Common shoulder problems

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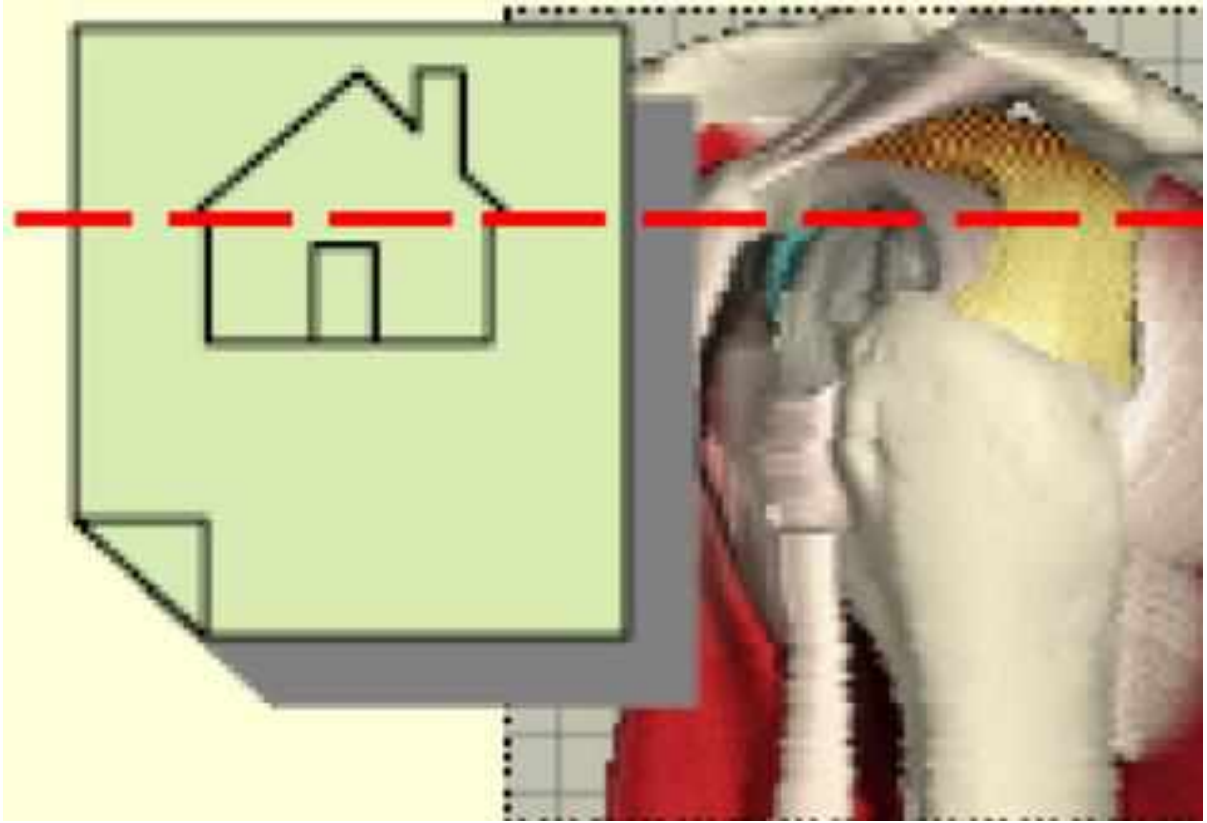
Ramsay Health Care

Problems encountered in shoulder

- Pain
- Instability
- Stiffness
- Weakness- ?pain inhibition?neurological



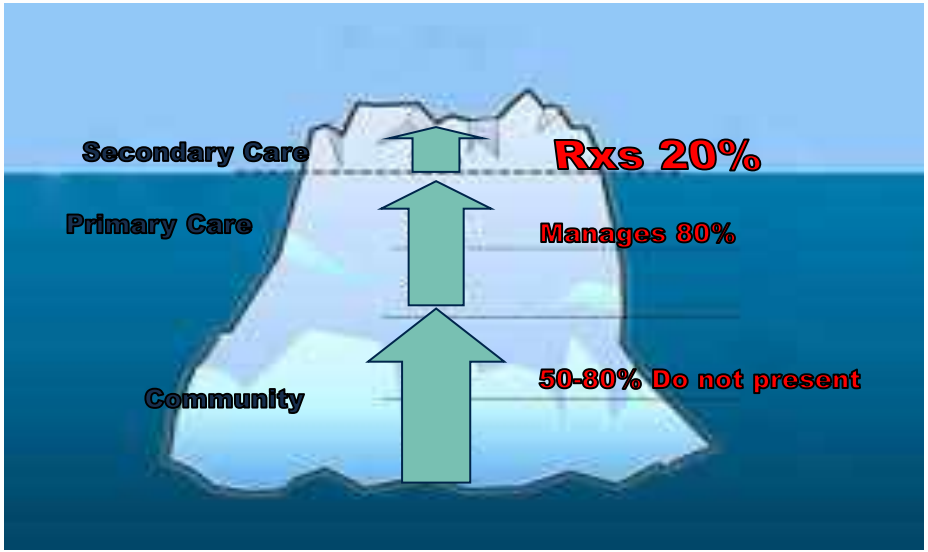
Shoulder as a house

Contents of the attic

- Subacromial Bursa
- Rotator cuff
- Acromion
- Acromioclavicular joint
- Coracoaromial ligament

