

Madigan Army Medical Center

Musculoskeletal Treatment Guidelines

SHOULDER PAIN

Diagnosis/Definition

- Shoulder pain, with or without symptoms of instability, stiffness, weakness, catching, crepitus, deformity, or paresthesias, not associated with acute fracture, in the absence of cervical spine or non-skeletal etiologies (such as cardiac or neurogenic).

Initial Diagnosis and Management

- History and physical exam, to include a careful neurological exam of the upper extremities.
- AP and axillary x-ray views of the shoulder are indicated as part of the initial diagnostic work up.
- MRI/CT/arthrogram not indicated as part of initial diagnostic work up.
- Diagnostic or therapeutic injection of local anesthetic and steroid, documenting site of injection (e.g. AC, subacromial, bicipital groove), type and amount of Rx.
- Sling and swathe (limited to maximum of 7 days).
- NSAIDs, appropriate use of light narcotic Rx for no more than 7 days in acute injuries.
- Activity modifications as required.

Ongoing Management and Objectives

- With the above plan and associated algorithm leading to diagnosis and treatment, resolution is expected in 3-4 weeks. A specific diagnosis can be treated as above for 3-4 months, as long as slow improvement is occurring. Light narcotics only indicated for a short period after an acute injury or re-injury.
- If no improvement has occurred within 4 weeks, referral to specialty care is indicated. Adjunctive studies other than x-rays are most appropriately ordered by the specialty care provider or after phone consultation recommendation.

Indication a profile is needed

- Any limitations that affect strength, range of motion, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.
- Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that may prevent hand-to-hand fighting and disqualifies for prolonged effort.
- Defects or impairments that require significant restriction of use

Specifications for the profile

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- Week 1-4
 - No upper body PT
 - No overhead activities
 - Limited lifting
 - No ruck

Patient/Soldier Education or Self care Information

- See attached sheets
- Demonstrate deficits that exist
 - Describe/show soldier his/her limitations
- Explain injury and treatment methods
 - Use diagram attached to describe injury, location and treatment.
- Instruct and demonstrate rehab techniques
 - Demonstrate rehab exercises as shown in attached guide
 - Warm up before any sports activity
 - Participate in a conditioning program to build muscle strength
 - Do stretching exercises daily
- Ask the patient to demonstrate newly learned techniques and repeat any other instructions.
- Fine tune patient technique
 - Correct any incorrect ROM/stretching demonstrations or instructions by repeating and demonstrating information or exercise correctly.
- Encourage questions
 - Ask soldier if he or she has any questions
- Give supplements such as handouts
- Schedule follow up visit
 - If pain persists
 - The pain does not improve as expected
 - Patient is having difficulty after three days of injury
 - Increased pain or swelling after the first three days
 - Patient has any questions regarding care

Indications for referral to Specialty Care

- Abnormal x-ray and exam suggestive of tumor, infection, fracture, residual dislocation, or congenital deformity.
- No response to treatment within 4 weeks.
- Incomplete response to treatment within 3 months with initial slow improvement.
- Physical therapy as required for maintenance of ROM, strength, and for instruction in a self-therapy program. PT is authorized to consult specialty care if deterioration occurs.

Referral criteria for Return to Primary Care

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- Resolution of symptoms, with or without surgical treatment.
- Completed specialty care evaluation demonstrating problem not amenable to surgical treatment but requiring ongoing care that may be accomplished at primary care level with the following guidelines recommended by the specialist in the health care record:
 - Goals of further treatment, including pain relief, ROM, functional limitations, and anticipated long term course.
 - Indications for specialty care reengagement such as deterioration or exacerbation requiring management or Rx exceeding ongoing management objectives guidelines outlined above.
 - Chronic condition that can be managed at the primary care level with intermittent specialty care evaluation as needed.

