Canadian Family Medicine Clinical Card
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Kendal JK
Karram JJ
Keegan DA

Joint Pain 2: Upper Limb

This card is not intended to be used for the assessment of major joint trauma

General MSK HPI	General MSK Physical Exam
Work, activities, expectations	Look, feel, move (or STOP & splint) & special tests
Mechanism of injury, pain Hx	Examine both sides, joint above & below
If applicable: dominant hand	If applicable: gait & alignment
CLIPS: clicking, locking, instability, pain or swelling	Examine for swelling, effusions, erythema, muscle atrophy, deformities, joint line tenderness & scars

The following tables exclude osteoarthritic & rheumatic causes (see Joint Pain 1)

Shoulder Pain

Rotator Cuff Disease: Impingement to Rotator Cuff Tears

HPI

Pain: worse at night, with overhead activities & movement. Pt may notice weakness. Degen. disease common, may have hx of trauma.

Painful Arc Test

Examiner brings shoulder into full abduction

(+) = Pain between 60-120°
Suggests impingement

Internal Rotation Lag Test (strength)

Examiner lifts hand of affected arm off back, pt holds position

(+) = Weakness
Tests subscapularis

External Rotation Lag Test (strength)

Arm is passively brought into full ER at 90° elbow flexion, patient holds position

(+) = Weakness
Tests infra + supraspinatus

ER Resistance Test (strength & pain)

Arm in 90° flexion, apply pressure proximal to wrist against ER

(+) = Weakness
Suggests posterior cuff tear

Drop Arm Test (Strength)

Patient slowly drops arm from 90° abduction

(+) = Immediate drop with pain
Tests supraspinatus

***PE tests listed are found to have the best likelihood ratios for detecting RCD*

MGMT

Impingement: NSAIDs, Physio (cuff strengthening), activity modif./slow return, subacromial steroid injxn. No improvement→ Imaging (U/S, MRI).
RC Tear (partial or full): Non-operative 1st line (see impingement), unless acute tear (surg. referral). Operative may be 2nd line in chronic tears.

Other Shoulder Conditions

HPI	Physical Exam	Diagnosis	Management
Gradual, diffuse pain, stiffness	↓Passive & active ROM	Adhesive capsulitis	PT, activity mod. NSAIDs ± steroid injec.
± RCD or labral lesion, ant. pain	Tender to palp. bicipital groove	Biceps tendinopathy	NSAIDs, steroid injection, PT, if refractory:± surgery
Repetitive strain, ± dislocation	Apprehension +ve, laxity	Shoulder instability	PT (stability strength), ± surgery

Elbow Pain

HPI, RFs & Physical Exam	DDx	Management
Lat. or med. pain, Hx of overuse **PE:** Point tender, pain on extens. (lat.) or flexion (med.), Ⓝ ROM	Epicondylitis (Lat. or Med.)	RICE, PT, counter-force brace, steroid injection. If severe & refractory: ± surgery
Hx of friction, trauma, infxn. Post. elbow swelling & Pain, Ⓝ ROM	Olecranon Bursitis	RICE, PT, NSAIDs, steroid injxn, aspiration. Abx ± I&D if septic.

Wrist Pain

HPI, RFs & Physical Exam	Dx	Management
Radial sided pain, overuse, ± trauma **PE:** Finkelstein's test	DeQuervain's Tenosynovitis	Rest, NSAIDs, spica splint, steroid injection
♀>♂, metab. disease, repetitive use, symptoms in med. nerve pattern, weak thumb abduction, ± compression test	Carpal Tunnel Syndrome	Splint, Δ activity, NSAIDs, steroid inject.± NCS, may need surgery
Cyst on wrist ± pain. **PE:** Firm, fixed	Ganglion cyst	Observe ± aspiration

Key References: D'Arcy CA, McGee S. The rational clinical examination. Does this patient have carpal tunnel syndrome? *JAMA* 2000; 283(23):3110-7. Forman TA, Forman SK, Rose NE. A clinical approach to diagnosing wrist pain. *Am Fam Physician* 2005; 72(9):1753-8. Hermans J, Luime JJ, Meuffels DE, Reijman M, Simel DL, Bierma-Zeinstra SM. Does this patient with shoulder pain have rotator cuff disease?: The Rational Clinical Examination systematic review. *JAMA* 2013; 310(8):837-47. Chumbley EM, O'Connor FG, Nirschl RP. Evaluation of overuse elbow injuries. *Am Fam Physician*. 2000; 61(3):691-700. Churgay CA. Diagnosis and treatment of biceps tendinitis and tendinosis. *Am Fam Physician* 2009; 80(5):470-6.