

## Diagnosis and Management of Soft Tissue Shoulder Disorders

### Diagnosis of Soft Tissue Shoulder Disorders:

Includes rotator cuff conditions (e.g., tendinopathies, partial tears), impingement syndrome, bursitis, calcific tendinitis, biceps tendon conditions, shoulder instability, AC joint conditions, labral tears and SLAP lesions, adhesive capsulitis, myofascial pain syndrome, osteoarthritis.

- **Signs/Symptoms:** Sharp, dull, shooting, or aching shoulder pain; aggravated by specific movements; may refer into the arm.
- **Exam:** Pain reproduced by physical examination tests; typically, no neurological deficits.

### Core Interventions:

- **Education and reassurance:** Provide information that most soft-tissue shoulder disorders are self-limiting.
- **Address yellow flags:** Use strategies like education, mindfulness, CBT, or referrals to manage fear-avoidance behaviors or stress.
- **Maintain activities:** Encourage continued movement to avoid stiffness and deconditioning.
- **Self-care:** Promote home-based exercise, balanced diet, good sleep, stress management, and avoiding smoking/substance abuse.
- **Engage in social and work activities**
- **Ongoing follow-up:** To align with treatment goals.
- **Criteria for discharge/referral:** E.g., achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks).

### Interventions for Shoulder Pain (Any Duration):

- **Exercise therapy:**
  - **≤ 3 months:** Gentle ROM and light strengthening (e.g., isometric exercises).
  - **> 3 months:** Progress to stretching, strengthening, and scapular stabilization.
- **Cervicothoracic/thoracic manipulation:** For shoulder pain associated with restricted movement/pain in cervicothoracic/thoracic spine.
- **Low-level laser therapy**
- **Multimodal care:** Heat/cold therapy, joint mobilization, and ROM exercises.
- **Medications:** Consult with a medical provider. Consider short-term use of NSAIDs or analgesics after non-pharmacological treatments. Avoid long-term use and opioids.
- **Corticosteroid injections:** For severe pain and functional limitations; short-term use.

### Additional Considerations for Chronic Shoulder Pain (> 3 months):

- **Laser acupuncture:** If conventional treatments have not been effective.
- **General physician care:** Include information, advice, and pharmacological pain management if necessary.
- **Shockwave therapy:** For calcific tendinitis confirmed by imaging.
- **Therapeutic ultrasound:** For calcific tendinitis.

### Red Flags: Immediate Referral to Emergency Care

1. **Shoulder Infection:** Immunosuppression, recent infection or surgery, TB (tuberculosis) history, unexplained fever/chills, IV drug use, poor living conditions.
2. **Traumatic Shoulder Fracture:** Severe trauma.
3. **Acute Neurological Deficit** (e.g., brachial plexus injury, acute cervical radiculopathy): Significant sensory/motor deficits in the upper extremity.

### Referral to Medical Provider

1. **Shoulder Malignancy:** Progressive pain, history of cancer, constitutional symptoms (fatigue, weight loss, night pain).
2. **Inflammatory Arthritides** (e.g., polymyalgia rheumatica, rheumatoid arthritis, systemic lupus erythematosus): Morning stiffness >1hour, systemic symptoms (fatigue, weight loss, fever), symmetrical joint pain, joint swelling and deformity, skin lesions.
3. **Referred Pain** (from visceral conditions): Chest pain, shortness of breath, nausea (cardiac); shortness of breath, cough, pleuritic pain (pulmonary); epigastric pain, heartburn, post-meal pain (gastrointestinal); pain with deep breathing/coughing, hiccups (diaphragmatic).

**Orange Flags (Psychiatric Disorders):** Major depression, personality disorders, PTSD, substance addiction and abuse.

**Action:** Refer to appropriate provider/psychiatric specialist.

**Yellow Flags (Psychosocial Factors):** Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms.

**Action:** Address these as part of conservative care, co-manage, or refer to an appropriate provider.

