Shoulder Pain

Focused History

History of Present Illness
Caveat: Make sure shoulder pain is not referred pain from cardiac, pulmonary, or abdominal process. Also make sure it is not radicular from neck.
1. **Character/circumstance**: Quality of pain; recent trauma, recent overuse, any recent immobilization of arm or hand for any reason (think frozen shoulder), recent infections of hand or arm?
2. **Exact location**
3. **Exacerbating/alleviating factors**: Specific motions that cause the pain, over the counter or prescription drugs, alternative therapies?
4. **Radiation**: Down arm or into neck or back.
5. **Associated symptoms**:
   - Fever or chills, weakness?
   - Numbness or tingling, weakness?
   - Any other joints involved?
6. **Severity**: Rate (scale of 1–10). Interferes with sleep or work?
7. **Timing**:
   - Pattern: Constant or intermittent?
   - Onset: Sudden or gradual?
   - Duration?
   - Why is patient presenting now?
8. **Relevant past medical history**: Other musculoskeletal pains, drug allergies (always), any current medications.
9. **Relevant social history**: What is patient’s concern about the pain? Occupation and hobbies, alcohol use (relevant if considering drug treatment).

Focused Physical Exam

1. **Vital signs**
2. **General appearance**
3. **Systemic exam** if systemic symptoms indicate.
4. **Musculoskeletal**: Examine other joints as indicated by history.
   - Shoulder inspection:
     - Atrophy of arm or upper back muscles? (Compare to the other shoulder)
     - Palpation: Heat, tenderness swelling, boney abnormality at AC joint, biceps tendon.
     - Range of motion, active and passive: Internal rotation; external rotation; forward and posterior flexion; humerus abduction, adduction.
     - Special tests:
       - Example—impingement (Hawkins): Abduct Shoulder 90°, internally rotate forearm.