

# Flowchart: First Presentation – Shoulder Pain

## First Presentation – Shoulder Pain



**Thorough History and Physical Examination**

Recommendations 1 - 6

**Red Flags**

Yes



Onwards referral as appropriate (Figure 1)

No



**Yellow Flags**

No



Yes



Factors identified which may influence recovery and/or RTW (Appendix 1)

Onwards referral as appropriate



**Initial Diagnosis of Rotator Cuff Syndrome**

**Development of Management Plan**  
Including activity and work participation

Recommendations 7 - 10

**Initial Treatment**



**Paracetamol**

For mild to moderate pain and/or NSAIDs



**Heat/Cold**



**RTW Program**



**Prescribed exercise and/or manual therapy and/or acupuncture**

Recommendations 11,12

Recommendations 13,14

Recommendations 15-20

Recommendations 21 - 24



**Injured Worker to be Reviewed by their Clinician in Two Weeks**  
Earlier if no response to treatment or adverse treatment side effects

Recommendation 25

## Rotator Cuff Syndrome Recommendations

### Recommendation 1:

Diagnosis of rotator cuff syndrome requires a thorough history-taking which should include the following factors and consideration of their implications: age, occupation and sports participation, medical history, mechanism of injury, pain symptoms, weakness and/or loss of range of motion (body function impairments), activity limitations and social situation.

### Recommendation 2:

Assessment of rotator cuff syndrome requires physical examination which should include the following: direct observation of the shoulder and scapula; assessment of active and passive range of motion; resisted (isometric) strength testing; and evaluation of the cervical and thoracic spine (as indicated). It may also include administration of other clinical tests dependent upon the experience and preference of the clinician.

### Recommendation 3:

The clinician must exclude 'red flags' in the diagnosis of rotator cuff syndrome. 'Red flags' are signs and symptoms which suggest serious pathology (see Figure 1).

### Recommendation 4:

The clinician should take note of 'yellow flags' discussed or identified during history-taking. 'Yellow flags' are contextual factors such as personal, psychosocial or environmental factors that could impact on recovery and/or RTW following injury (see Appendix 1).

### Recommendation 5:

X-rays and imaging are not indicated in the first four to six weeks for an injured worker presenting with suspected rotator cuff syndrome in the absence of 'red flags' (see Figure 1).

### Recommendation 6:

Clinicians will educate injured workers with suspected rotator cuff syndrome on the limitations of imaging and the risks of ionising radiation exposure.

### Recommendation 7:

In established rotator cuff syndrome, maintaining activity within the limits of pain and function should be recommended. Its reported benefits include: earlier RTW; decreased pain, swelling and stiffness; and greater preserved joint range of motion.

### Recommendation 8:

Clinicians should use a shared decision-making process with the injured worker to develop a management plan.

### Recommendation 9:

Clinicians should use and document appropriate outcome measures at baseline and at other stages during the recovery process to measure change in the injured worker's impairments, activity limitations and/or participation restrictions.

### Recommendation 10:

Health care providers should consider any additional issues, potential disadvantages or need for additional resources (such as an interpreter) for the injured worker and their family if the injured worker identifies as Aboriginal and/or Torres Strait Islander, or is from a culturally and linguistically diverse or non-English speaking background.

### Recommendation 11:

Injured workers should be prescribed paracetamol as the initial choice for mild to moderate pain.

### Recommendation 12:

Injured workers with acute shoulder pain may be prescribed NSAIDs (either oral or topical) for pain relief. NSAIDs can be prescribed alone or in conjunction with paracetamol.

### Recommendation 13:

To reduce pain and swelling following acute rotator cuff syndrome, injured workers may intermittently apply cold within the first 48 hours.

### Recommendation 14:

From 48 hours post-injury, injured workers may intermittently apply either heat or cold for short periods for pain relief.

### Recommendations 15:

There must be early contact between the injured worker, workplace and health care provider.

### Recommendation 16:

A specific and realistic goal for the RTW of the injured worker, with appropriate time frames, should be established early with outcomes measured and progress monitored.

### Recommendation 17:

The RTW program must involve consultation and engagement with a team which includes the injured worker, relevant health care providers and the workplace.

### Recommendation 18:

The RTW program should include a workplace assessment and job analysis matching worker capabilities and possible workplace accommodations.

### Recommendation 19:

The RTW program, where possible, should be workplace-based. Improved outcomes occur if rehabilitation processes take place within the workplace.

### Recommendation 20:

When planning a RTW program, a graded RTW should be considered and adjusted following review of objectively measured outcomes.