Burden of pain

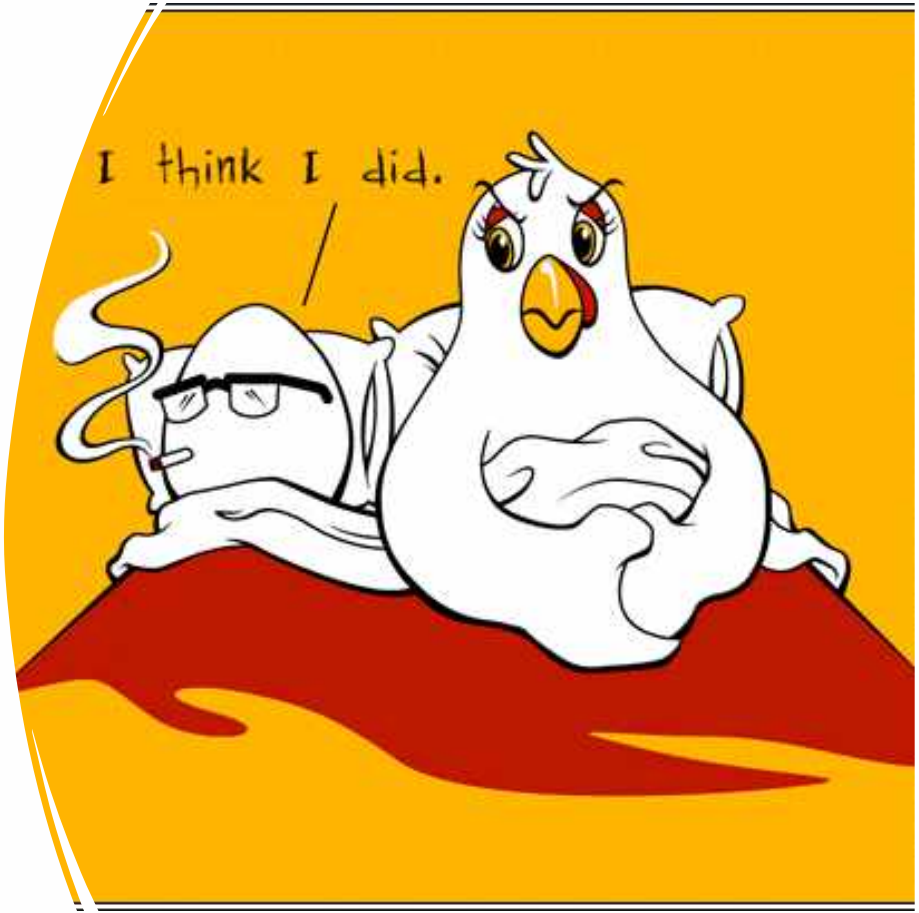
70% of all new shoulder pain is subacromial



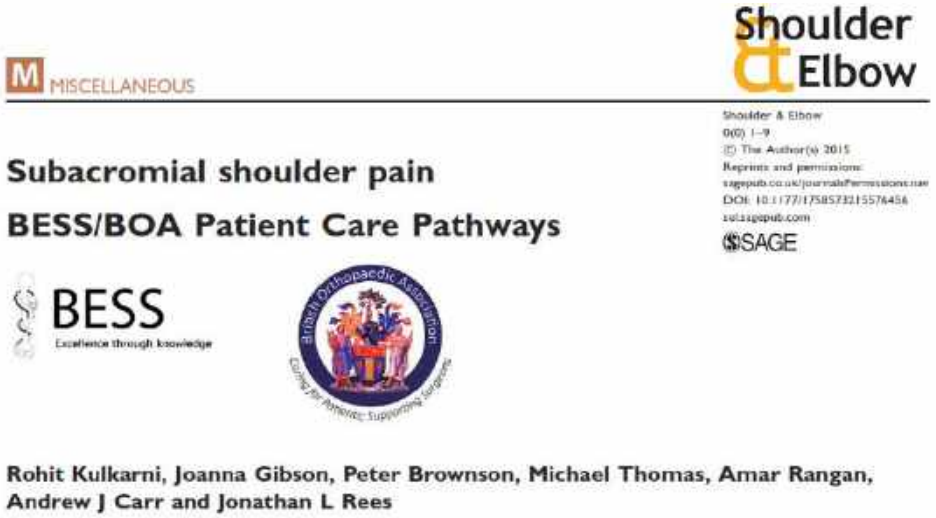
2.4% of all new GP consultations

Daignostic conundrum

- Neck or the shoulder



BESS/BOA Guidance



MISCELLANEOUS

Shoulder & Elbow

Shoulder & Elbow
0(0) 1–9

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Subacromial shoulder pain

BESS/BOA Patient Care Pathways

BESS
Excellence through knowledge

British Orthopaedic Association
Caring for Patients; Supporting Surgeons

Rohit Kulkarni, Joanna Gibson, Peter Brownson, Michael Thomas, Amar Rangan, Andrew J Carr and Jonathan L Rees

