

GP Information

Shoulder patients & your referral options

Patient presents with shoulder pain

Traumatic/Acute Injury

Suspected fracture or dislocation

- Refer imaging
- If confirmed # or dislocation → refer to Orthopaedic surgeon
- If NO # or evidence of dislocation → refer to Outpatient Physio
- If dislocation & after Ortho review, if NO surgery → refer Outpatient Physio
- With fracture – once healed refer to Outpatient Physio

Suspected Rotator Cuff Tear

Q: Can the patient actively elevate arm to 90 deg?

- If NO → refer to imaging & to Orthopaedic surgeon
- If YES → is there significant loss of strength with Elevation, External or Internal rotation?
- If NO → refer to Outpatient Physio
- If YES → refer to imaging and Orthopaedic surgeon –
- If NO surgical management → refer acute to Outpatient Physio

Suspected Labral Tear

- refer to Outpatient Physio +/- imaging (preferably MRI)

Suspected AC Joint Injury

Q: Is there a step deformity in AC joint?

- If NO → refer to Outpatient Physio
- If YES → refer imaging
- If imaging = type IV, V or VI i.e. more serious }
→ refer to Orthopaedic surgeon
- If imaging = type I, II, III → refer Outpatient Physio

If Suspect Sub-Acromial impingement or imaging suggests bursitis/ bursal bunching/ impingement

- Refer Outpatient Physio

Acute Tendinopathy (i.e. recent onset)

- Refer to Outpatient Physio

Shoulder Instability

- Refer to Outpatient Physio

Atraumatic Injury

- Are symptoms/imaging consistent with AC jt or GH jt degeneration OR
- OA i.e. generalised pain or loss of movement (in the absence of exclusion criteria overleaf)
→ Refer to Day Program

- If evidence of cuff tears (without gross loss of power) OR
- Not a candidate for surgery (in the absence of exclusion criteria)
→ Refer to Day Program

- If evidence of labral tear - other than SLAP lesion (in the absence of exclusion criteria)
→ Refer to Day Program
- If SLAP lesion (as per MRI imaging)
→ Refer to Outpatient physiotherapy

- If evidence of adhesive capsulitis/frozen shoulder (long standing & 'frozen')
→ Refer to Day Program
- If very early onset → Refer Outpatient physio

Chronic Tendinopathy

- Refer Outpatient Physio
- May be appropriate for Day Program once assessed by outpatient Physio

Generally deconditioned shoulder

- Refer to Day Program

1. Beard, D.J. et al. (2017) Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial. Lancet DOI: 10.1016/S0140-6736(17)32457-1 [Epub ahead of print]
2. Ellenbecker, T.S. & Cools, A. (2010). Rehabilitation of shoulder impingement syndrome and rotator cuff injuries: an evidence-based review. BJSM DOI: 10.1136/bjism.2009.058875
3. Ylinen, J. et al. (2013). Exercise therapy is evidence-based treatment of shoulder impingement syndrome. Current practice or recommendation only. Eur J Phys Rehabil Med. 49(4):499-505

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Pre and Post Surgical Patients – Day Program or Outpatients?

- If patient delaying surgery for replacement, RC tear, decompression, chronic labral tear
→ refer to Day Program Physio.
- If patient delaying surgery for acute labral tear, SLAP lesion or dislocation
→ refer to Outpatient Physio for appropriate management and work up for surgery.
- If post-operative protocol indicates physio
→ refer to Outpatient Physio.

Exclusion Criteria – Before referring patient to Physio

- Has cervical spine involvement been excluded?
- Have rheumatic causes been excluded?
- Have red flag conditions been excluded? Including non-mechanical worsening pain, muscle wasting, brachial plexus lesion symptoms e.g. neural and vascular changes, weight loss.
- If it is an Acute trauma with elevation <120 deg and patient has not had imaging or Specialist review
→ send for imaging and/or Orthopaedic review.
- If pain and significant shoulder disability is persisting, despite at least 3 months of appropriate conservative management including Physiotherapy → Need Specialist review.
- Any upper limb neuro symptoms (P&N, numbness, distal weakness, loss of reflexes) must be assessed by specialist (Neuro or Ortho).

What's the difference between Outpatient Physiotherapy and Day Program?

Outpatient Physiotherapy:

- Patients referred to Outpatient physiotherapy will be seen by a qualified physiotherapist, experienced in assessing and treating musculoskeletal shoulder conditions.
- Outpatient physiotherapy will involve a thorough assessment and tailored treatment specific to the patient's condition. Treatment may include a combination of education, activity modification, exercise prescription, manual therapy, dry needling, taping and posture advice.
- Outpatient therapy may be partly covered by a patient's Extras or Ancillary health fund cover.

For an outpatient appointment please call 9847 5015 or email RHP.MWP@ramsayhealth.com.au

Day Program:

- Day program provides multidisciplinary therapy under the care of a Rehabilitation Specialist.
- Multidisciplinary Day Program includes allied health therapies e.g. physiotherapy, occupational therapy and hydrotherapy. Other therapies may be prescribed dependent upon your patient's rehabilitation requirements e.g. speech pathology, dietetics, psychology.
- Physiotherapy will involve a thorough assessment and tailored treatment specific to the patient's condition. Treatment will likely include supervised exercise prescription, education, manual therapy, dry needling, taping, and activity modification.
- Benefits – admitted for multidisciplinary day rehabilitation under Hospital Cover.

Referral to one of our VMOs is required: Please fax to 9847 5089 or call 9847 5016.