



Shoulder Pain

Suggested pre-referral evaluation and management guidelines:

1. Radiographs: Shoulder radiographs should include a True AP (Grashey), axillary lateral, and scapular outlet
2. If no fracture or dislocation:
 - a. Suspected rotator cuff tendinosis or impingement syndrome
 - i. Physical therapy or home exercises
 - ii. NSAID therapy
 - iii. Subacromial cortisone injection for pain relief
 - iv. Shoulder MRI and referral if non-operative treatment fails
 - b. Suspected Labral tear
 - i. Physical therapy or home exercises
 - ii. NSAID therapy
 - iii. Possible cortisone injection
 - iv. An MR arthrogram is indicated if non-operative measures fail before referral
 - c. Glenohumeral Arthritis
 - i. Physical therapy or home exercises
 - ii. NSAID therapy
 - iii. Cortisone injections PRN
 - iv. Refer when non-operative measures fail
 - d. Rotator cuff tear arthropathy
 - i. Physical therapy or home exercises
 - ii. NSAID therapy
 - iii. Cortisone injections PRN
 - iv. Refer after exhausting non-surgical options
 - e. Acromioclavicular arthritis
 - i. NSAID therapy
 - ii. Activity modification
 - iii. Cortisone injections PRN
 - iv. Referral if these fail
 - f. Adhesive capsulitis (frozen shoulder)
 - i. Physical therapy
 - ii. Cortisone can help with pain, but does not decrease length of recovery period
 - iii. If range of motion not improving after 6 months, refer to surgeon
 - g. Biceps Tendinitis
 - i. Physical therapy or home exercises
 - ii. NSAID therapy
 - iii. Cortisone injections PRN
 - iv. MRI and referral if these measures fail
 - h. Instability
 - i. Young female with ligamentous laxity and subluxations
 1. Physical therapy
 2. After extensive PT (6-12 months), MRI and referral



- ii. Traumatic dislocation
 1. Immediate referral

Suggested Additional Test/Management

1. MRI is useful for suspected soft tissue injury (rotator cuff) after patients fail a course of physical therapy
2. Ultrasound can be used to evaluate the rotator cuff in patients unable to undergo MRI
3. MR Arthrogram should be ordered to evaluate the labrum

Red Flags/Indications for Early Referral

1. Significant rotator cuff weakness in patients <60 years old
2. Inability of patient to raise arm over head
3. Fractures
4. Dislocations
5. Suspected infection (warmth, erythema, swelling, systemic signs of sepsis)

Patient Education

1. Non-surgical methods are the mainstay for treatment in the majority of patients with shoulder pain.
2. Some combination of physical therapy/home exercises, NSAIDs, cortisone injections, and activity modification should be attempted before surgical referral.

Appointment Time Frame

We strive to see all new patients within 2 weeks

Contact

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Clinic Location Sites

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