Orthopaedic Shoulder (and *Anatomical* Arm) Referral Guideline

Austin Health Orthopaedic Clinic holds weekly multidisciplinary meetings to discuss and plan the treatment of patients with Orthopaedic and Fracture conditions.

Department of Health clinical urgency categories for specialist clinics

Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days. For urgent referrals please contact Orthopaedic Registrar to discuss – most urgent patients will be seen within 2 weeks. For emergency cases please send the patient to the Emergency department.

Semi Urgent: Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Referral will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.

Exclusions: Nil

Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
Glenohumeral Osteoarthritis	• Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) • Physiotherapy • Corticosteroid Injection of shoulder (glenohumeral) joint	**History** -Symptoms, ADLs affected? -Treatment and responses to date **Examination Findings** **Investigation** (report with referral) **-X-rays-** *Shoulder XRs*- True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) Please send US or MRI if performed for exclusion of differential diagnoses **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: N/A** **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed The patient may be assessed first by a specialist shoulder physiotherapist. This allows them to be seen more rapidly and for non-operative management to be further expanded and optimised. All patients will subsequently be seen by an orthopaedic surgeon with shoulder subspecialty interest.	**As required:**

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Inflammatory Arthritis of Shoulder (Rheumatoid, Other)	• Patient referred to a Rheumatologist as appropriate	**History** -Walking Distance, night pain, difficulty with stairs, ADLs affected? -Treatment and responses to date **Examination Findings** Peripheral Stigmata **Investigation** (report with referral) **-X-rays-** *Shoulder XRs*- True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* **-Bloods** FBE, ESR, CRP, RF, ANA, ANCA **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: N/A** **Routine:** Refer if patient referred to rheumatologist and non-operative measures have failed	**As required:**
Acromioclavicular Jt Osteoarthritis	• Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate) • Avoid triggering events • Physiotherapy • Corticosteroid Injection of acromioclavicular joint	**History** -Symptoms, ADLs affected? -Treatment and responses to date **Examination Findings** **Investigation** (report with referral) **-X-rays-** *Shoulder XRs*- True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) Please send US or MRI if performed **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: N/A** **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed The patient may be assessed first by a specialist shoulder physiotherapist. This allows them to be seen more rapidly and for non-operative management to be further expanded and optimised. All patients will subsequently be seen by an orthopaedic surgeon with shoulder subspecialty interest.	**As required:**

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Total (or Hemi) Shoulder Replacement (TSR) existing **With** **-Pain** **-Loosening** **-Other Concern**	• Refer all patients after appropriate history, examination and investigations performed for *urgent* assessment • If an acutely septic prosthetic joint is suspected the patient should be sent to the Emergency Department *without* antibiotics (unless discussed with, and approved by, orthopaedic unit	**History** -In a previously well-functioning joint replacement there is -New pain -New sounds -Other new or concerning symptoms **Examination Findings** **Investigation** (report with referral) **-X-rays** (Loosening, cysts, eccentric joint, change prosthetic position) *Shoulder XRs*- True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* **-Bloods** FBE, ESR, CRP **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: All patients with new symptoms or XR changes or abnormal blood tests** **Routine:** Refer for routine review as required if no particular concerns	**As required:**
Acute **Rotator Cuff Tear (Injury-related)**	• All patients with *acute* rotator cuff tears should be referred for urgent assessment	**History** New and significant injury with no or minimal shoulder symptoms prior **Examination Findings** Marked *weakness* rotator cuff **Investigation** (report with referral) *Shoulder XRs*- True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* -**Ultrasound** or **MRI** Shoulder **Instruct patient to bring films to the Specialist Clinic appointment**	**Urgent: Acute RC Tears** Patients will be directed to our ASTI (Acute Soft Tissue Injury) Clinic and seen within 1-2 weeks **Routine:** If pre-existing symptoms, onset, or imaging suggest long-standing rotator cuff pathology	**As required:**

