

Stiff Shoulder

- Atraumatic
- Presents with reduced external rotation and elevation
- +/- pain

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Suspected Frozen Shoulder

Increased risk:
Diabetes
Post trauma
Post shoulder op

X-ray

OA

No

Yes

Medication
Rest
Provide frozen shoulder advice leaflet ([link](#))

Moderate / severe pain/ loss of function

Mild/ moderate pain/ loss of function

No improvement after 4 weeks refer to Physiotherapy

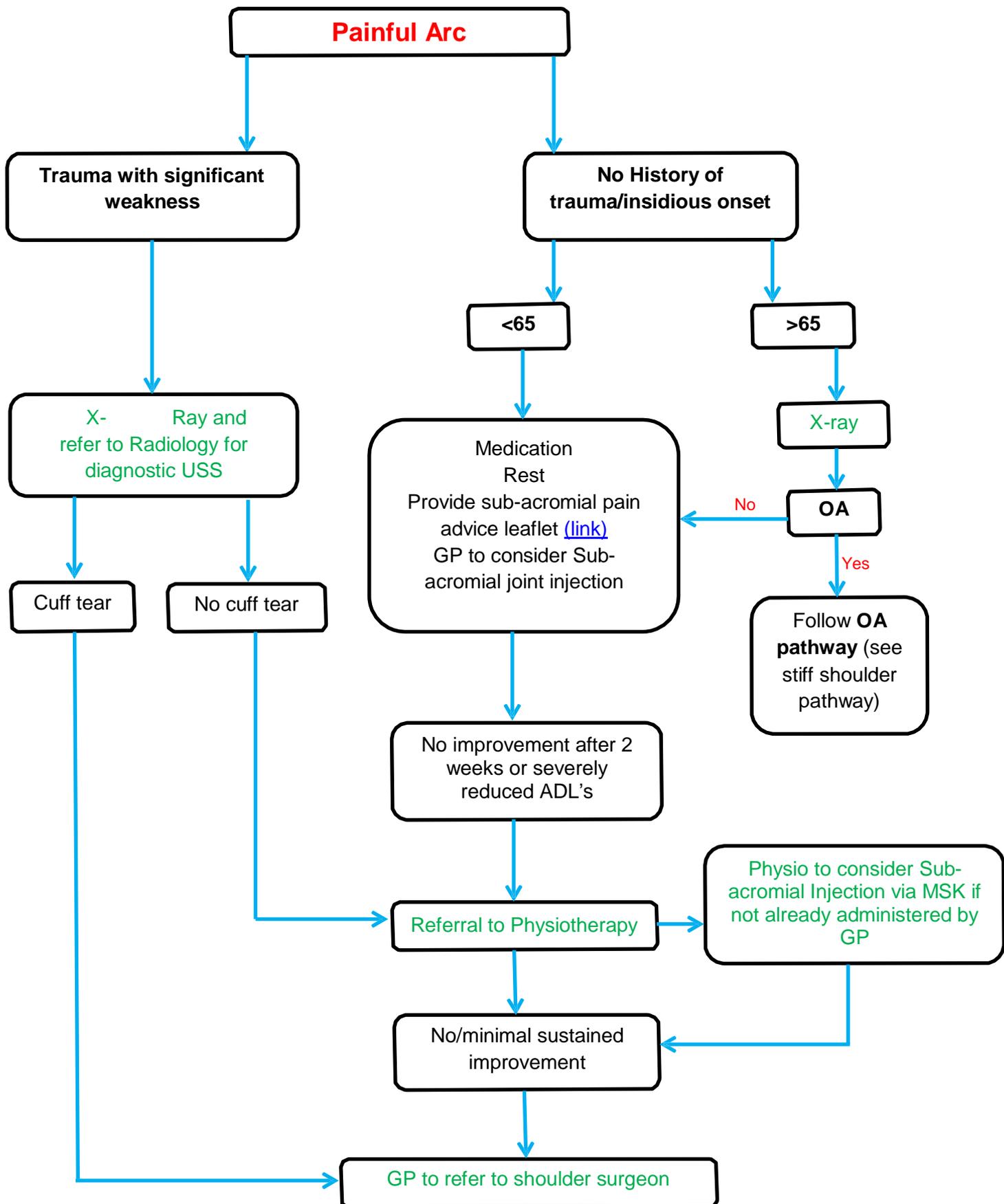
Surgical candidate

Non-Surgical candidate

X-ray and hydrodistension by radiology department to be organised by physiotherapist if indicated

Medication
Rest
Provide OA shoulder advice leaflet ([link](#))
GP to consider glenohumeral joint (GHJ) injection
Physiotherapy

