

Rotator Cuff Disease / Impingement

- Symptomatic abnormal motion of Glenohumeral joint (GHJ)
- Present as pain or a sense of displacement (subluxation or dislocation)

Symptoms include

- Usually > 50 years
- Traumatic vs non-traumatic
- Pain around shoulder, to elbow
- Weakness
- ROM limitation: active more than passive

Information Required for Referral

- History
- Previous shoulder dislocations
- Functional limitations
- Associated medical conditions
- Any previous surgeries
- Any previous treatments
- Current medications

Investigations Required for Referral

- X-ray (AP /Lateral Shoulder)
- Ultrasound check for rotator cuff rupture

Fax to

- Orthopaedics Outpatients Upper Limb Clinic Fax: 08 8374 2591

Red Flags

- 🚩 Evidence of infection immediate GP referral to the **Emergency Department**
- 🚩 Sudden loss of power in shoulder ie. Acute major cuff tear

Suggested GP Management

- NSAIDS
- Physio, cuff strengthening
- Steroid injection if no rupture on ultrasound

Clinical Resources

Khan et al. Optimizing the Management of Rotator Cuff problems . Guidelines and Evidence Report V1 dated 30.3.11

Khan et al. The painful shoulder: shoulder Impingement syndrome. Open Orthopaedic Journal 2013;7:347-351

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	July 2014	July 2016	Original