

Shoulder problems- overview

Chris Little FRCS (Tr & Orth)

Consultant Hand and Upper Limb Surgeon
NOC

Aims

- Discuss common shoulder problems
- Field questions (any upper limb problem)
- Practice shoulder examination
- Discuss service re-configuration

What should I know about shoulders?

- Impingement
 - Supraspinatus tendonitis, subacromial impingement, bursitis
 - Spectrum to rotator cuff tears
 - 5th 6th 7th decades
 - Mid-arc pain

What should I know about shoulders?

- Frozen shoulder
 - Synovial inflammation and subsequent capsular fibrosis
 - Aetiology unknown
 - Loss of range especially external rotation
 - Usually self limits over >2 years
 - Residual symptoms common

What's New ?

- Impingement
 - Scapular-control exercises
 - Arthroscopic treatments
 - UKUFF trial
- Frozen shoulder
 - 10% still have symptoms at 3 years

Examination tips

- Look for wasting of supra and infraspinatus
- Move the neck, move the shoulder
- Define the bottom and top of the painful arc
- External rotation is the key
- Watch the scapula
- Learn an impingement test

Examination tips

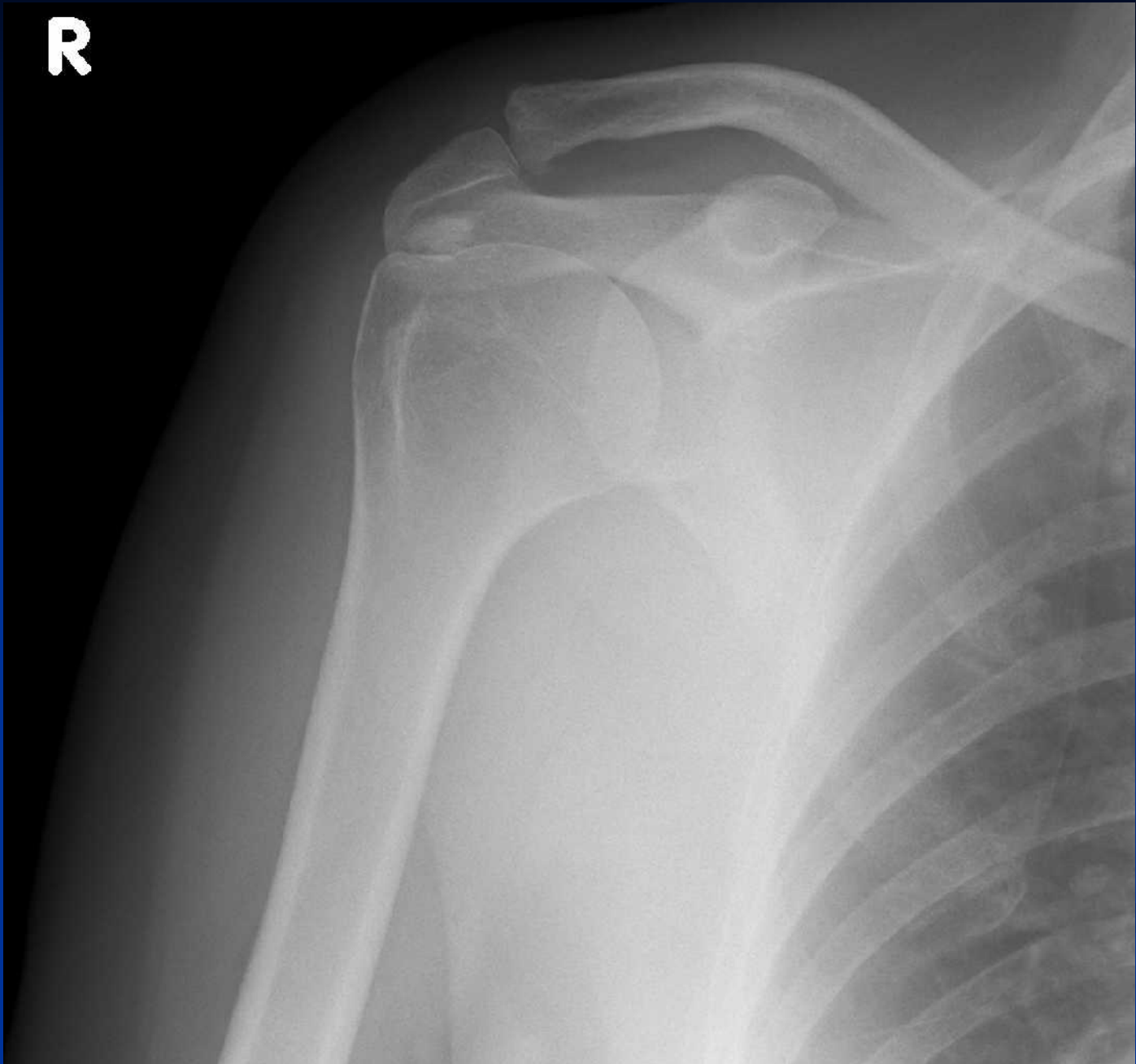
- Re-assess 10 minutes after injection
 - Neer's test
 - Minimal / moderate / good
- Failure of injection
 - Wrong site
 - Wrong diagnosis