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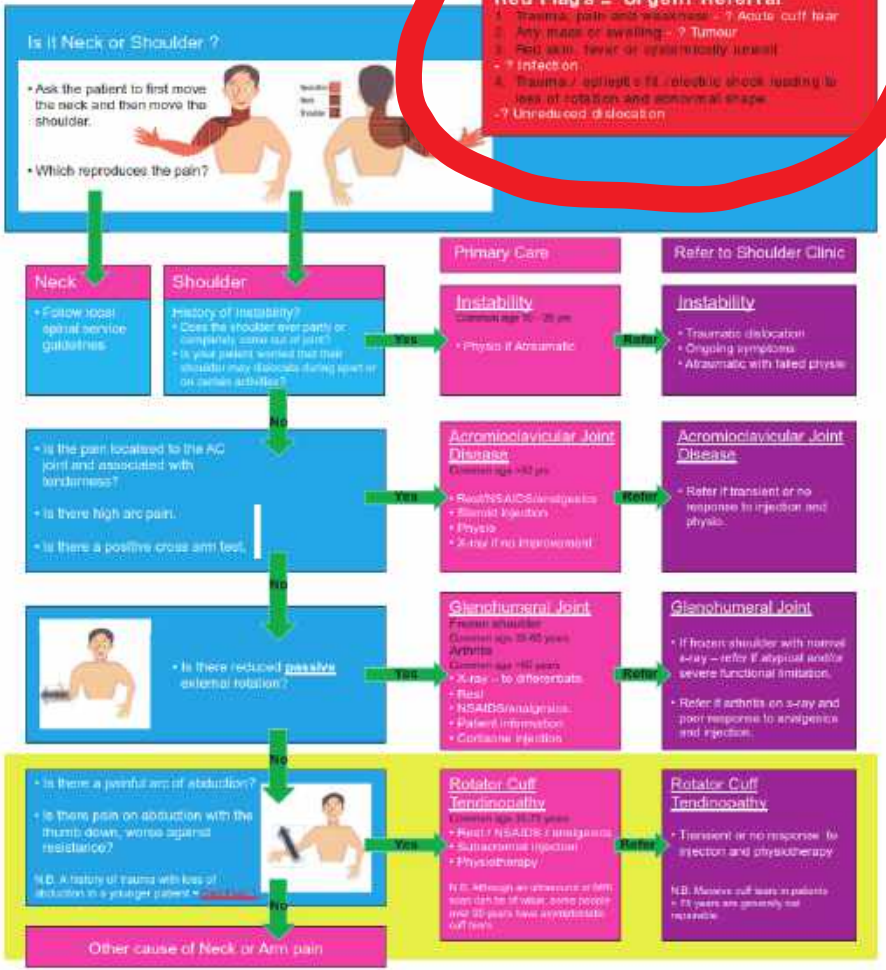
Diagnosis of Shoulder problems in [illegible]

Guidelines on treatment and referra[illegible]



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Shoulder examination

Three joints	Glenohumeral joint	Acromioclavicular joint	Sternoclavicular joint
Three areas	Subacromial space	Rotator Cuff	Scapulothoracic articulation

Summary of Shoulder examination

10 minutes-10 points (2-3 minutes)	Quick neck screen
	Forward elevation (functional)
	Abduction (mid-arc pain)
	Internal and external rotation (GH Joint)
	Impingement test
	Supraspinatus (Rotator cuff)
	Infraspinatus (Rotator cuff)
	Subscapularis (Rotator cuff)
	Lond head of biceps
	ACJ test

Shoulder examination- rotations

Supraspinatus

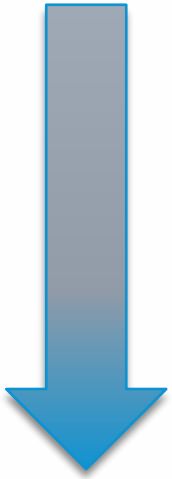
Infraspinatus

Subscapularis

Biceps provocation tests

Scarf test (ACJ test)

Age sieve in Shoulders



- <16 Voluntary instability
- 16-30 Traumatic instability
- 20-40 ACJ pain in gym enthusiasts
- 30+ Subacromial impingement
- 50+ Cuff disease/cuff (wear and) tear
- 65 + OA

Landmark paper

Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial

David J Beard, Jonathan L Rees, Jonathan A Cook, Ines Rombach, Cushla Cooper, Naomi Merritt, Beverly A Shirkey, Jenny L Donovan, Stephen Gwilym, Julian Savulescu, Jane Moser, Alastair Gray, Marcus Jepson, Irene Tracey, Andrew Judge, Karolina Wartolowska, Andrew J Carr, on behalf of the CSAW Study Group*

Summary

Background Arthroscopic sub-acromial decompression (decompressing the sub-acromial space by removing bone spurs and soft tissue arthroscopically) is a common surgery for subacromial shoulder pain, but its effectiveness is

