



London Non-Traumatic Painful and/or Stiff Shoulder Pathway Guidelines

Version Final

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This document will be reviewed and re-released to reflect new and emerging evidence as appropriate. Please email <u>england.londonelectivecareandtransformation@nhs.net</u> to request the most recent version.

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

Primary care management of the non-traumatic painful and/ or stiff shoulder— non-MSK specialist



Painful and/ or stiff shoulder

Rule out:

RED FLAGS DIAGNOSES:

- Acute loss of power with history or trauma
- 2. Tumour Any mass or swelling.
- Infection Red skin, fever or systemically unwell.
- 4. Traumatic or nontraumatic dislocation
 - 5. PMH of Ca? (See BESS)

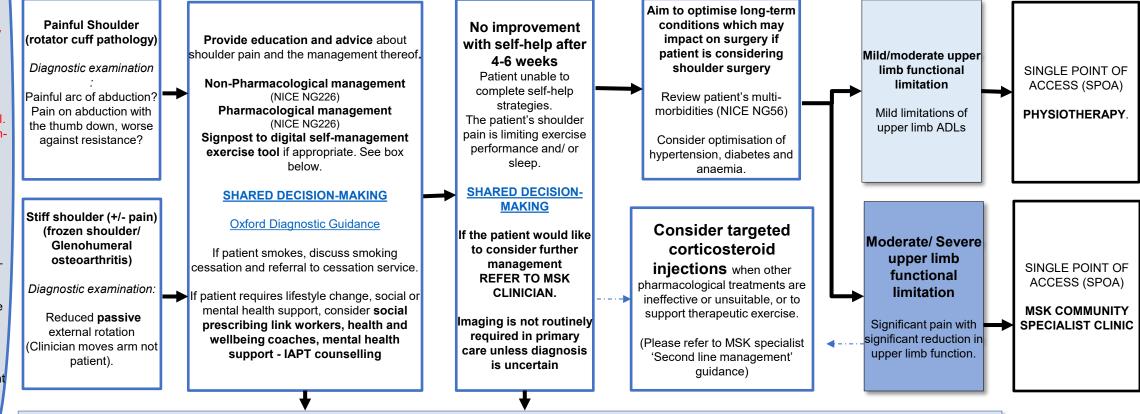
Differential diagnoses & exclusion:
Neck pathology – Pain triggered by neck movement, traveling below the elbow +/- paraesthesia.

Shoulder
instability - Patient
concerned the
shoulder will
dislocate.

Always use SHARED DECISION MAKING – Shoulder pain decision making tool. Frozen Shoulder: Which treatment should I choose?

If a patient does not require, would not like to, or cannot for health reasons, move to interventional management, ensure patient is supported to self-manage. Signpost to digital enablers of self-management: for example: (Let's move with Leon for general movement/ Osteoarthritis) (GetUBetter for rotator cuff pain) (my planned care) (BESS shoulder pain exercises)

Utilise social prescribing link workers and health and wellbeing coaches.



SELF-MANAGEMENT for example: (<u>Let's move with Leon</u> for general movement/ Osteoarthritis) (<u>GetUBetter</u> – for rotator cuff pain) (<u>my planned care</u>) (<u>BESS shoulder pain exercises</u>) (<u>Exercises for Rotator cuff tears</u>) (<u>Exercises for the shoulders</u>)

APP/ FCP/ GPSI MSK Specialist and community MSK management of the non-traumatic painful and/ or stiff shoulder



Tier 1 Management **PHYSIOTHERAPY** (Minimum 3 months) Face-to-face initial appointment & one-to-one physio or class-based rehab program as required. Painful and/ or stiff shoulder Mild/ Rule out: moderate **RED FLAGS DIAGNOSES:** upper limb 1. Acute loss of power with history or trauma functional 2. Tumour - Any mass or swelling. 3. Infection - Red skin, fever or systemically limitation 4. Traumatic or non-traumatic dislocation Mild limitations 5. PMH of Ca? of upper limb (See BESS) activities of daily living. Differential diagnoses & exclusion: **SPOA** Neck pathology - Pain triggered by neck Triage of movement, traveling below the elbow +/referral. paraesthesia. Shoulder instability- Patient concerned the shoulder will dislocate. Calculate patient's BMI: BMI >25 provide lifestyle advice BMI >30 offer referral to community weight management programme Moderate/ (NICE PH53). Severe BMI >40 (or >35 with Type II diabetes) refer to bariatric service (NICE CG 189). upper limb functional Consider referral to smoking cessation service. Consider social prescribing link workers, health and limitation wellbeing coaches. Mental health support - IAPT counselling Significant pain with significant reduction in

upper limb function.

