

Impingement Syndrome

HISTORY - (Chronicity, symptoms, exacerbating movements, therapies tried, and response had)

50 year-old-man with **CKD 3a** presents with more than three months of intermittent left shoulder pain, reliably reproduced when he tries to **reach for things above his shoulder**. He is struggling to perform his work in the mailroom and is considering **applying for FMLA**. He gets relief from ibuprofen and acetaminophen. He is willing to try physical therapy but worried it will take too long or not be effective enough for him to continue work.

POSITIVE EXAM FINDINGS

(+) Painful Arc (LR 2.9) (+) Neer (LR 1.6) (+) Hawkins (LR 1.7). Note: all LR are for RC tendonitis

RELEVANT NEGATIVE EXAM FINDINGS

(-) empty can, (-) weakness with internal or external rotation

ASK FOR A DIAGNOSIS

NEXT STEP IN MANAGEMENT

- Urgent referral to ortho for consideration of surgery
- X-ray** – not necessary but a common step to rule-out arthritis or bony fragments.
- MRI
- Referral to physical therapy**
- ~~Ibuprofen 600mg PO TID or Naproxen 500mg PO BID~~ or **diclofenac topical gel 1% BID**
- Sub-acromial space corticosteroid injection**

Infraspinatus Tendinopathy (partial tear)

HISTORY - (Chronicity, symptoms, exacerbating movements, therapies tried and response had)

50 year-old-male construction worker with poorly controlled **diabetes** (A1c 9.5) presents with 2 months of lateral right shoulder pain that first developed while on a 'tough job'. The pain mostly constant, and worst when **trying to lift or pull things**. It also occasionally wakes him from sleep and hurts when trying to turn the steering wheel. He gets partial relief from acetaminophen and ibuprofen but has **NOT yet tried physical therapy**.

POSITIVE EXAM FINDINGS

(+) pain to palpation along posterior-lateral margin of humeral head, (+) painful arc (LR 2.9), (+) pain and slightly reduced R compared to L strength with **external shoulder rotation**, (+) Speed (LR 1.9), (+) Yergason (LR 2.8)

RELEVANT NEGATIVE EXAM FINDINGS

Normal range of motion, (-) empty can, (-) Hawkins and Neers

ASK FOR A DIAGNOSIS

NEXT STEP IN MANAGEMENT

- Urgent referral to ortho for consideration of surgery
- X-ray**
- MRI
- Referral to physical therapy**
- Ibuprofen 600mg PO TID or Naproxen 500mg PO BID or diclofenac topical gel 1% BID**
- Sub-acromial space steroid injection – **risk benefit discussion, likely recommend trial PT, return with improved DM control and consider if still experiencing pain**

Complete Full Thickness Tear of Supraspinatus

HISTORY - (Chronicity, symptoms, exacerbating movements, therapies tried, and response had)

40 year-old-male construction worker presents with 2 weeks of severe and persistent left shoulder pain. He injured it on a job pulling a cable up from below. He didn't hear a 'pop' but had immediate pain and developed swelling over the subsequent days that has not gone completely down. He is struggling to perform his duties at work and receives only mild relief from ice and around the clock ibuprofen.

POSITIVE EXAM FINDINGS

Active ROM limited to 15 degrees on left shoulder abduction but able to tolerate with passive ROM >90deg. Diffusely tender shoulder, eliciting pain with palpation in most areas. (+) drop arm test (LR 2.9) (+) supraspinatus weakness (LR 2)

RELEVANT NEGATIVE EXAM FINDINGS

Able to perform shoulder external rotation and internal rotation but both cause pain.

NEXT STEP IN MANAGEMENT

- Urgent referral to ortho for consideration of surgery
- X-ray
- MRI
- Referral to physical therapy – focus on ROM to prevent adhesive capsulitis
- Ibuprofen 600mg PO TID or Naproxen 500mg PO BID or diclofenac topical gel 1% BID
- Sub-acromial space steroid injection – consider if not a surgical candidate

Acromio-clavicular (AC) Osteoarthritis

HISTORY - (Chronicity, symptoms, exacerbating movements, therapies tried and response had)

40 year-old-man who served as an infantryman for 20 years presents with chronic intermittent right anterior shoulder pain that is most evident when reaching across his body to grab something or while driving. He gets mild relief from ibuprofen and acetaminophen but doesn't want to take medications all the time.

POSITIVE EXAM FINDINGS

(+) pain to palpation over acromio-clavicular (AC) joint, (+) cross body adduction test with pain at the AC joint (LR 3.7)

RELEVANT NEGATIVE EXAM FINDINGS

Normal active and passive range of motion, normal strength with internal and external rotation, (-) empty can, (-) Hawkin's and Neer's

ASK FOR A DIAGNOSIS

NEXT STEP IN MANAGEMENT

- Urgent referral to ortho for consideration of surgery
- X-ray
- MRI
- Referral to physical therapy
- Ibuprofen 600mg PO TID or Naproxen 500mg PO BID or diclofenac topical gel 1% BID
- Acromio-clavicular space steroid injection (20mg triamcinolone)