## SHOULDER PAIN REFERRAL GUIDELINE

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### **HIGH RISK**

## SUGGESTED EMERGENT CONSULTATION

#### **SYMPTOMS AND LABS**

Severe pain

Weakness or severe decrease in strength and/or motion

Unable to lift arm overhead

Radiating pain down the arm, past the elbow

Instability or dislocation of the shoulder joint

Evidence of joint effusion

### **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

Moderate pain

Decreased of strength and motion

Possible radiating pain down the arm

Moderate clicking, popping, catching or locking

Increased pain at night

### **LOW RISK**

## SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

Mild pain

Increased pain with overhead activity

Minimal clicking, popping, catching or locking

No instability or giving way of the shoulder

No weakness of loss of motion

### SUGGESTED PREVISIT WORKUP

Schedule urgent appointment with sports medicine

### SUGGESTED WORKUP

Consider radiographs

Schedule routine appointment with sports medicine

### SUGGESTED MANAGEMENT

Ibuprofen and/or acetaminophen as needed

Ice, heat or other modalities to address pain

Therapeutic exercise

Activity modification, decrease overhead activity or cross body movement

### CLINICAL PEARLS

- Shoulder pain can be caused by a number of different pain generators
- Pain at night as well as pain in the upper arm is usually indicative of rotator cuff pathology
- Shoulder pain should not cause radiating pain below the level of the elbow
- Severe loss of motion, weakness or instability should be evaluated by a physician

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V1.0 6/17