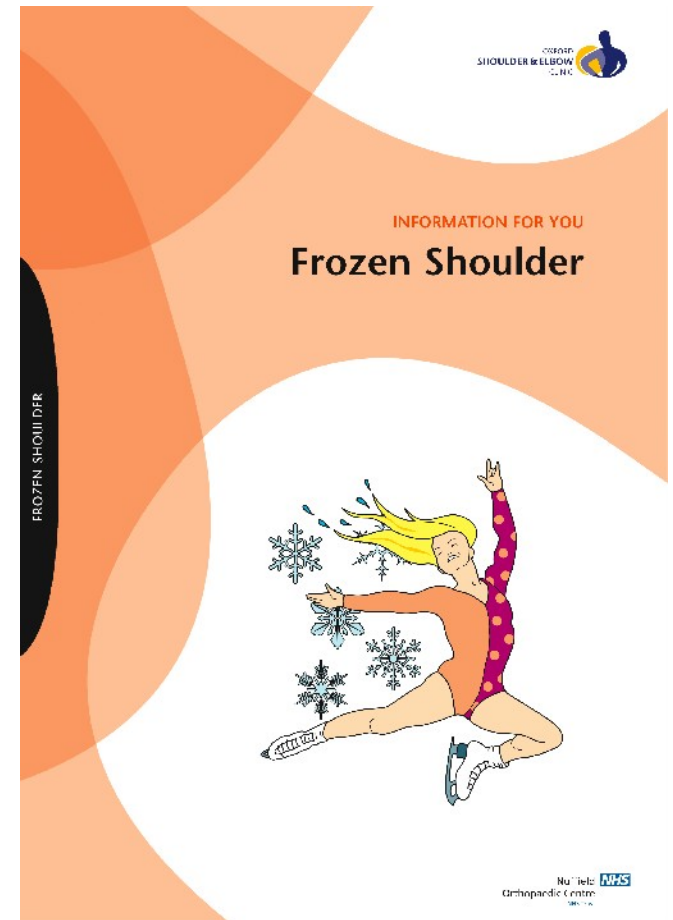
Common Age 35–75 years

Management

- Rest
- NSAIDs/analgesia
- Physiotherapy
- Refer

Information Booklets

- PDF's on
 - Frozen Shoulder
 - Impingement
 - Tennis elbow
 - Each procedure



Take home messages

- Loss of external rotation is the key to diagnosis of frozen shoulder
- Use the same size of syringe, needle and volume for joint injections to allow a consistent feel
- The subacromial space is a separate space to the gleno-humeral joint

Thank You

Jonathan Rees

Oxford University and the Nuffield Orthopaedic Centre

NOC Clinics: One Stop Shoulder Clinics (Thurs am)

Combined Ortho /Rheum clinic (Fri
am)

Manor Clinic: Shoulder and Elbow (Monday pm)