



BMJ Masterclass for GPs:  
**GeneralUpdate**

Using the latest evidence to make better decisions

**Musculoskeletal Problems**

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BMJ Masterclass for GPs:  
**GeneralUpdate**

Using the latest evidence to make better decisions

Musculoskeletal 4  
Shoulder pain: Impingement and  
frozen shoulder (page 151)



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**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.

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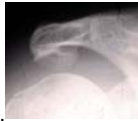
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What should I know about this condition? p151

• Impingement

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



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What should I know about this condition? p152

• 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



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What should I know about this condition? p152

• Frozen Shoulder

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



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## 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)

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## Practical management tips p152

### Impingement

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



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## 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



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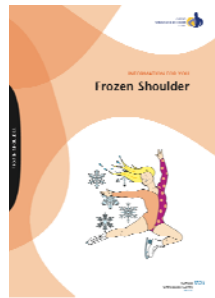
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## Information Booklets

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



[www.oxfordshoulderandelbowclinic.org.uk](http://www.oxfordshoulderandelbowclinic.org.uk)

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## Take home messages p154

- 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

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## Thank You

**Jonathan Rees**

Oxford University and the Nuffield Orthopaedic Centre

[One Stop Shoulder Clinics \(Wed and Thurs\)](http://www.oxfordshoulderandelbowclinic.org.uk)

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