Provincial Shoulder Primary Care Clinical Pathway

1a. History
Chief complaint (pain, stiffness, weakness, instability); Mechanism of injury; Nature of symptoms; Patient demographics

1b. Physical Exam
Inspection (contour, atrophy, posture); Palpation; Active / passive range of motion; Strength; Special tests; Neurological exam.
If too painful and/or swollen to perform assessment, re-assess every 2 weeks.

2a. Red Flags
Infection / Septic Arthritis
Cardiopulmonary: Can present as atypical shoulder pain
Fracture / Unreduced Dislocation
Pectoralis Major / Distal Bicep Ruptures

Malignancy: Shoulder can be a location of primary malignancy / metastases

2b. Additional Diagnostic Considerations
Neurological / Neuromuscular Condition (e.g. stroke, multiple sclerosis) or **Disturbance** (altered power/sensation, numbness, tingling, burning).
Inflammatory / Rheumatological Condition / Arthropathy Cervical Spine (e.g. radiculopathy, arthritis, gout, psoriatic arthropathy).

3. Advice & Referral Information
Refer to Emergency/RAAPID. See referral guideline tab for details.

Urgent orthopedic Oncology surgeon referral within 1 week. See referral guideline tab for details.

Refer as indicated: MSK specialist; Rheumatologist. See referral guideline tab for details.

Determined to be a shoulder issue

NO Red Flags noted

If unsure at any time, consult specialist advice at the referral guideline tab.

4. Chief Complaint/Differential Diagnosis

a. Pain ± Weakness

Acute
- Consider X-rays if high energy MOI / fall; Surgical referral for large acute cuff injury in young patient
- Start rehabilitation
- *Potential DDx: RC Injury, ACJ Separation, Proximal Biceps Rupture*

Chronic
- Start rehabilitation ± pain management (injections, NSAIDs)
- *Potential DDx: Rc Related Pain, SLAP Tears, Biceps Pathology*

Other
- Start rehabilitation
- *Potential DDx: Parsonage Turner, Suprascapular Nerve Compression*

b. Instability

Traumatic
- Consider specialist referral for recurrent dislocations
- *Potential DDx: 1st time or recurrent ant./post. dislocation*

Atraumatic
- Start rehabilitation
- *Potential DDx: Multidirectional Instability, Hypermobility*

c. Stiffness ± Pain

Arthritis
- Consider X-ray
- Pain management (injections, NSAIDs, nerve block); Start rehabilitation
- *Potential DDx: GJ / ACJ OA*

Frozen Shoulder
- Consider X-ray
- Injections; Start rehabilitation
- *Potential DDx; Primary, Secondary, Diabetic*

FAST RAC/ Specialist Referral. See referral guideline tab for details.

5. Imaging
No imaging at 1st presentation unless indicated during assessment for acute, high-energy mechanism or to differentiate stiffness.

X-ray
Shoulder Series
Shoulder girdle: Ap, AP Oblique, PA Oblique and Axial
Shoulder instability: include AP axial & inferosuperior axial.

Other Imaging
Do NOT order **Ultrasound, MRI,** or **CT** in advance of referral.

In case of Red Flags on imaging, see referral guideline tab for *Advice & Referral Information.*

Abbreviations: Acromioclavicular joint (ACJ); Computed tomography (CT); Facilitated access to specialized treatment (FAST); Glenohumeral joint (GHK); Magnetic resonance imaging (MRI); Non-steroidal anti-inflammatory drugs (NSAIDs); Osteoarthritis (OA); Rotator cuff (RC); Superior labrum from anterior to posterior (SLAP).

6. Exercise Based Rehabilitation & Pain Management
Physiotherapy: at least 12 weeks of exercise-based rehabilitation (home or supervised) and patient education.
Pain Management: if patient is unable to achieve pain-free status after 6 weeks (i.e., oral NSAID medication +/- topical analgesia).
Image Guided Injection: assess whether injection is needed before physical therapy (e.g., hyaluronic acid, steroid, or combination when pain is barrier to rehabilitation).

7. Follow Up
In 12 weeks, re-assess symptoms, functional progress, and re-evaluate diagnosis. Consider whether patient is a good surgical candidate.

Good functional outcome → Reinforce **ongoing exercise-based rehabilitation** & follow up as needed.

Poor functional outcome → **8. FAST** RAC/Specialist Referral. See referral guideline tab for details.