

UVM Health ORTHOPEDICS SHOULDER PAIN Referrals/Consult

All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMHC Film Library with reports. Below we provide guidance on popular referrals. Any fracture should be sent as an URGENT referral.

Routine Referrals:

Moderate or severe glenohumeral arthritis or rotator cuff tear arthropathy

- XR shoulder 3 views within the past year; images available in Epic for viewing.

MRI indicating full thickness rotator cuff tear without trauma

- Conservative management with NSAIDs if not contraindicated and PT x 6 weeks
- ROUTINE referral if not improved.

MRI NOT indicating full thickness rotator cuff tear without trauma

- Conservative management with NSAIDs if not contraindicated and PT x 6 weeks
- ROUTINE referral if not improved in 3 MONTHS from onset

CLINICAL diagnoses (without MRI done):

- *Frozen shoulder*
 - Consider image-guided glenohumeral cortisone injection and stretching/PT.
 - ROUTINE referral if no improvement in 6 months.
- *AC joint arthritis*
 - Initiate conservative management with NSAIDs if not contraindicated and PT x 6 weeks.
 - Consider confirming diagnosis with image-guided AC joint injection.
 - ROUTINE referral if no improvement in 3 months or if symptoms recur after injection.
- *Impingement syndrome*
 - Initiate conservative management with NSAIDs if not contraindicated and PT x 6 weeks.
 - MRI shoulder prior to ROUTINE referral if no improvement in 3 months.
- *Biceps tendinitis*
 - Initiate conservative management with NSAIDs if not contraindicated and PT x 6 weeks.
 - Consider confirming diagnosis with US-guided cortisone injection.
 - MRI shoulder prior to ROUTINE referral if no improvement in 3 months.