

Shoulder Problems in Primary Care (including coping with shoulders in the pandemic)

Harpal Singh Uppal

Hi

Hi

- Harpal Singh Uppal
- 2015

Hi

- Harpal Singh Uppal
- 2015
- Shoulder
- Elbow
- Hand and Wrist

Hi

- Harpal Singh Uppal
- 2015
- Shoulder
- Elbow
- Hand and Wrist
- Oxford
- Exeter
- Bristol

Aims

- Shoulder Problems in Primary Care (including coping with shoulders in the pandemic!)

Aims

- Shoulder Problems in Primary Care (including coping with shoulders in the pandemic)
- Realistic
- Wife approval

Aims

- Shoulder Problems in Primary Care (including coping with shoulders in the pandemic)
- Realistic
- Wife approval

- Practical
- Not a recitation of a textbook

The conditions

- Impingement
- Tendinopathy
- Rotator cuff syndrome
- Rotator cuff tears
- Partial thickness tears
- Bursitis
- Frozen shoulder
- Adhesive Capsulitis

.....

- Cuff Tear Arthropathy
- Primary arthritis
- Dislocation
- Fracture dislocations
- Proximal humerus fracture
- Clavicle fractures
- ACJ dislocation
- ACJ arthritis

.....

- Calcific Tendonitis
- Internal impingement
- SLAP tears
- Sub coracoid impingement
- Labral Tears
- Suprascapular nerve entrapment

Confused.com

Decision making process

Decision making process

- Teens to 30

Decision making process

- Teens to 30
- 30 – 60

Decision making process

- Teens to 30
- 30 – 60
- 60 +

Teens to 30

- Instability type problems



Teens to 30

- Instability type problems

Structural problem

Teens to 30

- Instability type problems

Structural problem

Muscular/Capsular laxity

Structural or Traumatic instability

Structural or Traumatic instability

- Big injury

Structural or Traumatic instability

- Big injury
- Torn labrum or labrum and fractured glenoid

Structural or Traumatic instability

- Big injury
- Torn labrum or labrum and fractured glenoid
- Hills Sachs









Something is broken

Something is broken

- Need surgery to reduce risk of recurrence and arthritis

Something is broken

- Need surgery to reduce risk of recurrence and arthritis
- Young people

Something is broken

- Need surgery to reduce risk of recurrence and arthritis
- Young people
- Rugby
- Professional sports

Something is broken

- Need surgery to reduce risk of recurrence and arthritis
- Young people
- Rugby
- Professional sports
- Men

Something is broken

- We arrange CT and MRI arthrogram
- 3D reconstructions to plan surgery
- Arthroscopic stabilisation

Something is broken

- We arrange CT and MRI arthrogram
- 3D reconstructions to plan surgery
- Arthroscopic stabilisation
- Or
- Arthroscopic Laterjet

The most important question....

The most important question....

“how did your shoulder first
dislocate”

Not convinced.....

Not convinced.....

- Probable muscular problem

Not convinced.....

- Probable muscular problem
- Abnormal muscle patterning
- Tissue laxity

Not convinced.....

- Probable muscular problem
- Abnormal muscle patterning
- Tissue laxity
- No history of significant first time trauma

Not convinced.....

- Probable muscular problem
- Abnormal muscle patterning
- Tissue laxity
- No history of significant first time trauma
- Often have poor balance and coordination in general

Nothing fixable is broken.....

Nothing fixable is broken.....

- Surgery likely to make things worse

Nothing fixable is broken.....

- Surgery likely to make things worse
- Physiotherapy often best or only treatment

Nothing fixable is broken.....

- Surgery likely to make things worse
- Physiotherapy often best or only treatment
- Small group of patients with tissue laxity alone may benefit from surgery

30 – 60 group

30 – 60 group

- Degenerative problem with tendons of rotator cuff

30 – 60 group

- Degenerative problem with tendons of rotator cuff

Or

30 – 60 group

- Degenerative problem with tendons of rotator cuff

Or

- Frozen shoulder (Adhesive capsulitis)