Always use **SHARED DECISION MAKING**

If a patient does not require, would not like to, or cannot for health reasons, move to interventional management, ensure patient is supported to self-manage. Signpost to digital enablers of self-management: (Let's move with Leon) (<u>GetUBetter</u>) (<u>my planned care</u>) (<u>Exercises for the shoulders</u>)

Utilise social prescribing link workers and health and wellbeing coaches.

SECOND LINE Management Tier 2 MSK Community Service/ APP/ GPSI/ FCP

MSK Triage Review *

Clinically rule out differential diagnoses: RED FLAG DIAGNOSES: Acute cuff tear, Tumour, Infection, Unreduced dislocation, PMH of Ca?

Differential diagnosis & exclusion: Neck pathology/ Shoulder Instability

Consider Imaging if clinically indicated:

X-ray if shoulder stiff (< 50% of contralateral side active & passive external rotation in neutral = OA GHJ or Frozen Shoulder) and diagnostic uncertainty (fracture/ malignancy/ vascular necrosis/ osteoarthritis/ calcific tendonitis)

- Ultrasound Scan if ongoing pain and weakness following first injection and considering second injection.
- MRI if ongoing pain, weakness & functional disability with no findings on ultrasound or response from injections. (DO NOT MRI for FROZEN SHOULDER) Review in MDT.

Confirm:

Pharmacological and non-pharmacological management trialled for >12 weeks.

Weight management service has been considered if required.

Injection

Consider corticosteroid injections when other pharmacological treatments are ineffective or unsuitable, or to support therapeutic exercise.

(NICE NG226)

PIFU post injection & refer for physiotherapy.

If poor response toinjection, reconsider diagnosis

Consider Ultrasound-guided 2nd injection/ hydrodilatation for frozen shoulder if pathway

No more than 3 injections in a year.

Do not offer 3rd injection if ultrasound-guided injection relieves pain for <3 months.

Suprascapular nerve blocks if available and indicated. Otherwise, referral to Pain Management Service.

Shared decision making

Consider using a decision support tool to discuss further conservative treatments including exercise, medication, corticosteroid injection and surgery.

If there are no further treatment options, consider a pain management approach. Discuss pain management service referral. Discuss self-management.

Multidisciplinary Team Meeting

Consider MDT with Secondary Care colleagues if diagnostic/management uncertainty

Refer to Orthopaedics for surgical opinion

Confirm with patient willingness to have surgery if deemed appropriate.

Consider referral if patient has had non-surgical management for >12 weeks with continuing moderate/severe shoulder pain and functional limitation:

Stiff & painful shoulder – X-ray shows severe glenohumeral osteoarthritis or rules out posterior dislocation and patient's frozen shoulder may respond to surgery/hydrodilatation Weak & painful shoulder - USS or MRI shows rotator cuff injury, which may respond to

Include in referral:

Shoulder disability/pain severity and functional disability impact.

Conservative Treatment thus far, including amount and type of injections if trialled.

Full patient medical history

Appropriate imaging (If XR, true AP and axillary lateral views) within last 6 months.

Co-morbidity

Signpost back to GP to optimise HTN, DM, Anaemia, other comorbidities (NICE NG56) Discuss pre-habilitation with patient. Support with HEP or digital enabler? (myrecovery app) (GetUBetter) (my planned care)

Consider Oxford shoulder score and PHQ9 or MSK HQ

Does the patient require an interpreter?

Is the patient suitable for a virtual consultation?

