

# DeQuervain's Tenosynovitis

## Presentation

Pain localised to first dorsal compartment  
Positive Finkelstein's Test  
Pain on isometric testing of APL/EPB  
Abduction lag of thumb

## Classification

1. Gestational presentation, < 3/12 onset, pain on palpation, positive Finkelstein's and pain on isometric testing but no abduction lag.
2. Long standing history > 6/12, pain on palpation, positive Finkelstein's, pain on isometric testing and positive abduction lag.

**Physiotherapy / Occupational Therapy**

**No Better**

**Secondary Care**

# Carpel Tunnel Syndrome

## Presentation

Pain or paraesthesia in distribution of median nerve  
Wakes at night with paraesthesia/pins and needles  
Morning symptoms eased with shaking of hand  
Aggravated by driving/gripping  
Phalen/Tinels positive  
APB weak on testing

## Classification

1. **Low** - intermittent symptoms relieved with re-positioning, gestational presentation
2. **Moderate** - constant symptoms, nocturnal, interferes with ADLs
3. **Severe** - constant symptoms, nocturnal, failed conservative management, wasting/weakness of thenar muscles

### 1. Low

Night resting splint / Ergonomic Advice

### 2. Medium

Physiotherapy / Night splint / steroid injection

### 3. Severe

Refer for surgery

No Better

No Better

Secondary Care / Nerve Conduction Studies

# Adhesive Capsulitis

## Presentation

Shoulder pain with sleep disturbance (may radiate distally)

Gradual restriction of LR > Abd > MR (capsular pattern)

## Classification

1. **Painful/Freezing** - 2-9/12
2. **Adhesive/Frozen** - 4-12/12
3. **Resolution/Thawing** - 12-42/12

### 1. Painful/Freezing

**Analgesia / Injection**

### 2. Adhesive/Frozen

**Physiotherapy**

### 3. Resolution/Thawing

**Advice to self-manage and promote movement**

**No Better**

**No Better**

No improvement at 3/12 with severe restricted range or patient has diabetes

**Secondary Care**

# Osteoarthritis GHJ

## Presentation

50+

Gradual onset of severe pain/constant ache GHJ/  
deltoid

Non-specific aggravating activities

Possible sleep disturbance

Gross shoulder restriction

Crepitis



**Referral to Physiotherapy**



**No Better**



**Consider Injection**



**No Better**



**Xray / Secondary Care**

## Differential Diagnosis

Metastases

RA

Capsulitis

# Osteoarthritis Hip / Knee

## Presentation

### Hip Symptoms:

Pain in the region of groin / buttock / lateral thigh / SIJ / lower back pain

Can refer to distally to knee

### Knee Symptoms:

Pain around knee region

### General Symptoms:

Reduced range of movement

Increases with activity / non-specific

50+

Possible sleep disturbance

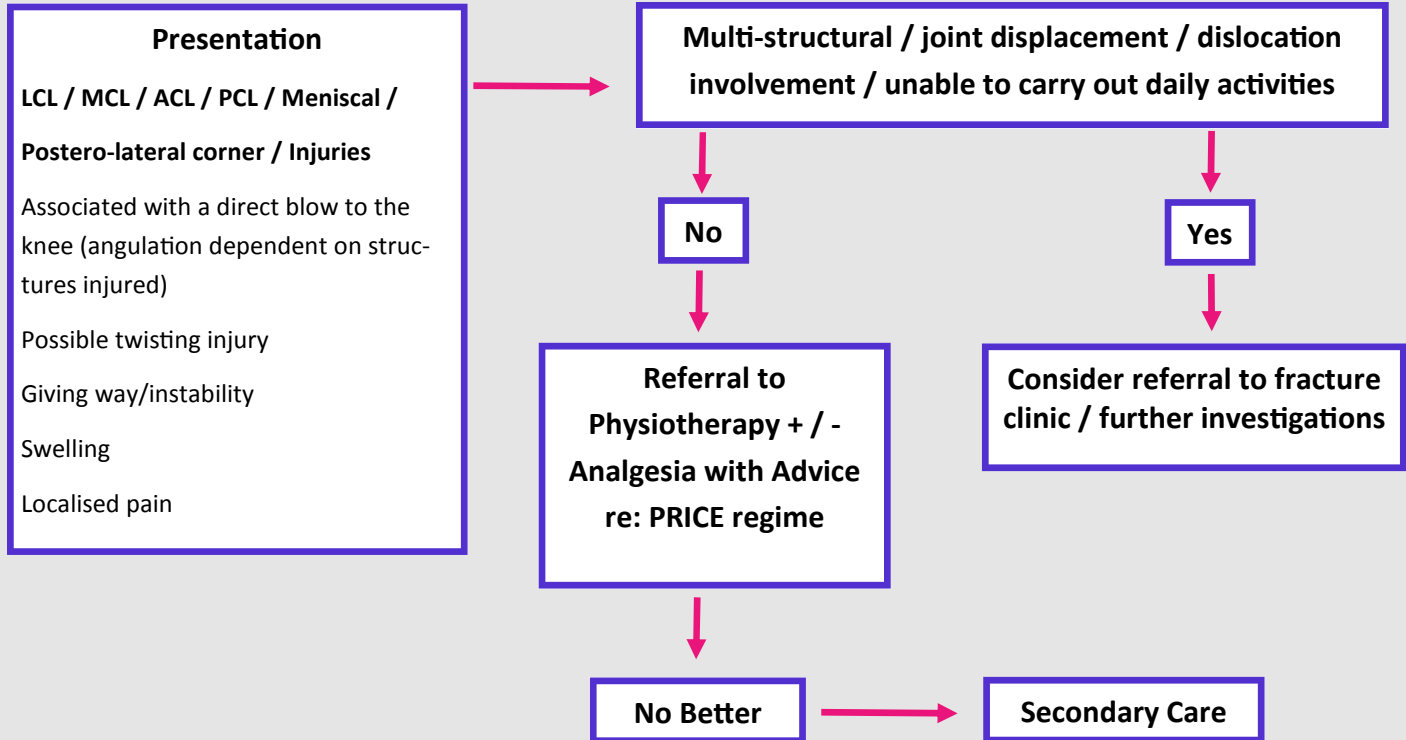
Advice re: weight management / Exercise / Analgesia

