

Evaluation of Shoulder Pain or Shoulder Injury

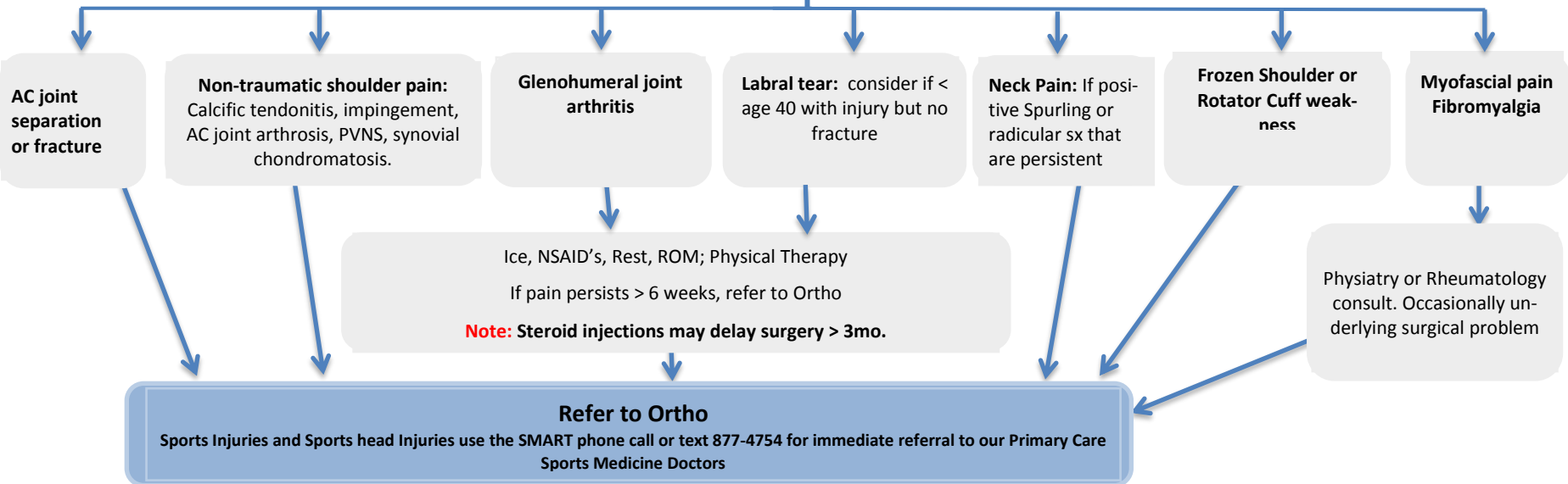
Author: MaineGeneral Orthopedics, Mark Wright, PA-C,MS,DFAAPA,CAQ (Ortho)

Final Date: 10 June 2019

Physical Exam

Note ROM (forward flexion, IR/ER) and perform strength testing (supraspinatus and external rotators 0-5/5). Do both arms for comparison. Hands: Intrinsic and extrinsic sensory and motor function
Check cervical range of motion and Spurling test. NOTE ANY RADICULAR PAIN OR WEAKNESS.
Average ROM: Forward flexion 170°, ER 40°, IR to T8

X-Ray (3 views-Grashey AP, lateral "Y" scapula and axillary)
MRI/CT have multiple indications. Ortho will order if needed.



Ortho referral letter to include:

1. History and physical exam results, include any h/o cancer
2. Treatment to date including opioid use
3. Test results, including Lyme
4. Expectations of referral (consult only, consult & treat, long-term follow up)

Dr. Mancini and Dr. Ramirez –shoulder arthroplasty, arthroscopy, rotator cuff repair, anatomic and reverse TSA. Dr. MacKechnie –shoulder labral tears generally < 40y/o. Dr Golden-rotator cuff repair and other arthroscopy
Rheumatology: Dr. Monaco, Dr. Raskin

Patient eligible for arthroplasty: radiographic evidence of advanced arthritis (joint space narrowing), unrelenting pain despite use of NSAIDs, steroid injections; no evidence of infection.

Delayed eligibility: Diabetes with A1c > 7.5, CHF NYHA class 4 (EF < 20%), angina within last 3 weeks, MI within last 6 months, Child Pugh class C, OSA score ≥ 3 needs sleep study prior to surgery. Ortho will tx with intraarticular corticosteroids, arthroscopy, PT.