**Goal:**
Improve shoulder pain that inhibits completion of military physical requirements

**Are any of the following issues (red flags) present?**
- Brief history (current problem, previous injuries and treatments, especially surgical intervention or injury to affected area).
- Was there an acute/traumatic incident that the onset of pain can be attributed to?
- Is there any systemic process (i.e., rheumatologic or metabolic) that could be causing symptoms?

**Begin limited physical exam**

**Grossly abnormal appearance?**
(No atrophy or deformity? Visually inspect front and back with shirt off for males and sports bra or tank top for females.)

**Neck Range of Motion:**
Limited or radicular symptoms?  
*(See flip side for test description)*

**Shoulder Range of Motion:**
Limited or pain with movement  
*(See flip side for test description)*

At this step there is a low likelihood that the cause of pain is from anything that would require diagnostic imaging, specific medication, or surgical intervention. It is likely safe to proceed with general rehabilitation for shoulder pain.

**Requires detailed evaluation**

**Requires detailed evaluation**

**Requires detailed evaluation**

This document is intended for use by primary care providers to help guide therapy for shoulder pain.
Directions for Special Tests

**Neck Range of Motion**

Instruct patient to:
1. Touch ear to right then left shoulders (lateral side bend).
2. Flex and extend neck (chin to chest, look to the ceiling).
3. Rotate the head to the right and left.

Severe pain, gross limitation in range of motion, or radicular symptoms indicates need for detailed evaluation.

**Shoulder Range of Motion**

**Shoulder Flexion**
- Instruct patient to bring both hands out in front of body and lift arms overhead. Normal range of motion is approx 180 degrees (straight overhead).
- Encourage patient to raise arms as high as possible, even with minor pain.
- Then instruct patient to slowly lower arms back to start position.

**Shoulder Abduction**
- Instruct patient to bring both hands out to the side and lift arms overhead. Normal ROM is approx 180 degrees (straight overhead).
- Encourage patient to raise arms as high as possible, even with minor pain.
- Then instruct patient to slowly lower arms back to start position.

Positive test if gross limitation in range of motion (less than 120 degrees of flexion/abduction), severe pain, or unable to slowly lower affected arm from overhead position. Will require a detailed evaluation.

**Additional Options**

1. For additional information, see “Chronic Shoulder Pain: Part 1. Evaluation and Diagnosis” from American Family Physician:
   - and
   - “Chronic Shoulder Pain: Part II. Treatment” from American Family Physician:

2. Consider referral to specialty care (Physical Therapy, Primary Care Sports Medicine, Orthopedic Surgery).

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**FOR THE PROVIDER: DIAGNOSTIC ALGORITHM**

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**Note:** The Sports Medicine Experts at the Consortium for Health and Military Performance (CHAMP) can answer specific questions you may have through the online “Ask the Expert” feature on the Human Performance Resource Center (HPRC) website ([http://hprc-online.org/ask-the-expert](http://hprc-online.org/ask-the-expert)). HPRC is the educational arm of CHAMP located at the Uniformed Services University of the Health Sciences.