

# Approach to Chronic Shoulder Pain

**Note:** Do not miss other things that attach onto the shoulder:  
i.e. neck pain – check neck ROM, palpate the neck muscles and vertebrae!  
i.e. biceps tendon issues: palpate bicipital groove, do Speed's test and Yergason's test!  
i.e. pec major insertion tears/avulsions!  
Whenever you see bruising, think **tendon tear!**  
i.e. with major trauma, r/o **fracture!**

# Chronic Shoulder Pain

*Ask patient to point to area of pain*

**Note:** AC joint pain cannot be evaluated simply by a cross-arm test, because a cross-arm test can be + in other cases (labral tears, impingement)

**Not in AC joint**

**4 tests for the AC joint:**

1. Direct palpation
2. Cross-arm shoulder abduction
3. Resisted shoulder extension after cross-arm test
4. O'Brien's (regardless of supination/pronation)

**In the AC  
(Acromioclavicular) joint**

**Check Range of Motion  
(ROM)**

**Arthritis in AC  
joint  
(OA, RA, etc)**

**Sprain/Separation**  
(usually hx of trauma: direct blow on the acromion – i.e. falling directly on it, or falling on elbow with force transmitted back to AC joint)

**True ↓ ROM**

(Both passive and active, due to physical glenohumeral joint restriction) **Do X-rays of shoulder, r/o physical obstruction!**

**Normal ROM**

(may have reduced active ROM – by pain, etc; but **NO** loss of passive ROM)

**Distal Clavicle Osteolysis  
("weightlifter's shoulder"; DCO)**  
(usually in young people who lift heavy weights)

**Frozen shoulder**

Age >40, ♀ > ♂, ↓ passive & active ROM in all directions ("Capsular pattern", usually marked), pain can be 0 or disabling, depending on stage.

**Glenohumeral  
joint  
osteoarthritis**

Detected on shoulder X-ray, age usually >70

**Labral tears**

→ **10+ diff types (i.e. SLAP tears, bankart lesions)**  
Usually occur after a throwing injury, but can be from other shoulder trauma. Detected on MR arthrogram

**Shoulder Instability**

Young person (esp woman) with shoulder pain = hyper-mobile until proven otherwise.  
Risk of shoulder dislocation, if not dislocated already.  
*Rare to have rotator cuff damage in young shoulders!*

**Rotator Cuff Dx**

Activity-related pain. Hx of repetitive movements. Usually older pt (>40) with shoulder weakness. Detected on shoulder U/S; operator dependent.

**Rotator cuff  
tendinitis**

**Full vs partial-thickness;  
complete vs incomplete  
tears (rotator cuff, long  
head of biceps)**  
- check for bruising!

**Acute Dislocation**

Usually obvious from Hx of shoulder trauma, & abnormal shoulder contours  
(includes **Rare case of the missed posterior dislocation**)

**Note: R/O disuse  
atrophy secondary  
to pain**

**Note: Impingement syndrome (subacrominal bursitis)** is a possible consequence of labral tears, rotator cuff dx, or simply bad posture. Presents w/ active ROM restricted by pain, + Painful Arc, Neer's, and Hawkins-Kennedy tests.

**Note:** Chronic, not acute, dislocations present with + apprehension test (along with shoulder subluxations or instability)