Frozen shoulder

Frozen shoulder

- Unknown cause
- Most common in ladies in late forties

Frozen shoulder

- Unknown cause
- Most common in ladies in late forties
- Diabetes

Frozen shoulder

- Unknown cause
- Most common in ladies in late forties
- Diabetes

- Joint capsule becomes thick and causes

Frozen shoulder

- Unknown cause
- Most common in ladies in late forties
- Diabetes

- Joint capsule becomes thick and causes
- Global restriction of motion

Frozen shoulder

- Unknown cause
- Most common in ladies in late forties
- Diabetes

- Joint capsule becomes thick and causes
- Global restriction of motion
- Pain

3 Stages

3 Stages

- Painful stage 6 months

3 Stages

- Painful stage 6 months
- Stiffening stage 6 months

3 Stages

- Painful stage 6 months
- Stiffening stage 6 months
- 6 month resolution phase

3 Stages

- Painful stage 6 months
- Stiffening stage 6 months
- 6 month resolution phase

- 5% develop chronic symptoms

Diagnosis

- Is entirely clinical
- No strong history of trauma

Diagnosis

- Is entirely clinical
- No strong history of trauma
- Severe unrelenting pain
- Night pain

Diagnosis

- Is entirely clinical
- No strong history of trauma
- Severe unrelenting pain
- Night pain
- Loss of movement in all directions
- Loss of passive external rotation

Diagnosis

- Is entirely clinical
- No strong history of trauma
- Severe unrelenting pain
- Night pain
- Loss of movement in all directions
- Loss of passive external rotation
- Scans unhelpful

Treatment

Treatment

- If in absolute agony then start physio, glenohumeral joint injection and urgent referral

Treatment

- If in absolute agony then start physio, glenohumeral joint injection and urgent referral
- Otherwise

Treatment

- If in absolute agony then start physio, glenohumeral joint injection and urgent referral
- Otherwise
- Physio + 2 injections

Treatment

- If in absolute agony then start physio, glenohumeral joint injection and urgent referral
- Otherwise
- Physio + 2 injections

- Refer if these fail

Treatment

- If in absolute agony then start physio, glenohumeral joint injection and urgent referral
- Otherwise
- Physio + 2 injections

- Refer if these fail
- Hydrodilataion
- MUA
- Arthroscopic capsular release

Rotator cuff problems - Tendinopathy

- Spectrum

Rotator cuff problems - Tendinopathy

- Sub acromial impingement
- Rotator cuff syndrome
- Tendinosis
- Tendinopathy
- Bursitis
- Delamination of tendon
- Partial thickness tears
- Rotator Cuff tears

What we think is happening

- Recurrent micro injuries to tendons with failed healing
- More cells
- Little to no inflammation
- Abnormal proteoglycans
- Antibiotics

Diagnosis?

- Anterolateral shoulder pain

Diagnosis?

- Anterolateral shoulder pain
- Pain worse on lifting arm internally rotated (i.e. empty can test)
- Weakness on above movement

Diagnosis?

- Anterolateral shoulder pain
- Pain worse on lifting arm internally rotated (i.e. empty can test)
- Weakness on above movement
- Passive external rotation preserved

Investigations

Investigations

- XR

Investigations

- XR – why?

Investigations

- XR – why?
- Don't miss a tumour
- Don't miss arthritis
- Don't miss chronically dislocated shoulder
- ACJ problems

Investigations

- XR – why?
- Don't miss a tumour
- Don't miss arthritis
- Don't miss chronically dislocated shoulder
- ACJ problems
- USS

Investigations

- XR – why?
- Don't miss a tumour
- Don't miss arthritis
- Don't miss chronically dislocated shoulder
- ACJ problems
- USS
- Shows tears and extent of tendinopathy
- High sensitivity and specificity

Treatments

- Physiotherapy
- Steroid injections – USS guided?
- Autologous blood injections
- Dry needling
- PRP
- Shockwave therapy
- Sub acromial decompression
- Rotator cuff repair

No tear

No tear

- Physio and 1-2 Steroid injections

No tear

- Physio and 1-2 Steroid injections
- Then refer

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

- Cuff tear progression and rapid development of arthropathy

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

- Cuff tear progression and rapid development of arthropathy
- Repair

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

- Repair

Cuff tear and old

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

- Repair

Cuff tear and old

- Physio and 1 -2 Steroid injections

No tear

- Physio and 1-2 Steroid injections

Cuff tear and young

- Repair

Cuff tear and old

- Physio and 1 -2 Steroid injections
- Repair

Does it work?

