

SHOULDER PAIN REFERRAL GUIDELINE

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High Risk	Moderate Risk	Low Risk
Suggested Emergent Consultation	Suggested Consultation or Co-management	Suggested Routine Care
<div>Symptoms and Labs</div> <div>Severe pain</div> <div>Weakness or severe decrease in strength and/or motion</div> <div>Unable to lift arm overhead</div> <div>Radiating pain down the arm, past the elbow</div> <div>Instability or dislocation of the shoulder joint</div> <div>Evidence of joint effusion</div>	<div>Symptoms and Labs</div> <div>Moderate pain</div> <div>Decreased of strength and motion</div> <div>Possible radiating pain down the arm</div> <div>Moderate clicking, popping, catching or locking</div> <div>Increased pain at night</div>	<div>Symptoms and Labs</div> <div>Mild pain</div> <div>Increased pain with overhead activity</div> <div>Minimal clicking, popping, catching or locking</div> <div>No instability or giving way of the shoulder</div> <div>No weakness or loss of motion</div>
<div>Suggested Previsit Workup</div> <div>Schedule urgent appointment with sports medicine</div>	<div>Suggested Workup</div> <div>Consider radiographs</div> <div>Schedule routine appointment with sports medicine</div>	<div>Suggested Management</div> <div>Ibuprofen and/or acetaminophen as needed</div> <div>Ice, heat or other modalities to address pain</div> <div>Therapeutic exercise</div> <div>Activity modification, decrease overhead activity or cross body movement</div>

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