

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH CASE
CONFERENCE TEACHING MODULE**

**Shoulder Pain - Answer Key
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Case 1

A 60-year-old woman presents to you with a two-month history of left-sided shoulder pain. It is dull in nature and mainly located over the left mid-deltoid area, worsened particularly by flexion or abduction above 90 degrees. It is interfering with her activities of daily living and is particularly uncomfortable at night. She denies any weakness or numbness in her upper extremities. The patient works as an accountant and plays golf twice a week. NSAID treatment has been unsuccessful.

- 1. What are some key questions to ask on history?**
- 2. What soft tissue structures around the shoulder are most commonly implicated in causing shoulder pain? (*See figure 1*)**
- 3. What are key aspects of the physical examination, which should be performed in evaluating this patient?**

On examination, this lady was full painless motion of her neck and a negative cervical axial compression test (Spurling test or physical exam maneuver to test for cervical radiculopathy). Her left shoulder examination is remarkable for: a) tenderness of the left subacromial area, b) pain with active flexion and abduction past 90 degrees, c) a positive Empty can test, d) negative Cross-Arm, Yergson, and Sulcus tests, e) unremarkable right shoulder examination, and f) unremarkable neurovascular evaluation.

- 4. What is the differential diagnosis of this patient's shoulder pain? The most likely diagnosis?**
- 5. Would you order an imaging study such as an x-ray or MRI of the shoulder at this point?**
- 6. How would you treat this patient?**
- 7. The patient follows up in three weeks after you gave her a subacromial injection and 7 sessions of physical therapy and her shoulder is not better. She now has less ROM to 60 degrees and a positive Drop test. The Clunk test and Apprehension test are negative. What do you do now?**

Case 2

A 66-year-old gentleman presents with a six-year history of left-sided shoulder pain, which started after being thrown from a car during a motor vehicle accident. The pain gets worse when he swings his arm while walking and is relieved within a half-hour after taking a salicylate-containing medication. He has already been evaluated and treated by one of the most famous orthopedic clinics in the country for presumptive adhesive capsulitis of the left shoulder and is referred to you for general medical care. He takes aspirin and simvastatin for his hyperlipidemia.

His past medical history is significant for psoriasis, asthma, obesity, blindness in one eye, hypercholesterolemia, and recurrent urolithiasis. No known CAD, DM.

A detailed neck and shoulder examination reveal no abnormalities, with a full and painless active range of motion.

- 1) What is the differential diagnosis of this patient's shoulder pain?**
- 2) What further evaluation might be indicated?**