No improvement, GP to refer to shoulder surgeon



Isolated Acromioclavicular Joint (ACJ) Pain

- High Arc Pain
- Localised to ACJ
- Positive crossover / scarf test

Medication

Rest from aggravating activities
GP to consider ACJ injection if
skills available

No improvement after 4 weeks or
severely reduced ADL's

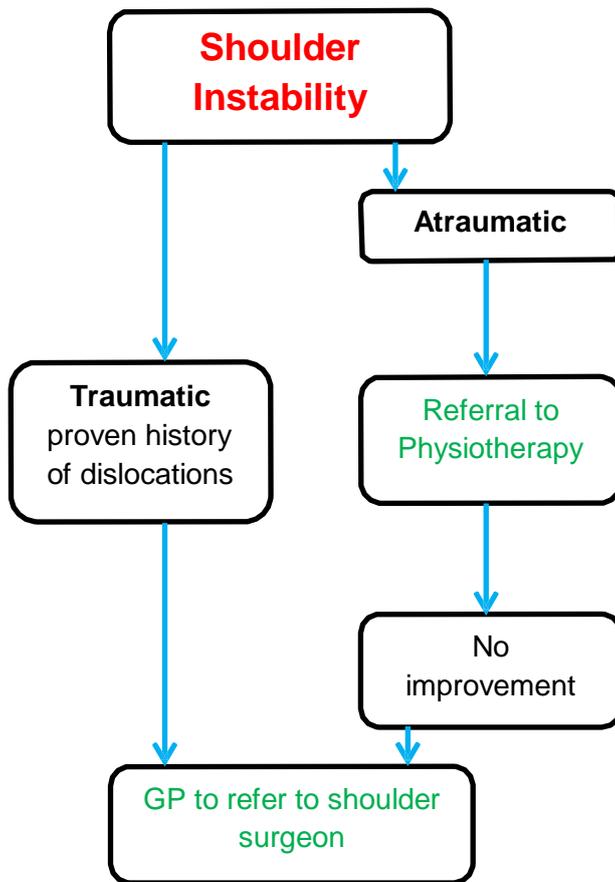
Referral to
Physiotherapy

Physio to consider
ACJ Injection via MSK if not
already administered by GP

No/minimal improvement

X-Ray of ACJ

GP to refer to shoulder surgeon





General Commissioning Statement

Condition or Treatment	Shoulder pathways for Primary Care
<p>Background</p>	<p>Phase I of the CCG's RSS project showed significant variation in referral criteria for shoulder conditions from primary care. It was agreed to develop clinical guidance in collaboration with the local GP network, shoulder consultant, consultant radiologist and MSK clinicians to support the management of shoulder conditions within primary care and provide a clear pathway of referral to ensure patients are seen by the right clinician at the right time.</p>
<p>Commissioning statement</p>	<p>The guidance below suggests consistent management plans for shoulder problems which are likely to present in General Practice. It was agreed that guidance around the 4 main shoulder presentations rather than being condition specific would be more helpful in general practice.</p> <p>The pathways have therefore been divided into 4 categories:</p> <ul style="list-style-type: none"> • Stiff shoulder • Painful Arc • Isolated Acromioclavicular joint pain • Shoulder Instability <p>Conservative management in primary care would likely involve advice to avoid activities which exacerbate pain and a step-wise approach to analgesia including NSAIDs unless contraindicated. Links to patient shoulder exercise sheets are highlighted throughout the pathways where appropriate.</p> <p>It is difficult to give exact time scales but if patients are clearly not making progress then they should move on through the pathway.</p> <p>The new guidance highlights two changes to the referral pathway for hydrodistension for frozen shoulder patients and MSK joint injection:</p> <ul style="list-style-type: none"> • Direct access physiotherapists are now able to refer appropriate patients (after case review by an MSK clinician) directly to the radiology department for hydrodistension. Patients will then be followed up in the physiotherapy department post procedure.



	<ul style="list-style-type: none"> • Direct access physiotherapists are now able to refer appropriate patients (after case review by an MSK clinician) directly for a joint injection via MSK. This reduces the need for a patient to be sent back to the GP in order to be referred to MSK improving the patient journey. GP's are still encouraged to provide joint injections where clinically appropriate and where the skill set exists.
Referral guidance	Referral guidance only
Effective from	July 2016
Summary of evidence / Rationale	British Elbow and Shoulder Society
Date	August 2016
Review Date	August 2017
Contact for this policy	Dr Willoughby GP/Governing Member brucewilloughby@nhs.net