Lancet 2018; 391: 329–38
Published Online

Red Flags

1. **Trauma- Same day**
2. **Infection- Same day**
3. **Tumour- 2 week rule**

Rheumatological

1. **Inflammatory arthritis PMR- rheumatology referral**

Instability

Shoulder offers range of movement at the cost of stability

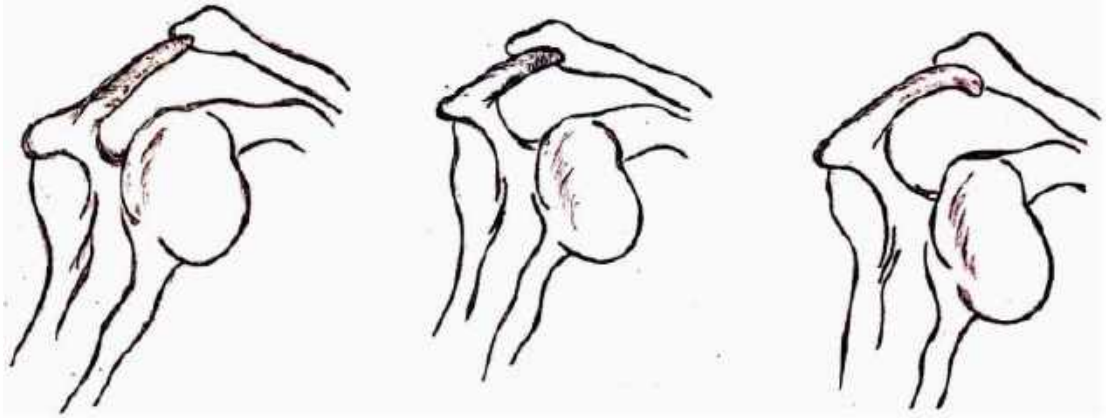
High risk of dislocation

-sports

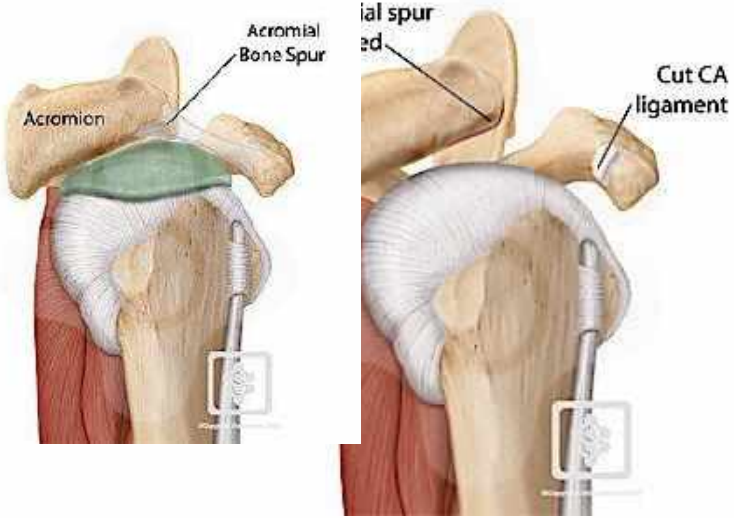
-trauma

-inherent instability

Types of acromion

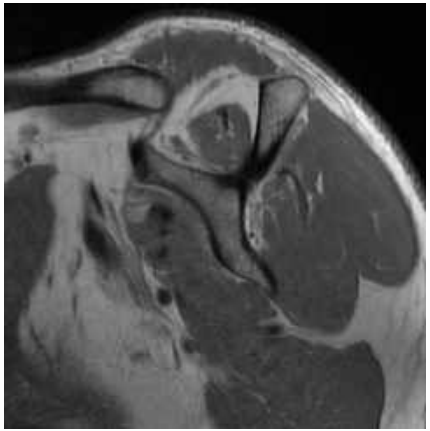


Subacromial decompression

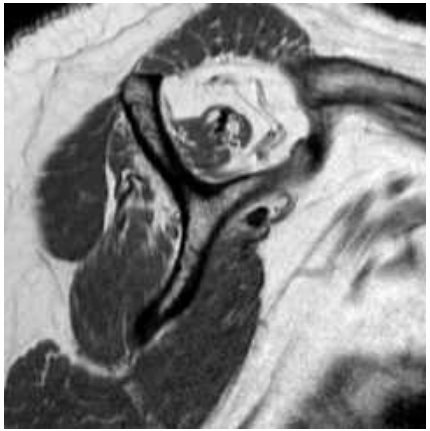


Subacromial decompression

