

Shoulder Questions without Answers

1. A 70-year-old female presents for a subacromial space injection after telling her primary care provider she had been experiencing 2 months of left shoulder pain. She has 4/5 strength without pain on empty can testing and external rotation on the L side compared to full strength on the right. She has negative Neer's and Hawkin's. Her biceps tendon reflex is decreased on the left compared to the right. She has a positive Spurling's test and decreased range of motion with rotation of her neck to the left. She has completed 6 weeks of physical therapy without benefit. What further diagnostic evaluation is recommended for this patient?
 - a. MRI left shoulder without contrast
 - b. Left shoulder x ray
 - c. MRI C spine without contrast
 - d. CT head with and without contrast
 - e. No additional imaging is needed
2. Which is an appropriate indication for a subacromial space injection?
 - a. Glenohumeral Osteoarthritis
 - b. Acromioclavicular Osteoarthritis
 - c. Rotator cuff tendinopathy
 - d. Adhesive capsulitis
3. Which of the following is an absolute contraindication to a subacromial space injection?
 - a. Well-controlled Type 2 Diabetes
 - b. History of shoulder surgery without intra-articular hardware
 - c. Anticipated surgery within the next three months
 - d. History of subacromial space steroid injection 4 months ago
4. Which of the following is an appropriate approach for a subacromial steroid injection?
 - a.



b.



c.



d.



5. A 45-year-old presents with right shoulder pain for 4 months that makes it hard for him to sleep. He especially notices the pain when he is stocking shelves. On exam, he has pain without weakness with empty can testing. He has positive Neer's and Hawkin's testing. He asks if there is a "quick fix" so he can get back to work. What can you tell him about his options for treatment?
 - a. A minimum of 6 weeks of physical therapy is required to improve pain and function
 - b. Subacromial space corticosteroid injection can improve pain and function at 8 weeks
 - c. Arthroscopic subacromial decompression is more likely to have long term resolution of his pain than conservative management
 - d. Subacromial space corticosteroid injection may make him less likely to participate in PT in the future

6. A 60-year-old female with past medical history of type 2 diabetes presents with 7 months of left shoulder pain that started after a fall. She did not want to cause further injury to the shoulder so she has since been wearing a sling during the day. On exam, she has limited active and passive range of motion with flexion, abduction, external and internal rotation. You refer her to physical therapy and order an x-ray of the shoulder. Which is the best next step for treatment?
 - a. Refer her to procedure clinic for subacromial space injection
 - b. Refer her to PM&R for Glenohumeral joint injection
 - c. Refer her to orthopedics for manipulation under anesthesia plus steroid injection
 - d. Refer her to orthopedics for arthroscopic capsular release

7. 55-year-old female presents with 2 years of anterior shoulder pain with morning stiffness lasting ~20 minutes. On exam, she has no erythema or swelling but has pain with abduction and internal and external rotation. An x-ray shows glenohumeral arthritis. She denies history of rotator cuff disease, shoulder dislocations or any shoulder trauma. What other work up should be considered?
 - a. Aspiration of shoulder joint, send for cell count

- b. Aspiration of shoulder joint, send for crystals
 - c. Check iron, TIBC, and ferritin
 - d. Check A1c
 - e. No further work up
8. A 64-year-old man presents with anterior shoulder pain that is worse with lifting objects for the last 3 months. On exam, he has positive Speed's and Yergason's tests, a negative painful arc, negative empty can test and normal strength with internal and external rotation. He is quite tender to palpation at the area palpated with the thumb below. What is the most likely diagnosis?
- a. Acromioclavicular arthritis
 - b. Subscapularis tendinopathy
 - c. Biceps tendonitis
 - d. Subacromial bursitis



9. A 50 year-old rock climbing instructor with well-controlled Type 2 diabetes presents with 3 months of difficulty lifting his right arm over his head causing him to miss several weeks of work. He has participated in 3 months of PT and has been taking ibuprofen and acetaminophen without much relief. On exam, he has a positive drop arm test on the right. What is the next best step in management?
- a. Continue PT for 3 more months
 - b. Refer to orthopedic surgery for rotator cuff repair
 - c. Perform a subacromial space corticosteroid injection
 - d. Refer to physical medicine and rehab for an intra-articular glenohumeral joint injection