

Shoulder Pain | *Surgical Referral Guide*

NON-SURGICAL TREATMENT MODALITIES:

The majority of patients with shoulder pain can be managed successfully without surgery.

In particular the following diagnoses:
Impingement syndrome, calcific tendonitis, adhesive capsulitis, & early osteoarthritis.

A 8-12 week trial of physiotherapy +/- a home exercise program should be prescribed prior to referral to an orthopaedic surgeon. If there is improvement with the exercise program it should be continued & a referral to orthopaedics may not be required.

To help expedite getting patients with surgical pathologies seen for orthopaedic shoulder consultations, I have put together a toolbox to help primary care practitioners conservatively manage these common shoulder issues. Please refer to these to maximize non-surgical treatment modalities prior to referral.

REFERRAL REQUIREMENTS:

If the patient has failed non-surgical options & is being referred for a consultation:

- Include shoulder x-rays that have been taken within 3 months of referral: AP of glenohumeral joint, lateral, & axillary view
- Include imaging of the rotator cuff: MRI or Ultrasound
- Include the patient's occupation & hand dominance
- List all treatments that patient has received & the response to those treatment modalities
- Often cervical spine pathology may mimic shoulder pain. Ensure that a physical examination of the cervical spine has been completed & imaging ordered if appropriate