Input was provided by:

- Occupational Therapy Clinic
- Physical Therapy Clinic
- Orthopedic Clinic
- Family Practice Clinic
- Okubo Clinic
- 555 Engineers
- 1st Brigade
- 3rd Brigade
- 62nd Medical Brigade

POC:

- Outcome Management

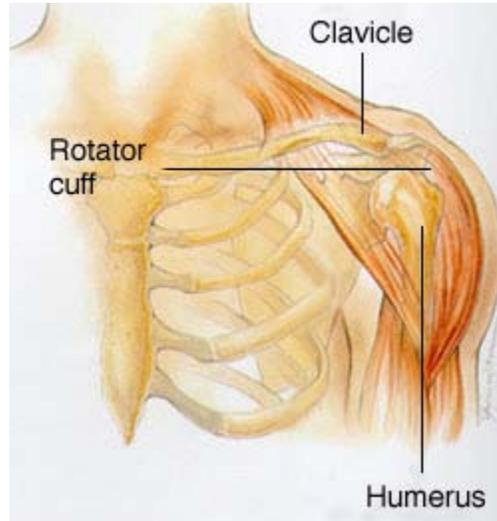
References:

- Mellion, I., Morris B. (2002). Team Physician's Handbook, 3rd Edition. Hanley & Belfus, Inc: Philadelphia, PA.
- Lillegard, Rucker. (1999). The Handbook of Sports Medicine. A symptom-oriented approach, 2nd Edition. Butterworth-Heinemann Medical: Burlington, MA.
- Baechle, Thomas, Earle, Roger. (2000) Essentials of Strength Training and Conditioning, 2nd Edition. Human Kinetics Pub: Champaign, IL
- Schenck, Robert, Jr. et al. (1999). Athletic Training and Sports Medicine, 3rd Edition. American Academy of Orthopedics: Tucson, AZ.
- [http://www.mamc.amedd.army.mil/referral/Documents/Orthopedics/Shoulder Pain_\(Adult\).pdf](http://www.mamc.amedd.army.mil/referral/Documents/Orthopedics/Shoulder_Pain_(Adult).pdf)

Madigan Army Medical Center Musculoskeletal Treatment Guidelines

- Shoulder Exercises for patients was downloaded with permission from: Center of Excellence for Medical Multimedia (CEMM). <http://www.cemm.org/>. Downloadable PDFs. Lt Col (Dr.) Randy Mauffray, Director, CEMM. 2011

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Exercises

Regular exercises to restore your normal shoulder motion and flexibility and a gradual return to everyday work and recreational activities are important for your full recovery. Your orthopaedic surgeon and physical therapist may recommend that you exercise from

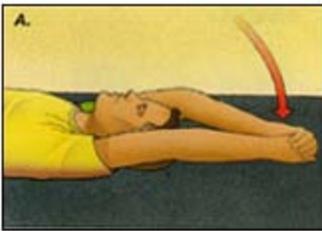
Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator

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10 to 15 minutes 2 or 3 times a day during your early recovery period. They may suggest some of the following exercises. This guide can help you better understand your exercise and activity program.



Pendulum, Circular - Bend forward 90 degrees at the waist, using a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Do 3 sessions a day.



Shoulder Flexion (Assistive) - Clasp hands together and lift arms above head. Can be done lying down (drawing A) or sitting (drawing B). Keep elbows as straight as possible. Repeat 10 to 20 times. Do 3 sessions a day.



Supported Shoulder Rotation - Keep elbow in place and shoulder blades down and together. Slide forearm back and forth. Repeat 10 times. Do 3 sessions a day.

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Walk Up Exercise (Active) - With elbow straight, use fingers to "crawl" up wall or doorframe as far as possible. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.



Shoulder Internal Rotation (Active) - Bring hand behind back and across to opposite side. Repeat 10 times. Do 3 sessions a day.

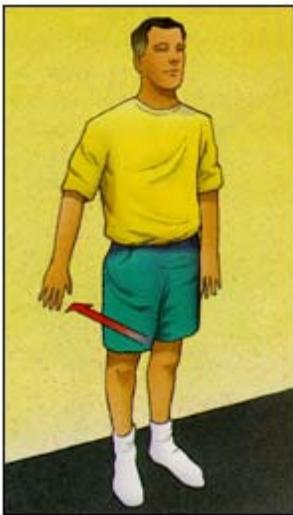


Shoulder Flexion (Active) - Raise arm to point to ceiling, keeping elbows straight. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.

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Shoulder Abduction (Active) - Raise arm out to side, elbow straight and palm downward. Do not shrug shoulder or tilt trunk. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.



Shoulder Extension (Isometric) - Stand with your back against the wall and your arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, then relax. Repeat 10 times.