Referral to Physiotherapy

No Better

Xray / Secondary Care

# Knee Soft Tissue Injuries



# Tennis/Golfers' Elbow

## Presentation

Lateral / Medial elbow pain with possible radiation distally

Likely insidious onset

Pain on isometric testing of wrist extensors (tennis elbow) or wrist flexors (golfers' elbow)

Pain with gripping activities

Usually unilateral



**Referral to Physiotherapy / Consider NSAIDS**



**No Better after 3/12**



**Consider Injection**



**No Better**



**Secondary Care**

## Differential Diagnosis

Radial nerve entrapment / Radial tunnel syndrome

Symptom referral from C-Spine

Elbow joint OA

Posterior elbow impingement

# Rotator Cuff Tear

## Presentation

Traumatic or Insidious  
PROM > AROM  
Night pain/Pain on side lying  
Presents similar to impingement  
Weakness on isometric testing of external and internal rotation  
Positive lag/drop sign  
Struggling ADLS  
Signs of atrophy

## Differential Diagnosis

Visceral / Diabetes / Thyroid / Ca / RA / Supra-scapular nerve entrapment / C-Sp/T-Sp/Neural / Nerve root

## Classification

1. Full Thickness Tear - history of trauma / significant weakness with/out pain
2. Partial / Chronic Degenerative Tear - significant pain with/out weakness

### 1. Full Thickness Tear

Within 4/12 of injury?

Yes

No

Refer for Surgery

### 2. Partial / Chronic Degenerative Tear

Referral to Physiotherapy

No Better

Review diagnosis, consider referral to secondary care, consider injection



# Shoulder Impingement Syndrome

## Presentation

Generally < 45 years old  
Insidious / Traumatic onset  
Sharp / catching pain on overhead activities  
Ache following use  
May have night pain  
Painful arc 60-120 degrees  
Positive impingement tests

## Differential Diagnosis

Visceral / Diabetes / Thyroid / Ca / Cuff tear / Adhesive capsulitis / ACJ dysfunction / C-Sp/T-Sp/Neural / Nerve root / calcific tendinitis

## Classification

1. **Primary Impingement** - intrinsic problem within tendon (degenerative change/tendinopathy).
2. **Secondary Impingement** - extrinsic problems (instability, capsular laxity or tightness, muscle imbalance, postural, SAB thickening)

### 1. Primary Impingement

### 2. Secondary Impingement

Referral to Physiotherapy / Analgesia

No Better

Review diagnosis /consider injection  
or referral to secondary care

# Non-Specific Low Back Pain

## Presentation

> 6/52

Pain in lower back region

No specific cause of pain

Some distal referral of symptoms may be present but not in nerve root distribution

No red flags

## Classification

Use STarT Back Screening Tool to identify Risk

### 1. Low Risk

GP advice on support to self manage keeping moving / exercise / posture. Consider analgesia

Refer to Active Lifestyle / LEAP

### 2. Medium Risk

Refer to Physiotherapy

No Better

No Better

### 3. High Risk

Referral to chronic pain management team / CBT approach / Multidisciplinary management

## STarT Back Screening Tool

Available from:

