

SHOULDER CALCIFIC TENDONITIS

ACUTE/

- Sudden onset
- Agonising, severe shoulder pain
- Minimal active range of movement due to pain
- Severe pain on resisted isometric testing (abduction +/- lateral rotation)
- May be hot, swollen
- Request X-ray
- Rule out Frozen shoulder (L/O passive external rotation)

- X-ray confirms calcification

Yes

Urgent referral to Mr Pullagura's out- patient clinic

Ask A+E reception to book into the following clinic.

Ensure casenotes are clear and are scanned into EDMS

ORTHO199S-1 MOEN199S-1

CHRONIC

NB- May be coincidental finding in X-ray or grumbling
Use judgement.

NB: 15-20% are incidental finding, can present as impingement.

Conservative Management

- NSAID's
- Physiotherapy

No

- If calcific tendonitis is suspected clinically but xray NAD
- Request USS as out patient

USS confirms calcification

Yes

Urgent referral to Mr Pullagura's out- patient clinic

Ask A+E reception to book into the following clinic.

Ensure casenotes are clear and are scanned into EDMS

ORTHO199S-1 MOEN199S-1

No

Discharge to GP for referral to physio

NB, some AED consultants are able to inject for calcific tendonitis. Please discuss locally in required.