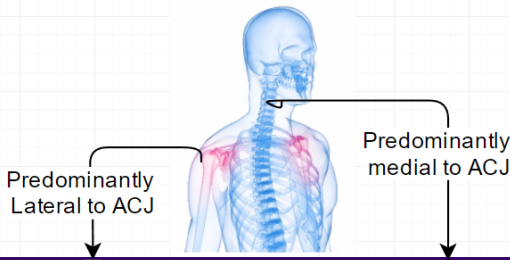


Shoulder Conditions - Management & Referral Guidelines

Is it neck or shoulder?



Red Flag

	Red Flag	Whom to refer?	Time
1	Tumour	# Clinic	2 w
2	Acute Cuff Tear	# Clinic	2 w
3	Unreduced dislocation	On-call Team	Immediate
4	Deep infection	On-call Team	Immediate
5	Unexplained Neurology	PCT	Letter

Shoulder

Follow one of the 3 pathways

Neck

Follow Spinal pathway

Community

GP
Community Physiotherapy
(Direct & GP referred)

Secondary Care

Secondary Care settings
Hospital
Specialist Physiotherapist

Instability

Shoulder instability

Traumatic

Atraumatic

Specialist physiotherapist
Proprioceptive feedback 12 - 24 w
No injections **0**
PCT for opinion - after 6 m

One-stop shoulder clinic, PROMS
MRI arthrogram in selected cases
Shared decision making
Surgery in selected patients

Stiffness

Shoulder Stiffness

Decreased Passive External Rotation

Normal = Frozen shoulder

X-ray shoulder

Abnormal = Arthritis of GHJ

Rest / NSAID / Heat Packs etc 6 w
General physio / exercises etc 12 w
GHJ injection ('Specialist') **1**
PCT for opinion after 4 m

One-stop shoulder clinic, PROMS
Shared decision making
Surgery in selected patients

Rest / NSAID / Heat Packs etc 6 w
General physio / exercises etc 12 w
GHJ injection ('Specialist') **1**
PCT for opinion after 4 m

One-stop shoulder clinic, PROMS
Shared decision / SC nerve block
Surgery in some = TSR / rTSR etc

Subacromial Pain

Sub-acromial Pain

Possible Causes include:

Impingement syndrome, ACJ Arthritis,
Calcium deposit, Biceps tendinitis, Cuff
tear (partial or complete)

Rest / NSAID / Heat Packs etc 12 w
General physio / exercises etc 12 w
Steroid injection ('Specialist') **1**
PCT for opinion 6 m

One-stop shoulder clinic, PROMS
Ultrasound in clinic
Shared decision making
Surgery in selected patients