

Soft tissue disorders of the shoulder (shoulder pain) include grade I to II sprains or strains, nonspecific shoulder pain, shoulder tendinitis, impingement syndromes, bursitis, partial thickness tears, shoulder osteoarthritis, and other soft tissue injuries of the shoulder

Shoulder pain in this guideline excludes major pathology (e.g., fractures, dislocations, infections, neoplasms, systemic disease and others), full thickness tears of the rotator cuff and biceps tendon, and frozen shoulder

Focused examination



1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

- Unexplained deformity or swelling or erythema of the skin, significant weakness not due to pain, history of malignancy, suspected malignancy (e.g., weight loss or loss of appetite), fever/chills/malaise, significant unexplained sensory/motor deficits of the upper extremity, pulmonary or vascular compromise, inability to perform any movements of the shoulder, shoulder pain at rest

Examples of other conditions/co-morbidities:

- Physical conditions: neck pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Examples of prognostic factors that may delay recovery:

- Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization

2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies.
- Assess for neurological signs.

3. Management

- Offer information on nature, management, and the course of shoulder pain. See [patient handouts](#) for more information to provide to patients.
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention.

4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors for delayed recovery.

Incorporate outcome measurements when assessing and monitoring patients for pain severity, function, and co-morbidities

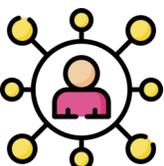
- [Self-rated Recovery Question](#)
- [Shoulder Pain Disability Index](#)
- [Numeric Pain Rating Scale](#)

- [Disabilities of the arm, shoulder and hand](#)
- [Simple Shoulder Test](#)
- [Constant Murley Score](#)

Visit our website for more [outcome measurements](#)

5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms or new physical or psychological symptoms.



Therapeutic Recommendations - Recent-onset (≤ 3 months symptom duration) shoulder pain

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

Consider cervicothoracic spine manipulation and mobilization for shoulder pain with associated pain or restricted movement of the cervicothoracic spine

Consider thoracic spine manipulation

Consider low-level laser therapy

Consider multimodal care[†] that includes the combination of heat/cold, joint mobilization, range of motion exercise

Do not offer[‡] diacutaneous fibrolysis, ultrasound, taping, interferential current therapy, soft-tissue massage, or cervicothoracic spine manipulation and mobilization as an adjunct to exercise (i.e., range of motion, strengthening and stretching exercise) for shoulder pain (defined as pain between the neck and the elbow at rest during movement of the arm)

Therapeutic Recommendations - Persistent (> 3 months symptom duration) shoulder pain

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

Consider home-based strengthening and stretching exercises with supervision

Consider cervicothoracic spine manipulation and mobilization for shoulder pain with associated pain or restricted movement of the cervicothoracic spine

Consider thoracic spine manipulation

Consider low-level laser therapy

Consider laser acupuncture

Consider general physician care (including information, advice, and pharmacological pain management, if necessary)

Consider multimodal care[†] that includes the combination of heat/cold, mobilization, and range of motion exercises

Do not offer[‡] diacutaneous fibrolysis, ultrasound, taping, interferential current therapy, soft-tissue massage, or cervicothoracic spine manipulation and mobilization as an adjunct to exercise (i.e., range of motion, strengthening and stretching exercise) for shoulder pain (defined as pain between the neck and the elbow at rest during movement of the arm), shock-wave therapy

Therapeutic Recommendations - Shoulder pain with calcific tendinitis

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and the following therapeutic intervention*:

