

## Shoulder Pain Reference Guide

History	Physical Exam	Imaging	Differential Diagnosis by Anatomic Location	Management	When to Refer
<ul style="list-style-type: none"> <li>• Age</li> <li>• Acute or chronic pain</li> <li>• Duration/frequency</li> <li>• Mechanism</li> <li>• Sport/position</li> <li>• Pop/Tear</li> <li>• Swelling (Rapid)</li> <li>• Assymetry/atrophy</li> <li>• ROM deficit</li> <li>• Instability</li> <li>• Numbness or tingling</li> <li>• Location of Pain</li> <li>• Mechanical symptoms</li> <li>• Winging of scapula</li> <li>• Attempted treatment (RICE?)</li> </ul>	<p><b>Inspection</b></p> <ul style="list-style-type: none"> <li>• Swelling, ecchymosis</li> <li>• Skin integrity- abrasion/laceration etc</li> <li>• Asymmetry</li> </ul> <p><b>ROM/Strength</b></p> <ul style="list-style-type: none"> <li>• Extension/Flexion</li> <li>• Abduction/adduction</li> <li>• Internal rotation/external rotation</li> <li>• Rotator cuff testing <ul style="list-style-type: none"> <li>✓ SS – Empty can</li> <li>✓ IS/TM-ER/IR strength</li> <li>✓ SC-lift up</li> </ul> </li> </ul> <p><b>Palpation</b></p> <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Anterior – pectoralis, glenohumeral joint line, biceps tendon, physis, SC/AC joint, clavicle</li> <li>• Lateral-RC insertion, physis, deltoid</li> <li>• Posterior – posterior GH joint line, scapular spinerotator cuff, trapezius, scapular stabilizers</li> </ul> <p><b>Special Maneuvers</b></p> <ul style="list-style-type: none"> <li>• Impingement (Hawkins/Neer’s)</li> <li>• AC joint (X body)</li> <li>• Stability (sulcus, load shift, apprehension, relocation)</li> <li>• SLAP tests (O’Brien vs Speed Crank)</li> </ul> <p><b>Neurovascular exam</b></p> <p><b>Adjacent Joints</b></p>	<p><b>Radiographs Indications</b></p> <ul style="list-style-type: none"> <li>• Deformity, acute mechanism, instability, tender physis, chronic pain not improving</li> <li>• Standard trauma- AP, int/ext, lateral</li> <li>• Other views – Grashey, scapular Y</li> </ul> <p><b>MRI Indications</b></p> <ul style="list-style-type: none"> <li>• Radiographs fail to clarify the problem (consider with traumatic shoulder dislocation )</li> <li>• To confirm your clinical suspicion (To answer a specific clinical question – is there a labral tear)</li> <li>• Pain failing conservative care</li> <li>• To plan for surgery</li> </ul>	<p><b>Diffuse/Global Pain</b></p> <ul style="list-style-type: none"> <li>• Fracture-acute trauma, immediate decreased ROM</li> <li>• Traumatic dislocation</li> <li>• Atraumatic instability- usually multidirectional</li> </ul> <p><b>Anterior Shoulder Pain</b></p> <ul style="list-style-type: none"> <li>• Biceps tendonitis/overuse</li> <li>• Labral tear</li> <li>• AC joint injury/separation</li> <li>• Clavicle fracture</li> </ul> <p><b>Lateral Shoulder Pain</b></p> <ul style="list-style-type: none"> <li>• Rotator cuff tendonitis/overuse</li> <li>• Impingement</li> <li>• Proximal Humerus epiphysiolysis</li> </ul> <p><b>Posterior Shoulder Pain</b></p> <ul style="list-style-type: none"> <li>• RC overuse/shoulder overuse</li> </ul>	<p><b>R-Rest</b></p> <p><b>I-Ice</b></p> <p><b>C-Compression</b></p> <p><b>E-Elevation</b></p> <ul style="list-style-type: none"> <li>• Pain Control</li> <li>• Sling</li> <li>• Limit use of sling &lt; 1 week to avoid shoulder stiffness</li> <li>• Rehabilitation Early ROM</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to improve with conservative care</li> <li>• Potential surgical conditions (traumatic dislocation, displaced fx, severe AC separation)</li> <li>• Recurrent instability</li> <li>• Parental Concern</li> <li>• Growth concerns</li> <li>• Return to play</li> </ul>