Supraspinatus retear



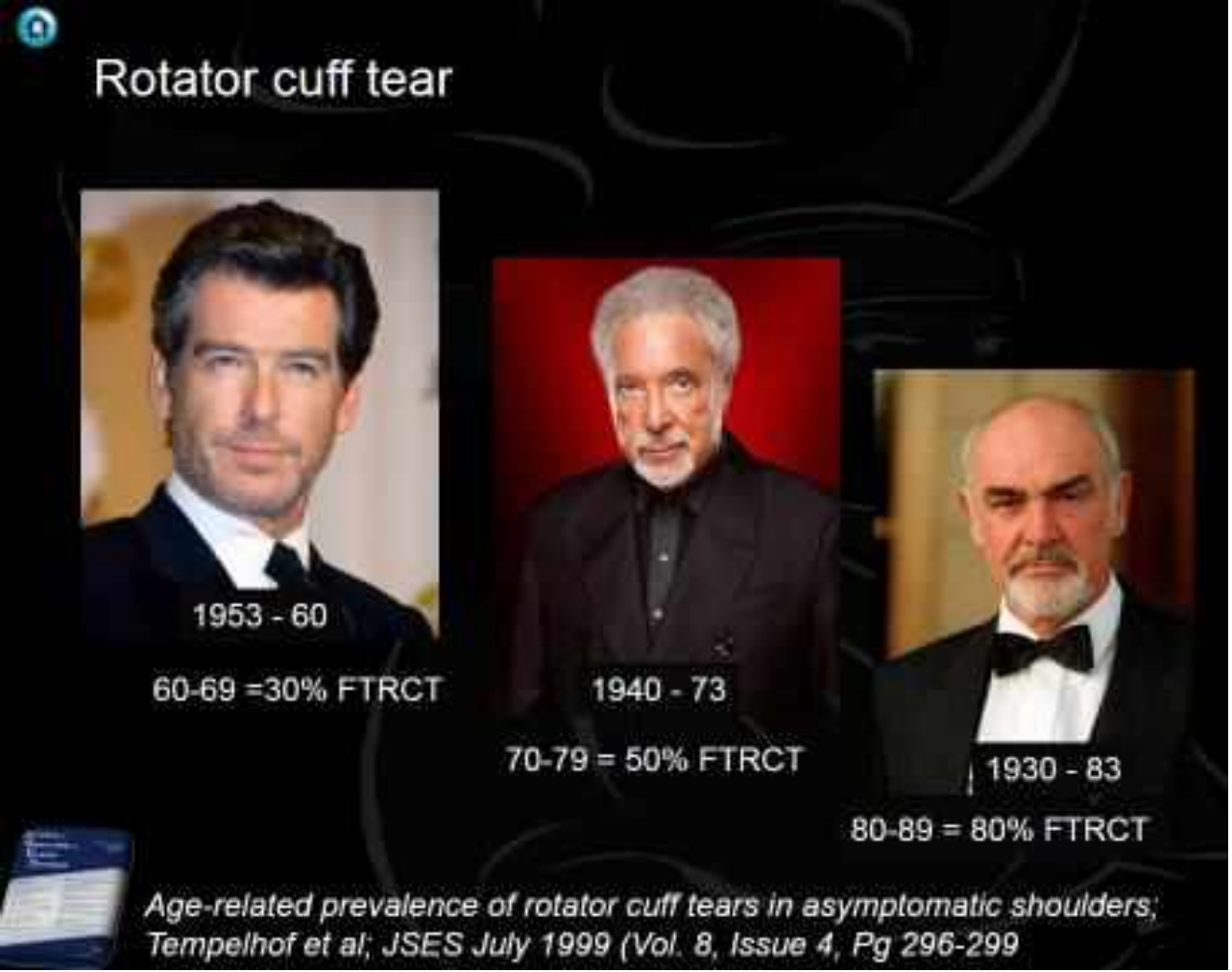
Supraspinatus chronic tear



Rotator cuff repair

When to inject

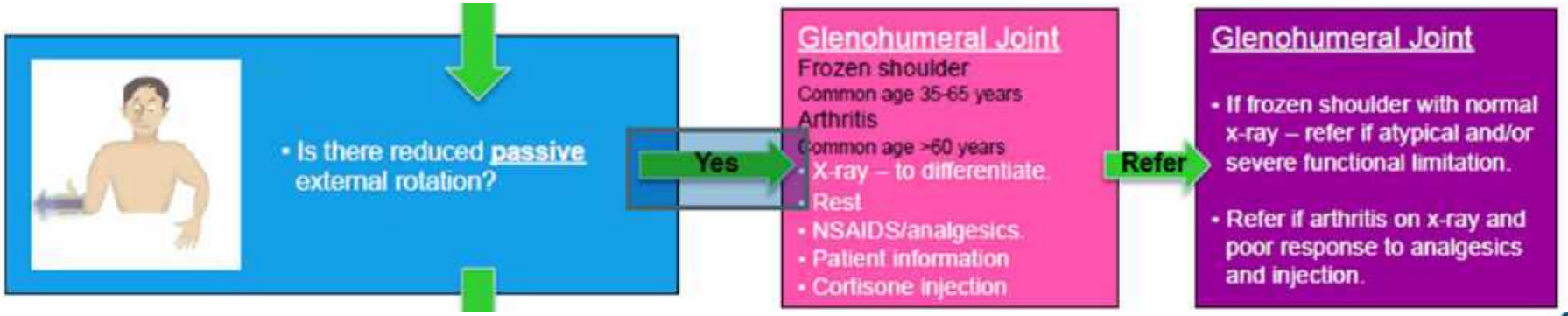
1. No easy answer
2. Symptoms persist few weeks
   - Simple analgesia
   - NSAID
   - Relative rest
   - +_ Physio
3. Practically when patient asks for one



When not to inject

1. **Usual contraindications**
   - Coagulation
   - Allergy
   - Active infection

2. **Rotator cuff tear**
   - Weakness main problem
   - Likely to have surgery within 4-6 weeks
   - Partial tears



Frozen shoulder

Very common

Mostly misdiagnosed!