- UKUFF trial – arthroscopic cuff repair, 1.35 QALY, average cost ~ £2600
- Compares very well with hip and knee arthroplasty and other expensive interventions e.g. coronary artery bypass grafting

60 +

60 +

- Rotator cuff pathology still very common

60 +

- Rotator cuff pathology still very common
- Frozen shoulder incredibly rare

60 +

- Rotator cuff pathology still very common
- Frozen shoulder incredibly rare
- Primary osteoarthritis

60 +

- Rotator cuff pathology still very common
- Frozen shoulder incredibly rare
- Primary osteoarthritis
- Rotator cuff tear arthropathy

Diagnosis

- Arthritic symptoms
 - Rest pain
 - Night pain
 - Global restriction of motion
 - Severe pain
-
- If someone has a very stiff shoulder and is over 60 they almost certainly have arthritis – need referral
 - XR more important

Treatment

Treatment

- Severe arthritis or pseudoparalysis

Treatment

- Severe arthritis or pseudoparalysis
- Anatomic shoulder replacement

Treatment

- Severe arthritis or pseudoparalysis
- Anatomic shoulder replacement

Total shoulder replacement



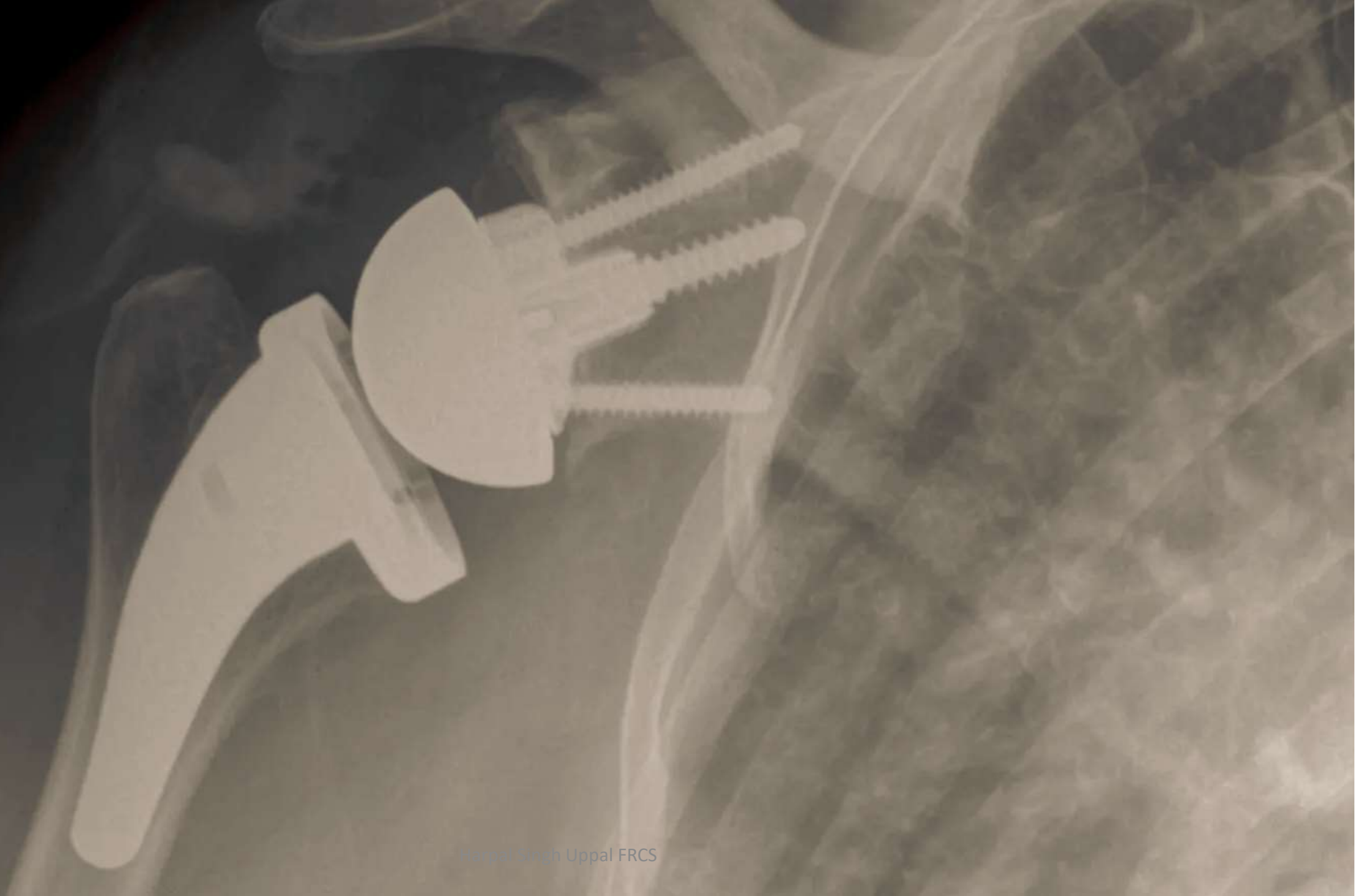
Treatment

- Severe arthritis or pseudoparalysis
- Anatomic shoulder replacement

Total shoulder replacement

- Reverse shoulder arthroplasty

L



Treatment - innovations

- 3D pre-operative planning

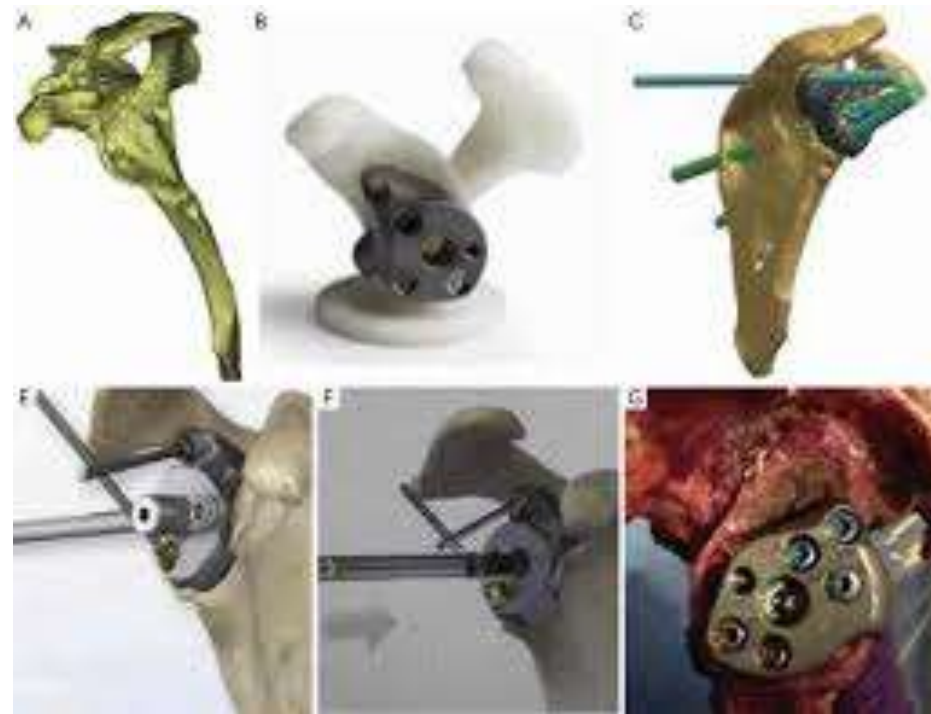
Treatment - innovations

- 3D pre-operative planning



Treatment - innovations

- 3D pre-operative planning



Treatment - innovations

- Augmented Reality

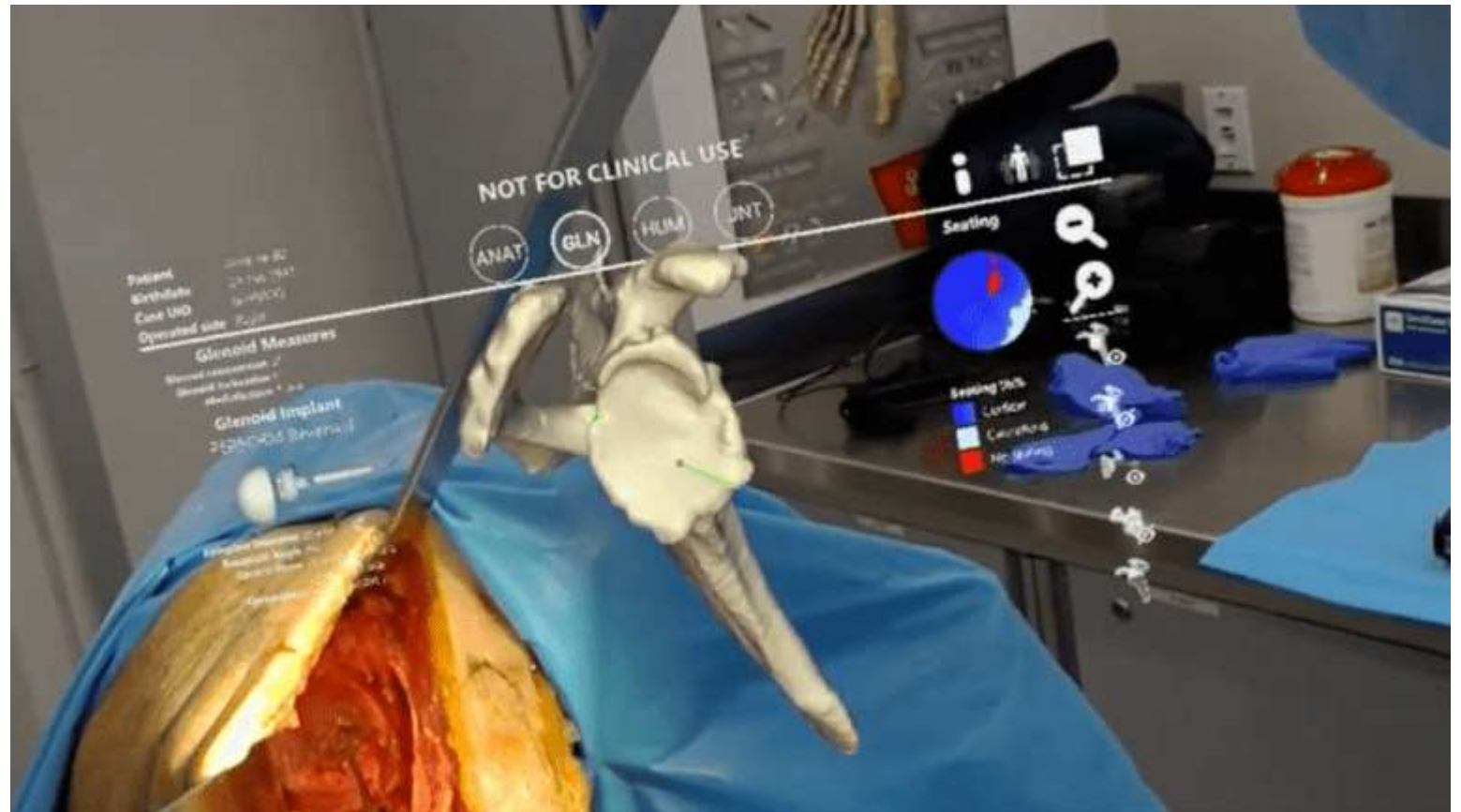
Treatment - innovations

- Augmented Reality



Treatment - innovations

- Augmented Reality



Harpal Singh Uppal FRCS

Examination in a pandemic?

Examination in a pandemic?

- Teens to 30
- 30 -60
- 60+

Teens to 30

Teens to 30

- Want to separate structural from muscular problems

Teens to 30

- Want to separate structural from muscular problems
- Special tests

Too many tests.....

- Aphrehension
- Relocation
- Sulcus sign
- Gagat test
- Anterior and posterior drawer tests
- Unlocked Rowe test
- O'Brien test

Teens to 30

- Get the history right regarding first dislocation

Teens to 30

- Get the history right regarding first dislocation
- Do they have lots of clicking and clunking

Teens to 30

- Get the history right regarding first dislocation
- Do they have lots of clicking and clunking
- Do they have a sensation of the 'ball coming out of the socket and going back in'

30 – 60 +

- Ask about range of motion
- Overhead activities
- If you can do video then checking external rotation in adduction will help you separate frozen shoulders from tendinopathy

Summary

- Please continue to refer patients who need treatment

Any Questions?

Any Questions?

- NHS Secretary – Lister Hospital Stevenage
01438 284021 – Karen Pritchett
- Private Secretary – 07741 849561 – Ellis Buttrey
- Hertfordshire Orthopaedic Centre
01462 452888
<http://www.hertsorthocentre.co.uk/>