<https://www.keele.ac.uk/sbst/startbacktool/>

# Lumbar Disc Pathology

## Presentation

Radicular pain in nerve root distribution

Leg pain worse than back pain

May have paraesthesia

Shooting pain in leg

Straight leg raise testing reproduces symptoms in leg

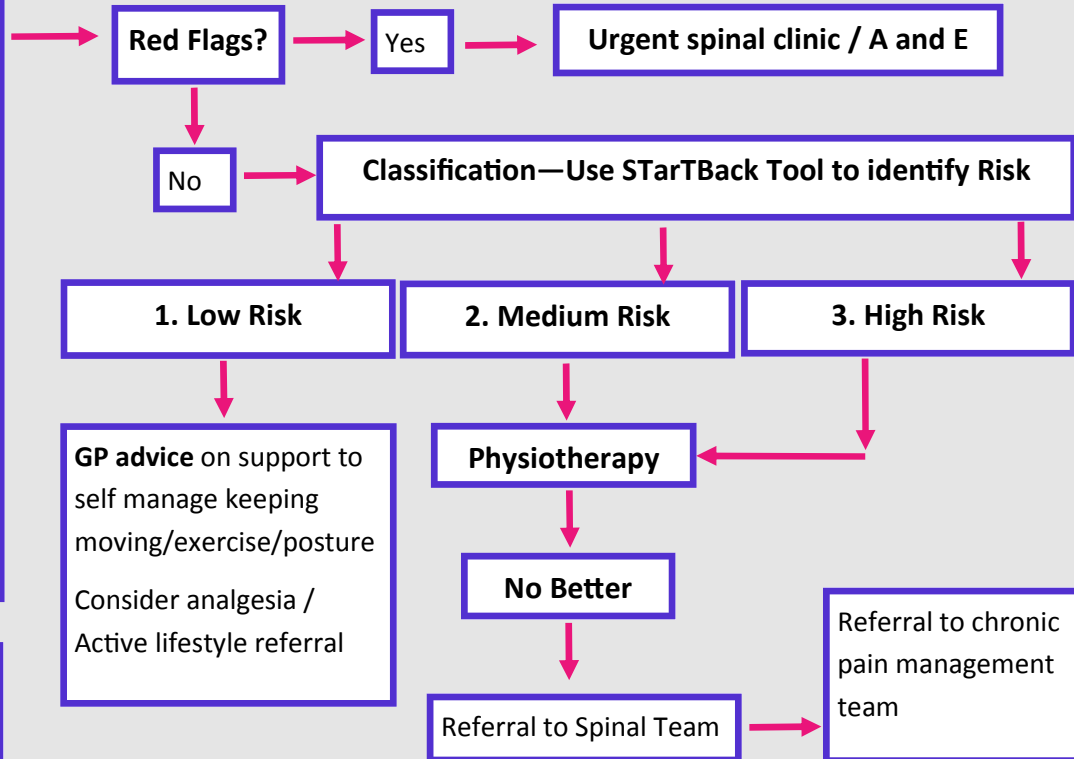
Local changes to dermatomes/ myotomes or reflexes

Leg symptoms worse with flexion postures/prolonged sitting

Younger—middle age range

## STarT Back Screening Tool

<https://www.keele.ac.uk/sbst/startbacktool/>



# Non-Specific Neck Pain

## Presentation

Mechanical pain non-segmental distribution

Limited range / muscle spasm

Sudden or gradual onset

No red flags

May be associated with parasthesia, head, dizziness

1. < 4/52 duration

**GP explanation / reassurance.** Postural advice. Encourage to remain active.

No Better

2. > 4/52 duration

**Physiotherapy** with considered Analgesia

No Better

Referral to chronic pain management team / CBT approach / Multidisciplinary management

# Mid-Portion Achilles' Tendinopathy

## Presentation

Gradual onset

Overuse injury

Mild swelling / thickening over  
mid portion of Achilles' tendon

Pain on calf raise

Localised tenderness

## Classification

1. Acute - Reactive tendinopathy 0-6 weeks
2. Sub-Acute - Tendon Dysrepair 6-12 weeks
3. Chronic - Degenerative Tendinopathy > 6/12

**Referral to Physiotherapy** (use NSAIDS with caution)

**No Better after 3/12**

**Secondary Care**

# Tibialis Posterior Dysfunction

## Presentation

Pain and swelling medial hind foot

May have lateral ankle pain / reduced walking distance

Tender over tib post tendon

Valgus heel / abd forefoot / loss medial arch

Unable to perform single heel raise

## Classification

**Stage 1** – tib post inflammation

**Stage 2** - tib post no longer functional, acquired flat foot

**Stage 3** - as stage 2 with subtalar joint valgus

**Stage 4** - arthritic changes in ankle also present

**If rupture suspected  
refer to A and E**

**Refer to Podiatry**

(Podiatry to refer to physiotherapy if appropriate)

# Plantar Fascial Heel Pain

## Presentation

Pain on medial tubercle of calcaneus insertion or mid-portion

- A) Pain after exercise only
- B) Pain first thing in am AND after exercise
- C) Pain first thing in am, worse with exercise occurs several times per day

## GP Advice

Reassure self-limiting / footwear advice/activity modification / weight loss / Plantar fascia and calf stretches minimum 6-12 weeks / heel cushion / Analgesia

**No better** after 6-12/52 stretches

**Podiatrist**

**Orthotist**

**No better**

**Consider Injection**