PAIN

Night time, severe, aggravated with movements, pain in the shoulder and arm

Patient do not notice stiffness

Frozen shoulder

Frozen shoulder

Analgesics

Physiotherapy

Steroid injection/ Hydrodilatation

Arthroscopy

The NIHR-HTA commissioned United Kingdom Frozen Shoulder Trial (UKFROST) is a multicentre randomized trial

Early arthritis of the shoulder- ’Goaty Beard’



Total shoulder replacement

Total shoulder arthroplasty

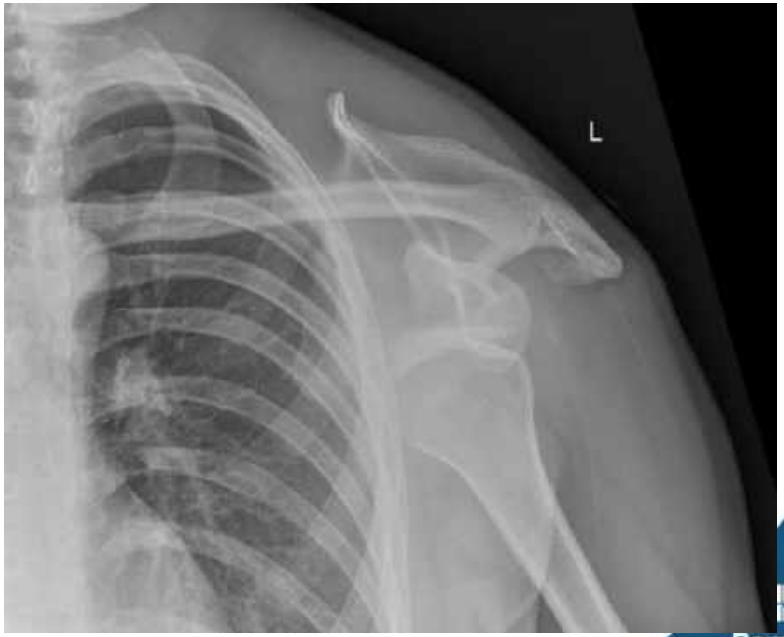
Cuff tear arthritis

Reverse Total
Shoulder
Replacement

ss Use

Ramsay
Health Care

Shoulder dislocation



Shoulder dislocation

Posterior fracture dislocation

Posterior fracture dislocation

Shoulder injuries- Acute

- Shoulder dislocations-
  - First
  - Recurrent
- Shoulder fractures
- Clavicle fractures
- ACJ injuires
- Humeral fractures

