

# Clinical Pearls:

## Musculoskeletal Problems

- Rotator cuff pathology is a very common cause of shoulder pain and does not usually require imaging to diagnose; a painful arc and positive empty can test without evidence of weakness (negative drop arm test) clinches the diagnosis.
  - PT is the first line of therapy.
- Labral tears in the shoulder or hip joints both can be acute or insidious, usually occur in athletes, and often the patient notes a painful clicking or catching. While some will be treated conservatively, referral to orthopedics is appropriate for all labral tears to determine severity and the best plan of action.
- Olecranon bursitis should not be aspirated if it is not inflamed as this may seed the bursa and lead to a septic bursitis, however if it is red, hot, or the patient has fever or cellulitis, aspiration to rule out a septic bursa or crystalline disease is warranted.
- Assessing both active and passive range of motion and strength testing is essential and helpful to clarify the nature of shoulder injury/complaint.
  - In a patient with active loss of range of motion and strength rotator cuff pathology, specifically tear, should be ruled out. This can be done via advanced imaging, with MRI being more beneficial than U/S.
  - Patients with painful but intact active range of motion and strength, rotator cuff tendinopathy or tear are more likely.
- A fall on an outstretched hand (or FOOSH) injury should be evaluated for fracture with X-rays.
  - High clinical index of suspicion should be for scaphoid fracture, especially if tenderness at/near the snuff box, as x-rays are often negative/inconclusive. If any concern, the patient should be placed immobilized in a thumb spica splint and referred for follow up.
  - Stress fractures should be considered in patients with risk factors for poor bone health and/or change in activity with insidious onset of pain. While x-rays should be performed, these can often be negative and advanced imaging with MRI is indicated. Patients should be treated for suspected stress fracture (cessation of activities or non-weight bearing depending on location) until ruled out by imaging.