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

R



Practical management tips

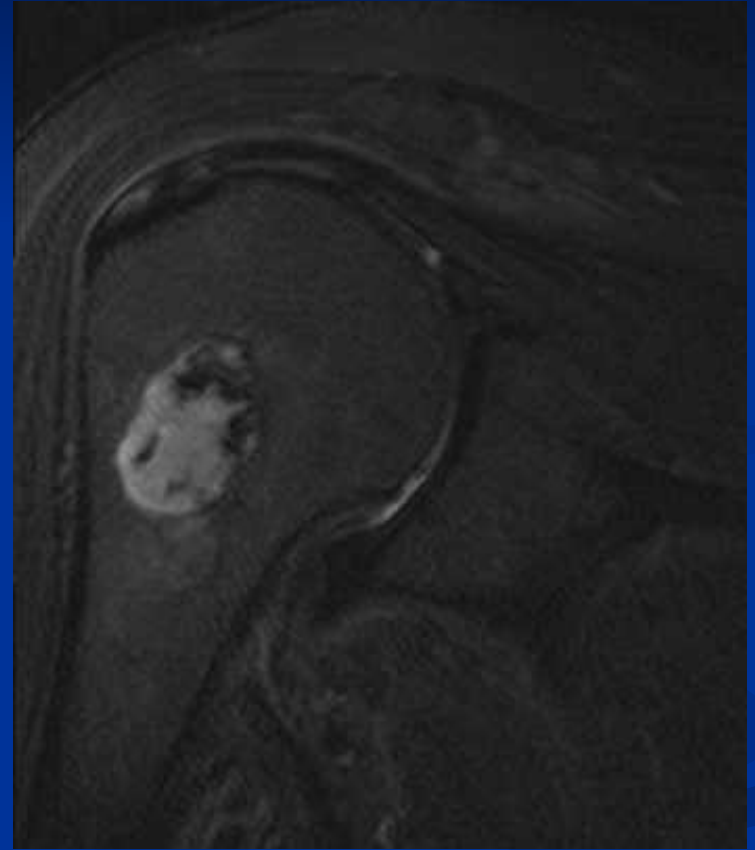
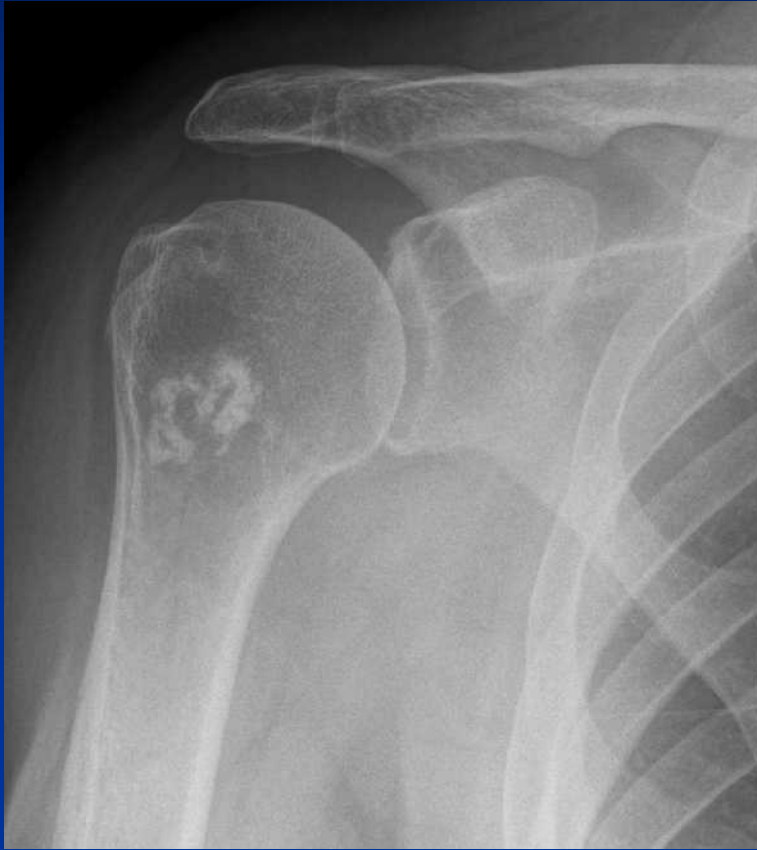
Frozen shoulder

- Exclude OA with x-ray
- GHJ injection for pain
- Neurogenic painkillers for arm pain
- Physiotherapy once pain settling
- Surgery in thawing phase if fed up waiting

When to refer

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

Cautionary tale



Take home messages

- Loss of ER key to diagnosing frozen shoulder
- Develop a feel for injections
- Subacromial space is separate to the gleno-humeral joint
- Degenerate cuff tears do not necessarily need repair

Any questions?

christopher.little@noc.anglox.nhs.uk

Shoulder and elbow service

- Change to one-stop system
 - Imaging on day
 - Discuss all treatment options
 - Commence therapy
- Discharge with management plan
- List
- Observe or investigate

One-stop clinics

- Diagnosis and discussion
- Agree management plan
- List directly from primary care or therapy
- Review in PAC, not OPD
- Happy to review for injections as needed
 - 6-8 weeks to OPD; 7-8 weeks to theatre

Injections

- Happy to see and do
- Happy to see if not effective
- Happy to come and show...

Thank you

christopher.little@noc.anglox.nhs.uk