

# Madigan Army Medical Center Referral Guidelines

## Shoulder Bursitis, Tendonitis and Impingement Syndrome

### Diagnosis/Definition

Shoulder pain arising either with or without trauma in which the active elevation of the shoulder greater than 70-90 degrees is problematic but passive range of motion (ROM) is essentially normal.

### Initial Diagnosis and Management

- History and Physical exam.
- Plain radiographs are not required unless subacromial DJD is suspected.
- NSAIDs.
- Appropriate activity limitations (i.e. no overhead activities/profile)
- Encourage active ROM for the shoulder in all planes.
- Use of ice packs for 20 minutes every 2 hours for 72 hours. Change to heat if necessary after 72 hours.
- Total immobilization is contraindicated.

### Ongoing Management and Objectives

- Expect resumption of active ROM with minimal pain after 7-14 days.
- If pain and/or limitation of motion does not resolve then:
  - Obtain plain radiographs.
  - Trial of different NSAID.
- Do not allow "frozen shoulder" to develop.

### Indications for Specialty Care Referral

- If 50% or greater limitation of motion on initial or subsequent evaluations.
- If there is evidence of "frozen shoulder", i.e., loss of passive ROM.
- If no improvement after 2 weeks of initial primary care management.
- Refer to Orthopedic Surgery if after completion of an appropriate physical therapy treatment regime (3 months) there is no improvement in the condition.

### Criteria for Return to Primary Care

- Resolution of the acute or chronic symptoms.
- Patient returns to their own baseline status.

Last Review for this Guideline: **May 2010**

Referral Guidelines require review every three years.

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