**SYMPTOMS AND LABS**

**HIGH RISK**
- Severe pain
- Weakness or severe decrease in strength and/or motion
- Unable to lift arm overhead
- Radiating pain down the arm, past the elbow
- Instability or dislocation of the shoulder joint
- Evidence of joint effusion

**SUGGESTED PREVISIT WORKUP**
- Schedule urgent appointment with sports medicine

**MODERATE RISK**
- Moderate pain
- Decreased of strength and motion
- Possible radiating pain down the arm
- Moderate clicking, popping, catching or locking
- Increased pain at night

**SUGGESTED WORKUP**
- Consider radiographs
- Schedule routine appointment with sports medicine

**LOW RISK**
- Mild pain
- Increased pain with overhead activity
- Minimal clicking, popping, catching or locking
- No instability or giving way of the shoulder
- No weakness of loss of motion

**SUGGESTED MANAGEMENT**
- Ibuprofen and/or acetaminophen as needed
- Ice, heat or other modalities to address pain
- Therapeutic exercise
- Activity modification, decrease overhead activity or cross body movement

**CLINICAL PEARLS**
- Shoulder pain can be caused by a number of different pain generators
- Pain at night as well as pain in the upper arm is usually indicative of rotator cuff pathology
- Shoulder pain should not cause radiating pain below the level of the elbow
- Severe loss of motion, weakness or instability should be evaluated by a physician