Shoulder External Rotation (Isometric) - Stand with the involved side of your body against a wall. Bend your elbow 90 degrees. Push your arm into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

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Shoulder Internal Rotation (Isometric) - Stand at a corner of a wall or in a doorframe. Place the involved arm against the wall around the corner, bending your elbow 90 degrees. Push your arm into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

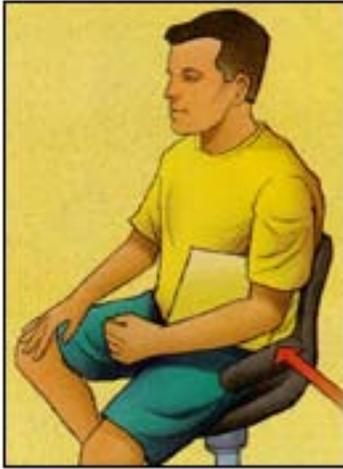


Shoulder Internal Rotation - Keep elbow bent at 90 degrees. Holding light weight, raise hand toward stomach. Slowly return. Repeat 10 times. Do 3 sessions a day.



Shoulder External Rotation - Keep elbow bent at 90 degrees at side. Holding light weight, raise hand away from stomach. Slowly return. Repeat 10 times. Do 3 sessions a day.

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Shoulder Adduction (Isometric) - Press upper arm against a small pillow alongside your body. Hold 5 seconds. Repeat 10 times. Do 3 sessions a day.



Shoulder Abduction (Isometric) - Resist upward motion to the side, push arm against back of chair. Hold 5 seconds. Repeat 10 times. Do 3 sessions a day.

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PHYSICAL PROFILE																																
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DA FORM 3349, MAY 86

REPLACES DA FORM 5302-R (TEST) DATED FEB 84 AND DA FORM 3349 DATED 1 JUN 80, WHICH ARE OBSOLETE

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Madigan Army Medical Center

Musculoskeletal Treatment Guidelines

PATIENT INFORMATION

What most people call the shoulder is really several joints that combine with tendons and muscles to allow a wide range of motion to the arm—from scratching your back to throwing the perfect pitch. Mobility has its price, however. It may lead to increasing problems with instability or impingement of soft tissue resulting in pain. You may feel pain only when the shoulder is moved, or all of the time. The pain may be temporary and disappear in a short time, or it may continue and require medical diagnosis and treatment.

This brochure explains some of the common causes of and treatments for shoulder pain, and how you can prevent it. Your orthopaedist (orthopaedic surgeon), a specialist in musculoskeletal conditions, can give you more detailed information.

What causes shoulder pain?

Most shoulder problems involve the soft tissues—muscles, ligaments and tendons—rather than bones. And most of these problems fall into three major categories:

- tendinitis/bursitis
- injury/instability
- arthritis

Other much more rare causes of shoulder pain are tumors, infection and nerve-related problems.

Tendinitis—A tendon is a cord which connects muscle to bone or other tissue. Most tendinitis is a result of the wearing process that takes place over a period of years, much like the wearing process on the sole of a shoe which eventually splits from overuse. Generally, tendinitis is one of several types:

- acute tendinitis following some overuse problem such as excessive ball throwing and other sports- or work-related activities.
- chronic tendinitis resulting from degenerative disease or repetitive wear and tear due to age.
- the splitting and tearing of tendons which may result from acute injury or degenerative changes in the tendons due to advancing age. Rotator cuff injuries are among the most common of these disorders. The rotator cuff is the arrangement of muscles and their tendons which provides shoulder motion and stability.

Sometimes, excessive use of the shoulder leads to inflammation and swelling of a bursa, a condition known as bursitis. Bursas are fluid-filled sacs located around the joints which lessen the friction caused by movement of the shoulder. Bursitis often occurs in association with rotator cuff tendinitis. Sometimes the many tissues in the shoulder become inflamed and painful, limiting the use of the shoulder. The joint may stiffen as a

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result, a condition called a "frozen shoulder." Fortunately, with appropriate care, this condition will resolve itself.

Injury/Instability—Sometimes the bones in one of the shoulder joints move (or, in an injury, are forced) out of their normal position. This condition, instability, can result in dislocation of one of the joints in the shoulder. Recurring dislocations, which may be partial or complete, cause pain and unsteadiness when you raise your arm or move it away from your body. When you lift your arm over your head, the shoulder may feel as if it is slipping out of place or an uncomfortable, unusual feeling that some people refer to as having a "dead" arm.

Arthritis—Shoulder pain can also result from arthritis. There are many types of arthritis, but generally it involves wear and tear changes with inflammation of the joint, causing swelling, pain and stiffness. Arthritis may be related to sports or work injuries.

