MK Shoulder & Elbow Newsletter

Spring 2015

Age As An Indicator
Certain shoulder pathology tends to occur within specific age groups.
Page 2

Position Of Pain
The site of a patient's pain can give a good clue as to the cause
Page 3

Focused Examination
Learn how to perform a rapid and instructive examination
Page 4

Establishing A Diagnosis In Patients With Shoulder Pain

Shoulder pain is common. It affects many people throughout their lives. Most causes of shoulder pain are treatable but the first step is establishing the correct diagnosis.

This issue aims to act as a guide to getting the diagnosis right most of the time. It is in no way intended to be exhaustive and concentrates on the most common diagnosis.

Of course there is no substitute for a full history and examination but there are some rapid pointers that will lead us towards the correct diagnosis most of the time.

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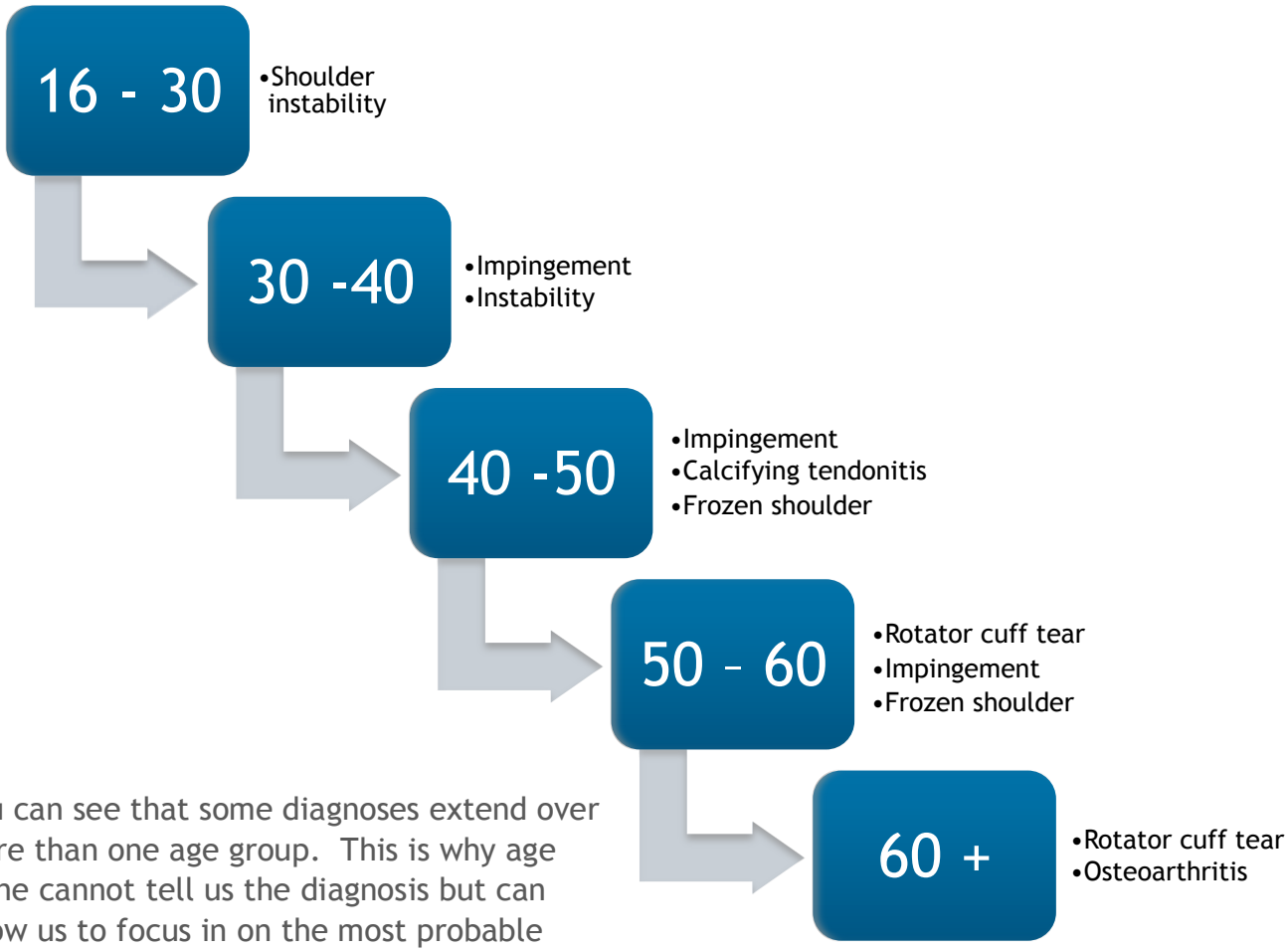
He currently accepts patients in Royal Liverpool & Broadgreen Hospitals, Fairfield Independent Hospital

The simplest way of initially focusing in upon a shoulder problem is to look at a patient's age. Of course there is crossover between the groups and occasionally patients will not exhibit the typical patterns but it does provide a very good guide. The diagram below demonstrates the spread of pathology related to age.



