## Musculoskeletal – Shoulder and Elbow Patient Pathway



Shoulder / elbow symptoms due to cervical spine pathology should be excluded

Patient presentation							
1 0	Pain – acromioclavicular Joint: -localised Tenderness -painful arc 150-180 <sup>0</sup> (B)	Instability: History of dislocation/ subluxation  If TUBS type case refer directly to ortho Surgeon (especially for young sportsmen)	Frozen Shoulder: Pain/stiffness in All directions, Especially loss Of external rotation	Sudden Inability to Abduct / Externally rotate Against resistance Often follow ing minor trauma ? Major rotator cuff tear	Tennis/ Golfer's elbow -localised Tenderness extensor / Flexor origin -increase pain On w rist Dorsilflexion/ palmarflexion Against resistance	Post traumatic Elbow stiffness -common -usually improves With time and use -functional arc usually achieved 30- 130°Extemsion /flexion	
<u> </u>	<b>1</b>	<b>↓</b>	<b> </b>	$\downarrow$	<b>↓</b>	<u> </u>	
Primary Care							
Physiotherapy / steroid injection	Physiotherapy / steroid injection	Physiotherapy	Reassure and advise to Mobilise Physiotherapy / Steroid injection	Urgent Referral	Advice / Reassurance -Benign self -Limiting condition -modify loadingsymptomatic -Measures (steroid -Injection / physio -Splints)	Reassurance and Advise to Mobilise (active Movements only, no passive Stretching)	
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	Indications for referral to Secondary Care (prior X –ray usually useful)						
Symptoms for 6-12 months. Failure of treatment (at least 2 steroid injections). For consideration for imaging / surgery	Symptoms for 6-12 months. Failure of treatment (at least 2 steroid injections). For consideration for imaging / surgery	Shoulder Instability For surgery To stabilise joint	Failure to improve For 9-12 months. For distension / Arthrography / manipulation Under anaesthetic Surgical Release.	Urgent Referral to Secondary Care for Ultrasound to Confirm tear and consideration Of repair	Surgery rarely Indicated: Failure of conservative treatment and Severe Interference With function	If significant (greater than 45° loss of extension or 115° flexion or less) and functional problem with no improvement after 6 months.  Refer on for consideration of Surgical release	

<sup>\*:</sup> thickness of arrows indicates expected volume of referrals