Often people will avoid shoulder movements in an attempt to lessen the pain arising from these conditions. This sometimes leads to a tightening or stiffening of the soft tissue parts of the joint, resulting in a painful restriction of motion.

Treatment

Treatment generally involves altering activities, rest and physical therapy to help you improve shoulder strength and flexibility. Medication may be prescribed to reduce inflammation and reduce pain. If medication is prescribed to relieve pain, it should be taken only as directed. Injections of drugs may also be used to treat pain.

Surgery may be required to resolve shoulder problems; however, 90 percent of patients with shoulder pain will respond to simple treatment methods such as altering activities, rest, exercise and medication. Certain types of shoulder problems, such as recurring dislocation and some rotator cuff tears may require surgery.

Common sense solutions such as avoiding overexertion or overdoing activities in which you normally don't participate can help to prevent shoulder pain.

When should you seek medical care?

Many patients ignore temporary minimal shoulder symptoms with few bad effects. In the case of an acute injury, if the pain is intense, you should seek medical care as soon as possible. If the pain is less severe, it may be safe to wait a few days to see if time will alleviate the problem. If symptoms persist, an orthopaedist may provide timely diagnosis and treatment. Orthopaedists are specifically trained in the workings of the musculoskeletal system, including the diagnosis, treatment and prevention of problems involving muscles, bones, joints, ligaments and tendons.

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Diagnosis of shoulder pain



Determining the source of the problem in the shoulder is essential to recommending the right method of treatment. Therefore, a comprehensive examination will be required to find the causes of your shoulder pain.

The first step is a thorough medical history. Your orthopaedist may ask how and when the pain started, whether it has occurred before and how it was treated, and other questions to help determine your general health as well as the possible causes of your shoulder problem. Because many shoulder conditions are aggravated by specific activities—and relieved by specific activities—a medical history can be a valuable tool in finding the source of and treating your pain.

Next, your orthopaedist will perform a physical examination, which may include looking for physical abnormalities—swelling, deformity or muscle weakness—or feeling for tender areas, and observing the range of shoulder motion—how far and in which direction you can move your arm.

X-ray studies may be required so your orthopaedist can look closely at the bones and joints in your shoulder. Other diagnostic techniques that may be used include CT scan (computerized tomography), which provides a more detailed view of the shoulder area; electrical studies such as the EMG (electromyogram), which can indicate nerve damage; or an arthrogram, an X-ray study in which dye is injected into the shoulder to allow the orthopaedist to better see the joint and its surrounding muscles and tendons. MRI (Magnetic Resonance Imaging) and ultrasound are other valuable diagnostic tools for orthopaedists, because they provide images of the soft tissues without using radiation. Arthroscopy is a surgical procedure in which the orthopaedist looks inside the joint with a lighted telescope. It is sometimes used to diagnose causes of shoulder pain. Arthroscopy may indicate soft tissue injuries that are not apparent in the physical examination, X-rays and other tests.

Your orthopaedist is a medical doctor with extensive training in the diagnosis and nonsurgical and surgical treatment of the musculoskeletal system, including bones, joints, ligaments, tendons, muscles and nerves.

This brochure has been prepared by the American Academy of Orthopaedic Surgeons and is intended to contain information on the subject from recognized authorities. However, it does not represent official policy of the Academy and its text should not be construed as excluding other acceptable viewpoints.

SHOULDER EXERCISES FOR PATIENTS

Shoulder Exercises



Circular Pendulum

Bend forward 90 degrees at your waist, using a table for support. Rock your body in a circular motion to move your arm clockwise 10 times. Next, do the same motion counter-clockwise 10 times.

