

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).

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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, bony 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.