Clavicle fractures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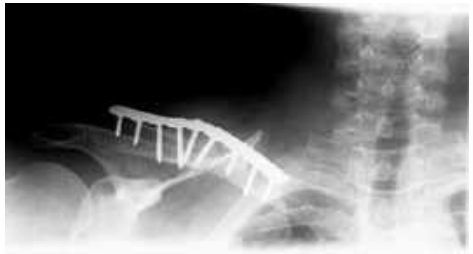
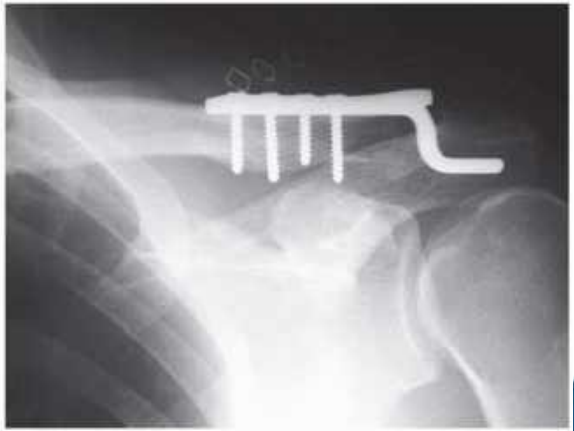
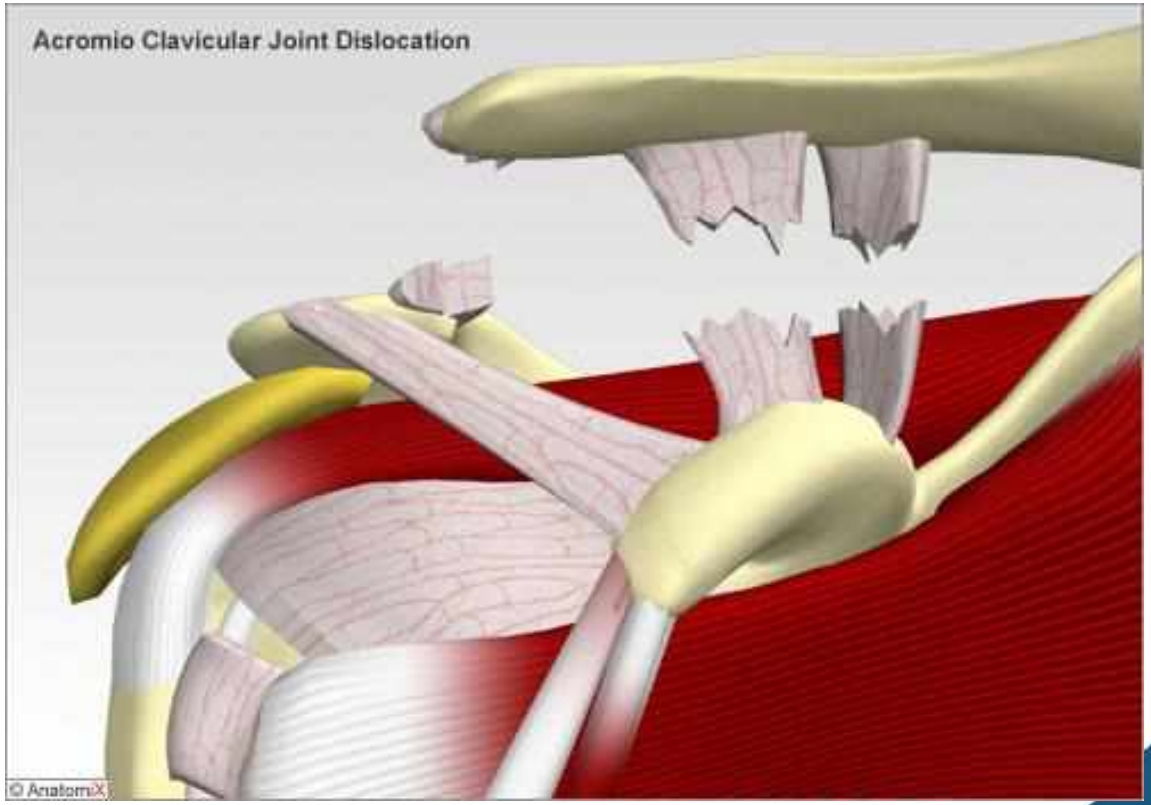
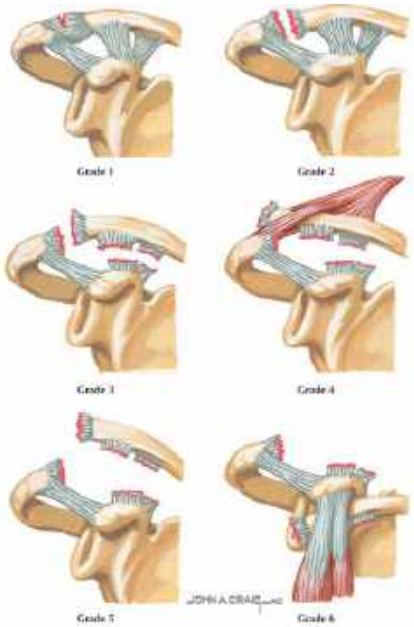
Methods of treatment