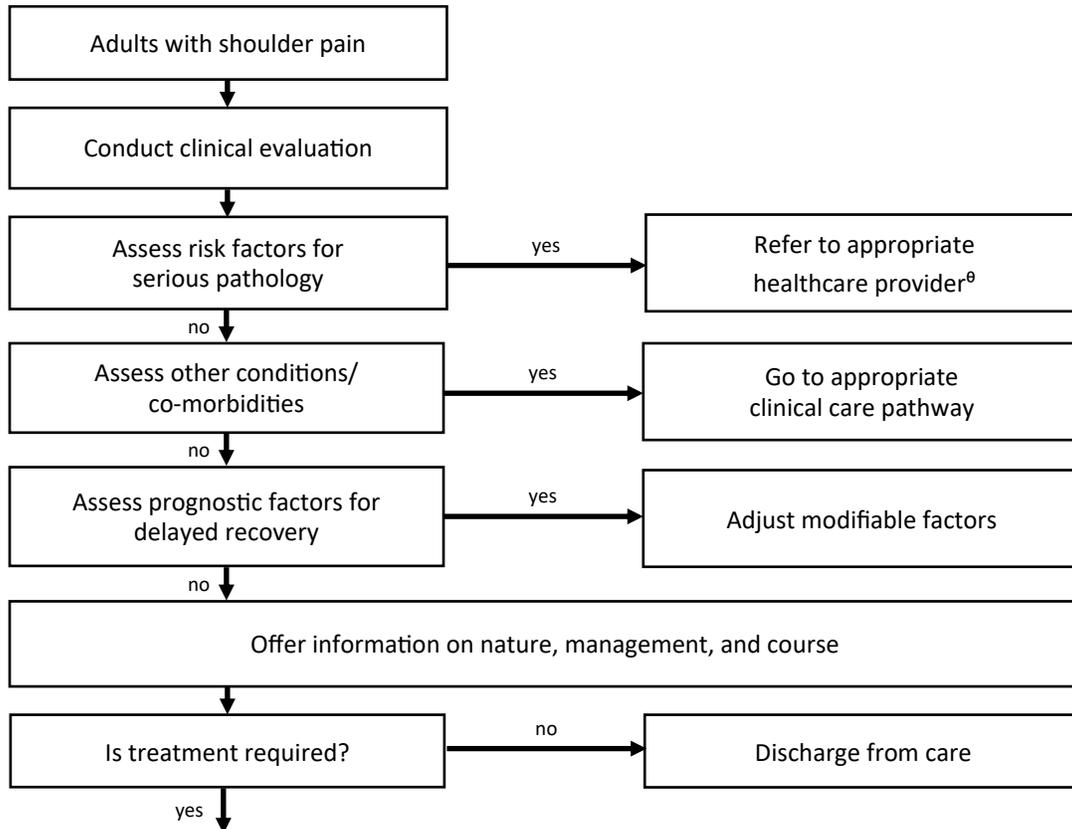
Consider shock-wave therapy with an amplitude ranging from $0.08\text{mJ}/\text{mm}^2$ - $0.06\text{mJ}/\text{mm}^2$

*The guideline does not include interventions for which there is a lack of evidence of effectiveness. The ordering of interventions does not reflect superiority of effectiveness

[†]Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines

[‡]Interventions that should not be offered (Do Not Offer) provide no benefit beyond placebo/sham (i.e., statistically significant and clinically important between group differences favoring placebo/sham)

Care pathway for the management of shoulder pain



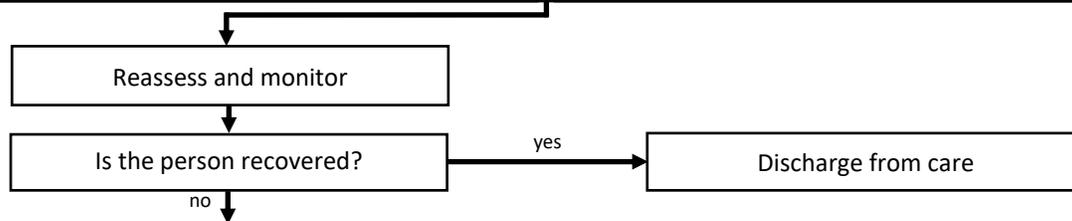
Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

Symptoms ≤ 3 months

- Cervicothoracic spine manipulation and mobilization for shoulder pain with associated pain or restricted movement of the cervicothoracic spine
- Thoracic spine manipulation
- Low-level laser therapy
- Multimodal care[†] that includes the combination of heat/cold, joint mobilization, range of motion exercise

Symptoms > 3 months

- Home-based strengthening and stretching exercises with supervision
- Cervicothoracic spine manipulation and mobilization for shoulder pain with associated pain or restricted movement of the cervicothoracic spine
- Thoracic spine manipulation
- Low-level laser therapy
- Laser acupuncture
- General physician care (including information, advice, and pharmacological pain management, if necessary)
- Multimodal care[†] that includes the combination of heat/cold, mobilization, and range of motion exercises