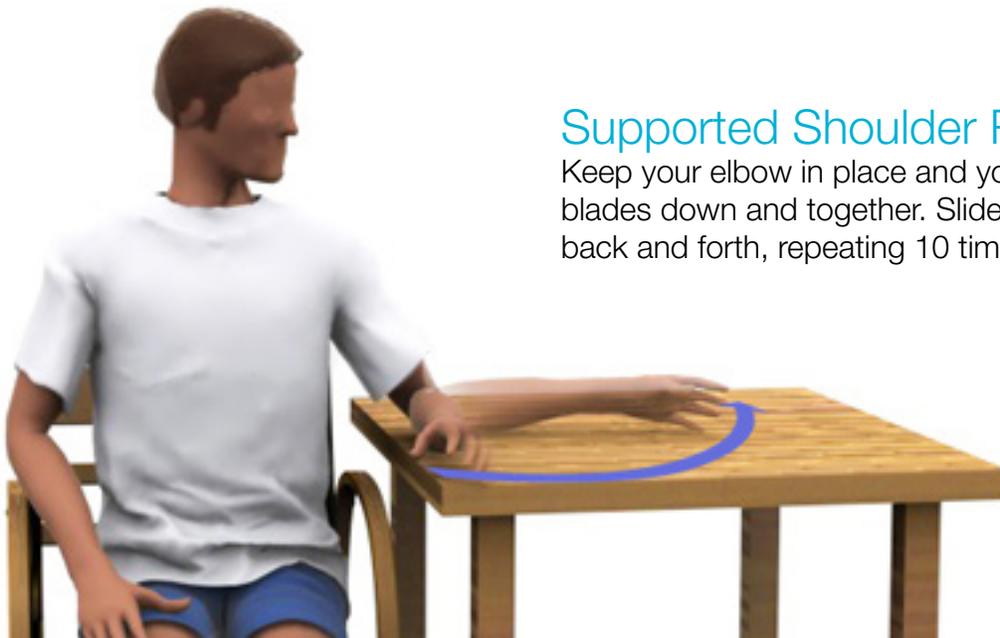


Shoulder Flexion #1

Clasp your hands together and lift your arms above your head. Keep your elbows as straight as possible. You can do this exercise while lying down, or sitting up. Repeat the motion 10 times.

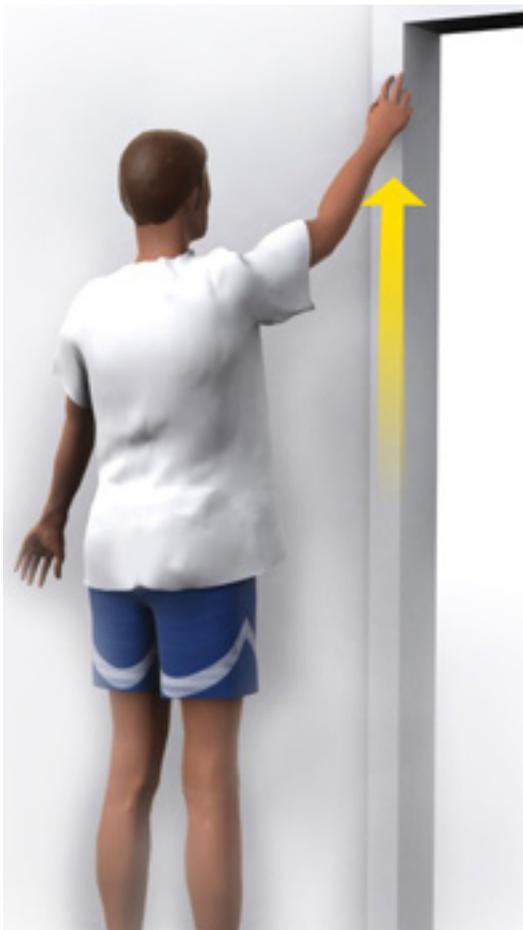


Shoulder Exercises



Supported Shoulder Rotation

Keep your elbow in place and your shoulder blades down and together. Slide your forearm back and forth, repeating 10 times.



Walk Up Exercise

With your elbow straight, use your fingers to "crawl" up a wall or door frame as far as possible. Hold the position for 10 seconds. Repeat 3 times.

Shoulder Exercises



Shoulder Internal Rotation

Bring your hand behind your back and across to the opposite side. Repeat 10 times.



Shoulder Flexion #2

Raise your arm to point to the ceiling, keeping your elbows straight. Hold position for 10 seconds. Repeat 3 times.

Shoulder Exercises

Shoulder Abduction

Raise your arm out to the side with your elbow straight and your palm facing down. Do not shrug your shoulder or tilt at your torso. Hold 10 seconds. Repeat 3 times.



Isometric Shoulder Extension

Stand with your back against the wall and your arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

Shoulder Exercises



Isometric Shoulder External Rotation

Stand with the injured side of your body against a wall. Bend your elbow 90 degrees. Push your arm against the wall. Hold for 5 seconds, then relax. Repeat 10 times.



Isometric Shoulder Internal Rotation

Stand in a corner or in a door frame. Place the injured arm against the wall around the corner, bending your elbow 90 degrees. Push your arm against the wall. Hold for 5 seconds, then relax. Repeat 10 times.
