**HIGH RISK**

**SYMPTOMS AND LABS**
- 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

**SUGGESTED EMERGENT CONSULTATION**

**MODERATE RISK**

**SYMPTOMS AND LABS**
- 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

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**LOW RISK**

**SYMPTOMS AND LABS**
- 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