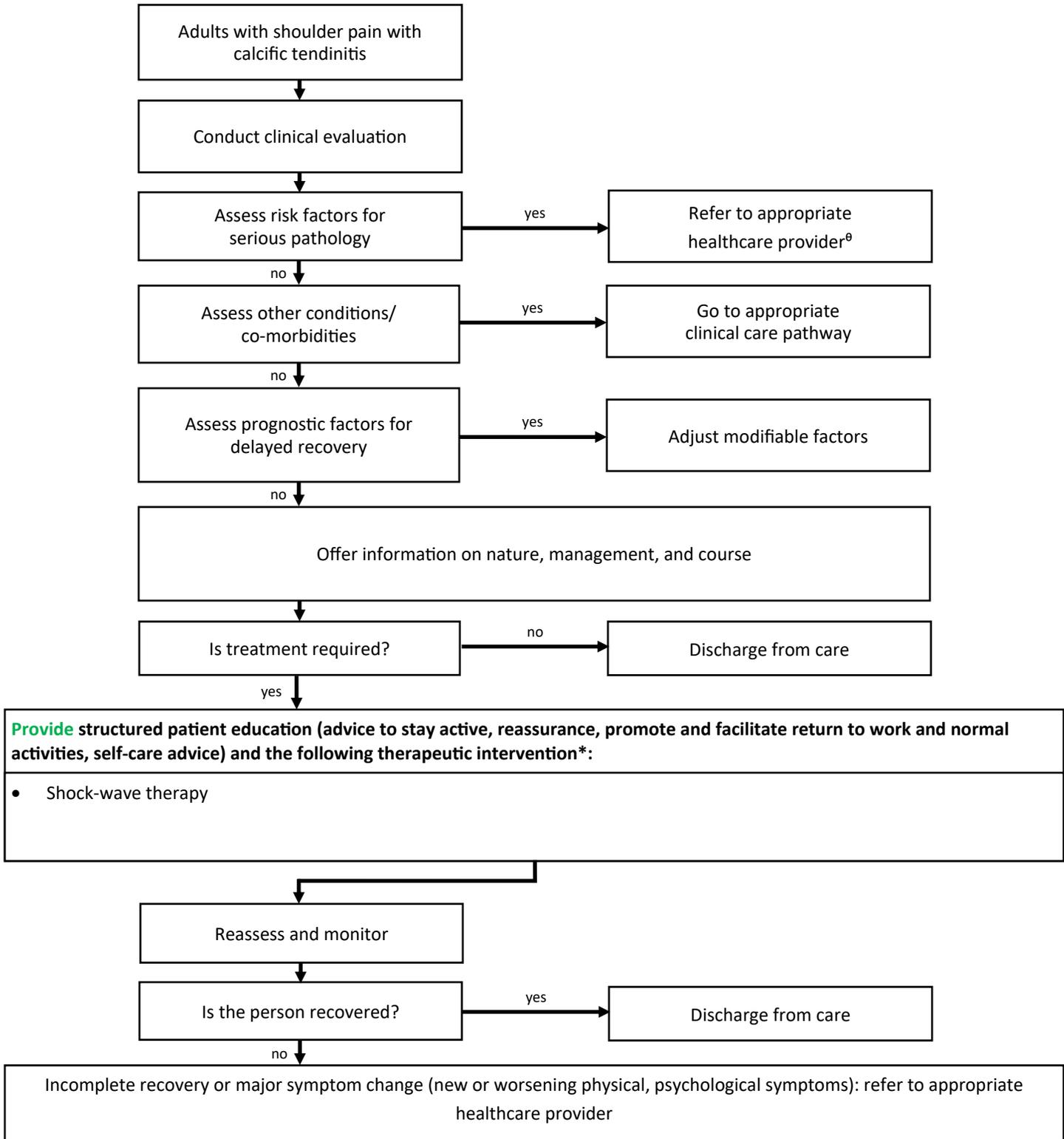
1. Incomplete recovery: for symptoms ≥ 3 months, initiate persistent protocol; incomplete recovery after persistent protocol, refer to appropriate healthcare provider
2. Major symptom change (new or worsening physical, psychological symptoms): refer to appropriate healthcare provider

^oReferral to an appropriate healthcare professional who is authorized to take appropriate actions and initiate additional examinations

*The guideline does not include interventions for which there is a lack of evidence of effectiveness. The ordering of interventions does not reflect superiority of effectiveness

[†]Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines

Care pathway for the management of shoulder pain with calcific tendinitis



^oReferral to an appropriate healthcare professional who is authorized to take appropriate actions and initiate additional examinations

*The guideline does not include interventions for which there is a lack of evidence of effectiveness. The ordering of interventions does not reflect superiority of effectiveness

Examples of exercises for the shoulder



Posterior shoulder stretch

Horizontally pull the elbow of the affected arm with the opposite hand until a light stretch is felt behind the affected shoulder. Maintain this position for 30 seconds and perform 3-5 times daily.



Pectoral stretch

Place forearm on the wall or on a door frame. Bring chest forward while extending the arm. A gentle stretch should be felt at the front of the shoulder and chest. Maintain this position for 30 seconds and perform 3-5 times daily.



Eccentric full can

While holding a weight or resistance band, bring affected arm near shoulder height at 45 degrees from body with a straight elbow and thumb pointing up. The starting position should be pain free. Slowly lower arm at a speed of 5 seconds per repetition. Perform 2-3 sets of 10-15 repetitions, daily.

Visit our website for more [exercises and videos](#) and [patient resources](#)

This summary is based on information provided by the following high-quality clinical guideline:

- [Yu H, Côté P, Wong JJ, Shearer HM, Mior S, Cancelliere C, et al. Non-invasive management of soft tissue disorders of the shoulder: a clinical practice guideline from the Ontario Protocol for Traffic Injury Management \(OPTIMa\) Collaboration. Eur J Pain. 2021. Epub ahead of print.](#)