

# Clinical Guideline for the Treatment of Adult Shoulder Pain

## A: History

- \*Age
- \*Dominant extremity
- \*Chronic vs acute pain
- \*Trauma
- \*Progression of symptoms
- \*Past medical history
- \*Sports participation
- \*ROM
- \*Weakness
- \*Dislocation or subluxation
- \*Rest pain
- \*Aggravating factors
- \*Alleviating factors
- \*Occupation
- \*Previous treatments

## B: Physical Exam Findings

- \*Observation
- Swelling, deformity, atrophy
- \*Pain on Palpation
- Glenohumeral, A-C JT, rotator cuff (A-C JT)
- \*Pain with gross chest adduction (A-C JT)
- \*Decreased ROM
- \*Decreased strength
- \*Apprehension sign
- Instability
- \*Impingement sign
- Impingement
- \*C-Spine exam
- Radiculopathy
- \*Complete neurologic examination

## C: Screening Imaging

- \*AP and lateral in the scapular plane
- \*Axillary views

## D: Exclusionary Diagnosis

- \*Referred Pain
- \*Infection or other underlying medical problems
- \*Tumor
- \*Fracture or dislocation

## E: Severity of Condition

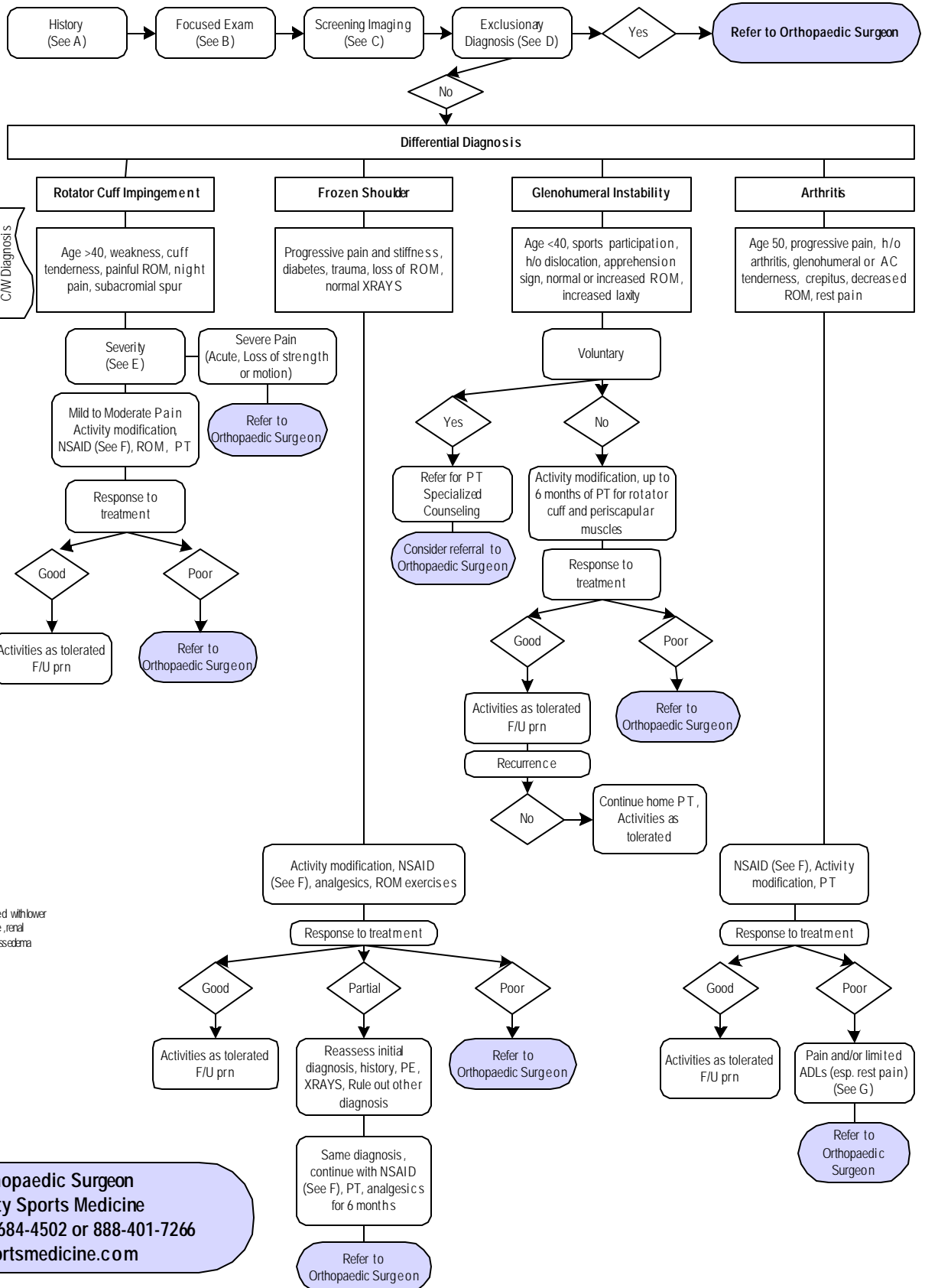
- \*Severe: marked or sudden loss of strength, shoulder dysfunction affecting ADLs
- \*Moderate: ADLs intact

## F: NSAIDs/COX2

- \*Cox 2 NSAIDs are generally better tolerated with lower risk of side effects especially GI intolerance, renal effects, bleeding complications and with less edema
- Celebrex 200 mg QD (Max dose 200 mg BID)

## G: ADLs

- \*Work
- \*Recreation
- \*Sleep
- \*Routine ADL



**Refer to Orthopaedic Surgeon**  
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