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Rotator Cuff Tear Tendinitis/ Tendinosis **(*Chronic*, Not injury-related)** **Subacromial Impingement** **Acromioclavicular pain**	• Medications (paracetamol, NSAIDS if appropriate) • Physiotherapy • Corticosteroid Injection of Subacromial space (radiological if confirmation required)	**History** -Night pain? ADLs affected? Can't sleep on affected side?- Treatment and responses to date **Examination Findings** Weakness? Impingement? **Investigation** (report with referral) *Shoulder XRs-* True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* -**Ultrasound** or **MRI** Shoulder **Instruct patient to bring films to the Specialist Clinic appointment**	**Urgent: N/A** **(unless *acute*- see above)** **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	**As required:**
1st-time Shoulder Dislocation	Refer for *urgent* assessment if: • Patient<30yo (high risk recurrence) • Any age and persisting weakness post reduction (Rotator Cuff Tear) • Any age and persisting neurology post reduction • Imaging shows a fracture (however small, or even suspected, of glenoid +/or Humerus) Otherwise treat patient as per recurrent dislocation (as below)	**History** -1st time dislocation **Examination Findings** Weakness? Neurology? **Investigation** (report with referral) *Shoulder XRs-* True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* -**Ultrasound** or **MRI** Shoulder if weakness **Instruct patient to bring films to the Specialist Clinic appointment**	**Urgent:** **<30yo** **Persisting Weakness** **Persisting Neurology** **Any Fracture** **Routine:** Remainder of cases Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	**As required:**

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Recurrent **Shoulder Dislocation** **Or** **Instability of Shoulder**	For 1st-Time dislocation see above • Medications (paracetamol, NSAIDS if appropriate) • Avoidance of Triggering events (extension, abduction external rotation • Physiotherapy	**History** -Frequency, ease, and method of dislocations, Work/activities affected? **Examination Findings** Weakness? Neurology? **Investigation** (report with referral) *Shoulder XRs-* True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views) *and* **MRI** Shoulder if possible **Instruct patient to bring films to the Specialist Clinic appointment**	**Urgent: N/A** **(unless *acute*- see above)** **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed	**As required:**
Frozen Shoulder **Adhesive Capsulitis**	Note that this condition has a fairly predictable course of symptoms (of pain then stiffness) with resolution after 2 years, so rarely requires surgery • Medications (paracetamol, NSAIDS if appropriate) • Physiotherapy • Corticosteroid Injection • Hydrodilatation of Shoulder (Glenohumeral) Joint	**History** -Frequency, ease, and method of dislocations, Work/activities affected? **Examination Findings** Weakness? Neurology? **Investigation** (report with referral) *Shoulder XRs-* True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views)- to *Exclude other causes* **MRI** Shoulder if completed to exclude other causes- (will also show evidence of adhesive capsulitis) **Instruct patient to bring films to the Specialist Clinic appointment**	**Urgent: N/A** **Routine:** Refer if maximal non-operative treatment (at least 2 modalities for at least **6 months)** has failed	**As required:**

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Department of Health clinical urgency categories for specialist clinics Condition / Symptom	GP Management	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
Undifferentiated Shoulder or Arm Pain/ Other	• Consider other diagnoses in these guidelines • Consider referred pain • If you suspect malignancy or infection please see appropriate specific condition management	**History** -Exclude Red Flag Symptoms (below) **Examination Findings** -Exclude Red Flag Signs **Investigation** (report with referral) **-X-rays-** *Shoulder XRs-* True AP Glenohumeral Joint (Grashey View) & Scapula Lateral (Neer View) & Axillary Lateral (3 views)- Consider **MRI** *if XRs normal* **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: If suspected malignancy or infection** **Routine:** If you are *unable to establish a diagnosis* and the patient has *significant symptoms*	**As required:**
Suspected Malignancy of **Shoulder** **Arm**	• Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy	**History** -Red Flag Symptoms (Loss of weight, appetite or energy; relatively short history of pain or lump (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere) **Examination Findings** -Red Flag Signs **Investigation** (report with referral) Suspicious Imaging or Blood Tests **Instruct patient to bring films to the Specialist Clinic appointment.**	**Urgent: All** **Routine: N/A**	**As required:**

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Suspected Infection of Shoulder Arm	• Refer to ED immediately all patients with suspected *septic arthritis*. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit • Refer to ED immediately all patients with fever/chills/rigors/sweats, or otherwise unwell • Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection	**History** -Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of infection elsewhere) **Examination Findings** -Red Flag Signs **Investigation** (report with referral) Suspicious Imaging or Blood Tests FBE, ESR, CRP **Instruct patient to bring films to the Specialist Clinic appointment.**	**ED- if septic joint or unwell** **Urgent: All others** **Routine: N/A**	**As required:**