You can see that some diagnoses extend over more than one age group. This is why age alone cannot tell us the diagnosis but can allow us to focus in on the most probable causes for the age of that particular patient. Instability is a difficult one as most people imagine only a traumatic dislocation but there are many other varieties of instability that can cause varying degrees of problems. Most of these are treated by physiotherapy. It is too much for the scope of this newsletter but in the future this may be covered in more detail.

Trauma

A History of trauma is important. In all age groups this can lead to a fracture and an X-ray is useful to exclude this.

In the under 40's trauma is much more likely to cause frank instability or even a labral tear that can give pain but not instability.

In the over 50's it is much more common to see a rotator cuff tear.

Patients commonly describe a minor trauma as the cause of onset of a frozen shoulder.

Regardless of age if the symptoms after trauma do not settle quickly or are severe further investigation and treatment is indicated.

It Is All About The Pain

The location of pain can give us the next clue as to what is causing the problem. Mostly patients can localize the pain to some degree but the area of tenderness on palpation may be what guides us if the patient cannot describe its location well.

Posterior Shoulder Pain

Pain at the back of the shoulder will normally relate to either the cervical spine or abnormal muscle function around the shoulder. This is largely treated by physiotherapy. Mostly there is no structural pathology although if it fails to settle or is severe it would warrant referral and investigation. Pain in the region of trapezius and tenderness in this muscle is usually because the patient has become dependent on this muscle for shoulder function. If there is additional anterior pain or it seems to radiate into trapezius from the shoulder then there is likely a problem within the shoulder joint.

Anterior & Lateral Shoulder Pain

Pain that occurs truly at the front of the shoulder and often described as, deep inside, is usually attributable to osteoarthritis or a frozen shoulder. If it radiates into biceps it can indicate long head of biceps involvement in the disease process.

Lateral pain or anterolateral pain is usually due rotator cuff disease meaning it could be impingement, a rotator cuff tear or calcifying tendonitis. This will often radiate up towards the neck and down towards the elbow

Superior pain that can be localized to the end of the clavicle will likely be related to the acromio-clavicular joint

Severe Pain

Either a frozen shoulder, calcifying tendonitis or cervical nerve root entrapment, largely causes severe, unremitting and disabling pain. The patient can be in utter misery with any of these conditions and urgent referral should be organized.

Night Pain

Night pain is very common with shoulder pathology. This is not enormously diagnostic but can help define severity and whether treatment/referral is necessary. Regular waking with pain with highly irritating to the patient and can affect them during the day due to fatigue.

A Rapid Examination

Look

Observing the patient can give useful clues as to the severity of symptoms. Do they struggle to take of a coat or jumper for example. There are many subtle signs that can be found but this requires more careful inspection

Feel

Quickly palpate over the bony prominences. The areas to note are the ACJ indicating local pathology here and medial scapula tenderness indicating abnormal scapular muscle dynamics

Move

If the patient has full movement then osteoarthritis or frozen shoulder can be excluded. If the patient lacks external rotation with the arm by the side this is typical of frozen shoulder and osteoarthritis but beware in trauma this can indicate a posterior dislocation. Is there pain with elevation beyond 60 degrees? This would indicate rotator cuff pathology particularly if there were a catch of pain in the mid range.

Special Tests

There are many tests designed to identify specific pathology. To list these here would be impossible.

Conclusions

With a fairly simple history, knowledge of some of the most common pathologies and a fairly rapid assessment we can give a sensible diagnosis or range of possible diagnosis. This will help guide what initial treatments are offered in the primary care setting, what investigations should be requested and if onward referral is appropriate.

I hope you have found this first edition of some use.

More information is available online at www.MKShouldersurgeon.co.uk

The next edition will cover the diagnosis and treatment of Frozen shoulder (Adhesive Capsulitis)

NHS Patient Referrals

For NHS referrals please contact Fairfield Independent Hospital or The Royal Liverpool & Broadgreen University Hospitals. I am registered for Choose and Book Referrals

Private Patient referrals

I see private patients at Fairfield Independent hospital and at 1 Kenilworth Road, part of the Sefton Suite. Please contact the hospital directly or my private secretary on (07735) 667266

FAIRFIELD INDEPENDENT HOSPITAL St. Helens

Clinics
Monday 08.00 - 12.00
Thursday 18.00 - 20.00
Friday 13.00 - 18.00

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