

NATIONAL CLINICAL GUIDELINE ON DIAGNOSTICS AND TREATMENT OF PATIENTS WITH SELECTED SHOULDER CONDITIONS

Quick guide

Diagnostics	
↑↑	It is recommended that the clinical examination, as a minimum, includes a Hawkins' test, a clinical Neer's test and a test for positive painful arc (⊕○○○).
(√)	It is considered good practice to include an assessment of strength and range of motion in the clinical examination.
(√)	It is considered good practice to perform a conventional X-ray examination in case of clinically suspected rotator cuff rupture, trauma and persistent shoulder pain without response to non-surgical treatment.
↑↑	It is recommended to include MRI or US scanning in the diagnostics. MRI and US scanning have been shown to be equivalent for use in the diagnostics (⊕⊕⊕○).
(√)	It is considered good practice to use MRI, unless the healthcare professional is much more familiar with musculoskeletal US diagnostics.
(√)	It is considered good practice to use subacromial injection of local analgesics diagnostically during pre-operative assessment.

Pharmacological treatment	
(√)	It is considered good practice to offer subacromial glucocorticoid injection to help the patient prior to initiating training, but the treatment should be accompanied by an offer of training.
↑	Therapeutic use of subacromial glucocorticoid injection may be considered (⊕○○○), however rarely more than 2-3 times.
↑	The use of analgesics should be adapted to specific needs. NSAIDs may be considered for pain relief as an element of pharmacological treatment (⊕⊕○○), but should be given at the lowest possible dose, for the shortest possible time and according to the DHA's applicable guidelines for the use of NSAIDs.

Training	
↑↑	It is recommended to include training as part of the treatment of patients with impingement syndrome/rotator cuff syndrome (⊕⊕○○).
(√)	It is considered good practice that the duration of training is not less than 3 months.
↑	It may be considered to include manual treatment such as tissue stretching as an add-on to training (⊕⊕○○).

Surgical treatment	
(√)	In the opinion of the working group, surgical treatment of impingement syndrome and degenerative rotator cuff rupture should not be offered until non-surgical treatment options have proved inadequate. For impingement syndrome/rotator cuff syndrome, the literature review did not identify a difference in pain and function when comparing training to surgery (⊕⊕⊕○).
(√)	It is considered good practice to offer arthroscopic subacromial decompression to patients with impingement syndrome/rotator cuff syndrome in case of lack of effect of training.
↑↑	It is recommended to refer for orthopaedic surgery assessment within 3 months in case of acute traumatic total ruptures – with a view to performing surgical rotator cuff reconstruction (⊕⊕○○).
(√)	It is considered good practice to offer rotator cuff reconstruction to patients with operable degenerative rotator cuff rupture in case of lack of effect of training.
↑↑	It is recommended to use the arthroscopic technique in case of subacromial decompression. A comparison with the open technique did not identify any difference in the clinical result (⊕⊕○○). However, surgery based on the arthroscopic technique is associated with a faster return to work (⊕⊕⊕○).
↑	It may be considered to avoid concomitant decompression during arthroscopic rotator cuff reconstruction (⊕⊕⊕○).

Post-operative training	
(√)	It is considered good practice to offer counselling on post-operative training to the patient.
(√)	Following surgical rotator cuff reconstruction, it is considered good practice that the post-operative training is preceded by a period of immobilisation.
↑	Consider use of supervised, progressive and early post-operative training following subacromial decompression (⊕⊕○○).

Info about the quick guide

This quick guide contains an overview of the key recommendations from the national clinical guideline on diagnostics and treatment of patients with selected shoulder conditions.

The recommendations concern diagnostics and treatment of patients with impingement syndrome/rotator cuff syndrome and traumatic rotator cuff rupture.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high

(⊕⊕⊕○) = moderate

(⊕⊕○○) = low

(⊕○○○) = very low.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for

↓↓ = a strong recommendation against

↑ = a weak/conditional recommendation for

↓ = a weak/conditional recommendation against

This symbol (√) indicates good practice in case of lack of evidence, when the working group, based on consensus, wants to emphasise particular aspects of the established clinical practice.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