Refer to Pain Management Service

Consider referral where the pain or its impact is out of proportion to the disease, or where the pain is causing significant distress or disability, and the patient is medically unfit for or does not want surgery. Ensure patient is aware the aim of the service is to help manage pain enabling as high a quality of life as possible.

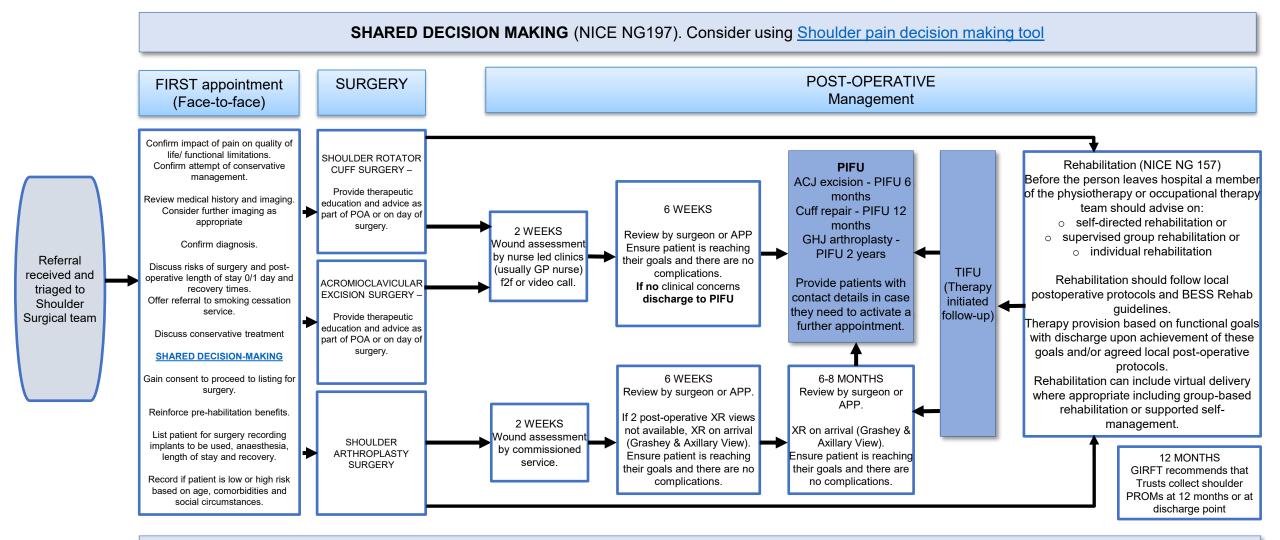
 MSK Specialist Assessment by Advanced Physiotherapy Practitioner (APP), FCP or GP with special interest in MSK.

CONSIDER Patient Initiated Follow Up (PIFU)

SELF-MANAGEMENT (Let's move with Leon) (GetUBetter) (my planned care) (Exercises for the shoulders)

Orthopaedic outpatient management of the non-traumatic painful and/ or stiff shoulder





Useful Resources

NHS

1. NHS England

NHSEI London Region MSK digital enabler map

2.Getting It Right First Time (GIRFT)

- Post-COVID Elective surgery Recovery & Transformation
- Clinically-led Orthopaedics Outpatient Guidance

3. BestMSK Health Collaborative

- Primary and community care musculoskeletal (MSK) recovery and transformation guidance toolkit
- DRAFT: Guide to implementing patient-initiated follow-up (PIFU) in adult trauma and orthopaedic secondary care pathways
- <u>Elective-care-high-impact-interventions-first-contact-practitioner-msk-services-specification</u>

4. NICE

- Osteoarthritis: care and management
- Shared decision making
- Weight management: lifestyle services for overweight or obese adults
- Multimorbidity: clinical assessment and management
- Obesity: identification, assessment and management
- Joint replacement (primary): hip, knee and shoulder
- JRFinal2010poster.pdf

5. Versus Arthritis

• Making decisions with my healthcare professional: Shoulder problems for people aged 16 and over

6. British Elbow and Shoulder Society (BESS)

- Diagnosis of shoulder problems in primary care: Guidelines
- UK FROST Study
- Shoulder pain exercise leaflet