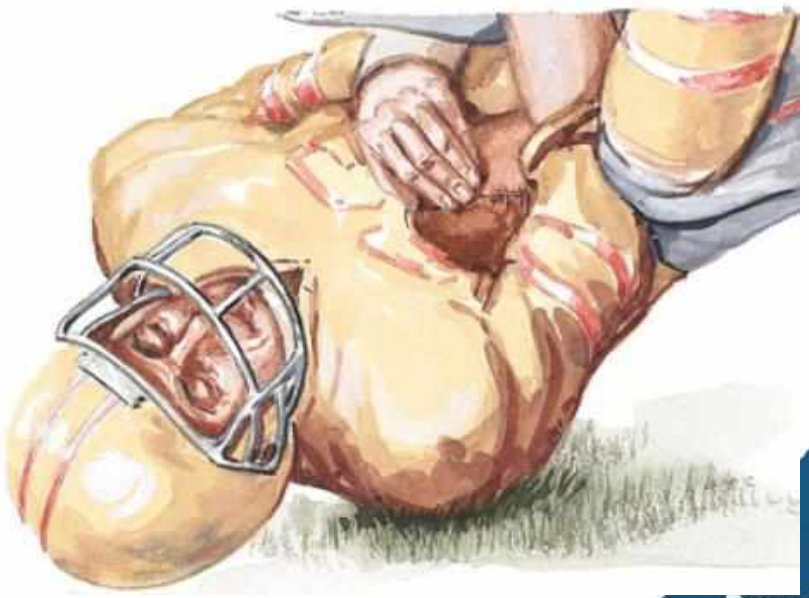




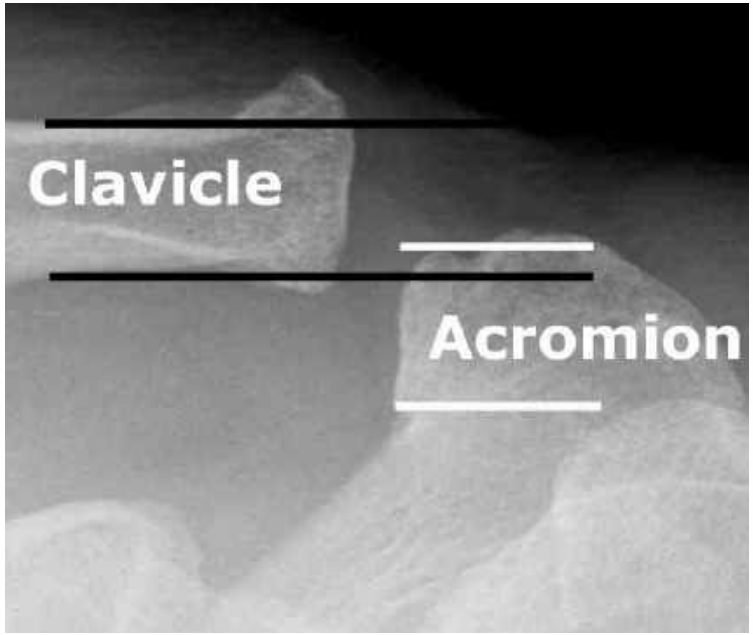


AC Joint Injury



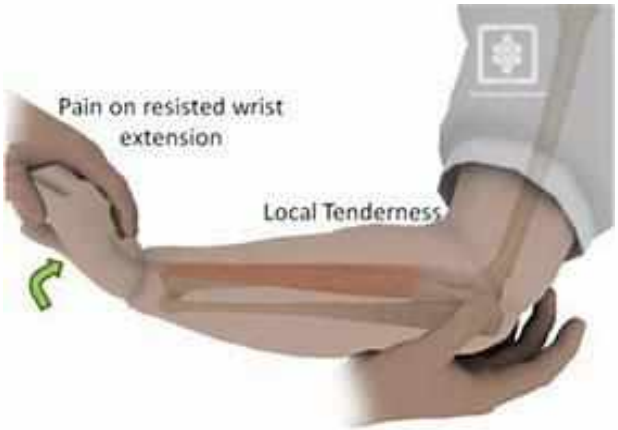


ACJ injury



Common elbow conditions

- Tennis elbow- remote Maudsley sign
- Cubital tunnel syndrome
- Golfers elbow



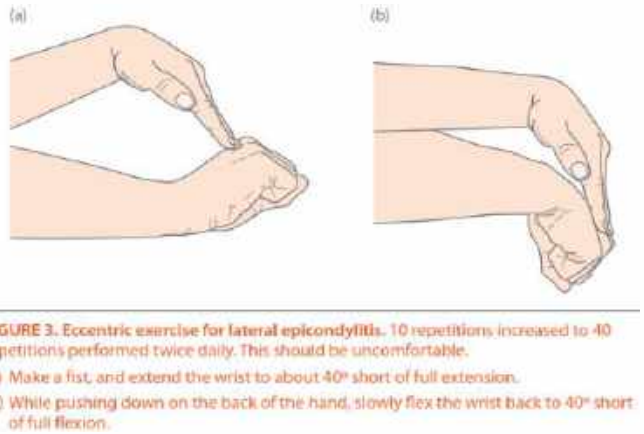


FIGURE 3. Eccentric exercise for lateral epicondylitis. 10 repetitions increased to 40 repetitions performed twice daily. This should be uncomfortable.

(a) Make a fist, and extend the wrist to about 40° short of full extension.

(b) While pushing down on the back of the hand, slowly flex the wrist back to 40° short of full flexion.

PRP injection

- Various trials
- Evidence still unclear but looks promising
- Wrightington trial-50% success rate

Contents lists available at ScienceDirect

Journal of Orthopaedics

journal homepage: www.elsevier.com/locate/jor

telet rich plasma injections for lateral epicondylitis of the elbow reduce need for surgical intervention

ham Hastie*, Mazen Soufi, James Wilson, Bibhas Roy

l Manchester University Hospitals NHS Trust, Trafford General Hospital, Moorside Road, Manchester M41 5SL, United Kingdom

TICLE INFO

rds:
t rich plasma
elbow

ABSTRACT

Objective: We aimed to assess the effectiveness of PRP injections in lateral epicondylitis of the el after PRP introduction the numbers of patients requiring surgery for had reduced.

Methods: We conducted a retrospective review of cases from the 1st January 2008 to 31st Dec numbers of patients undergoing surgical release and the numbers of patients requiring PRI recorded each year and the numbers of patients requiring surgery was compared pre and post ascertain if PRP introduction reduced surgical intervention.

Results: Prior to PRP, a yearly mean of 12.75 patients underwent surgery, since PRP this red tients, $P < 0.001$. This leads to an absolute risk reduction of 0.773 and number needed to

Emerging evidence- 2018

Ramsay Health Care

Radial head replacement

The forgotten elbow

Thank You

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Clinics at North Downs

Wed PM

Adhoc sessions

Ramsay Health Care