

ITEM #	CONSENSUS ITEM	AGREE (Mark with "x")	DISAGREE (Mark with "x")	Abstain	COMMENTS
The following questions pertain to history taking and screening questions. Do you agree that the following questions should be asked as it pertains to screening patients that do not meet ordinary measures for managing patients with rotator cuff disorder?					
1	How old are you?	14			
2	What is your dominant hand?	12	2		
3	What is your occupation?	13	1		
4	When did you first notice you had shoulder pain or a problem with your shoulder?	13	1		
5	Did your problem occur at work or because of a work-related incident (i.e., is this WCB related)?	12	2		
6	Is your shoulder problem part of an active medicolegal or third party claim?	13	1		
7a	Do you have neck pain?	14			
7b	► If yes – is this separate from your shoulder pain?	14			
8	Do you have unexplained sensory deficits in your arm, wrist, or hand (i.e., numbness, tingling, burning)?	12	2		~ Question poorly worded: Do you have numbness in the arm/hand? ~ This is a tricky one. Some neuro.symptoms are signs of bad trouble, but I have had many a patient with vague neuro.symptoms aren chased it and it lead nowhere. Not sure how This would help in screening.
9a	Do you have pain in your shoulder?	14			
9b	► If yes – right shoulder, left shoulder, or both	14			
10a	Do you have other upper limb pain?	11	3		
10b	► If yes, are you experiencing pain in the upper arm?	11	3		ok
12	Is your shoulder problem associated with fevers, chills, and/or weight loss?	14			

13a	Are you currently receiving treatment at a chronic pain clinic?	11	3		
13b	► If yes, is your shoulder problem part of a generalized pain condition?	11	3		
15a	Are you currently receiving active treatment for a generalized joint condition (e.g., arthritis involving multiple joints in your body)?	14			
15b	► If yes, is this in any way affecting your current shoulder problem?	13	1		
16a	Are you currently receiving active treatment for a neurological/neuromuscular condition (e.g., stroke, multiple sclerosis, etc)?	13	1		Consider new wording at lower grade level
16b	► If yes, is this in any way affecting your current shoulder problem?	12	2		
17a	Are you currently receiving active treatment for a diagnosis of cancer?	14			
17b	► If yes, is this in any way affecting your current shoulder problem?	13	1		
18a	Are you currently receiving active treatment for a medical condition such as diabetes, renal disease, respiratory disease, ischemic heart disease, etc?	12	2		
18b	► If yes, is this in any way affecting your current shoulder problem?	11	3		
The following questions pertain to history taking and diagnostic questions. Do you agree that the following questions should be asked as it pertains to diagnosing patients with rotator cuff disorders?					
20	Sex (Male or Female)	11	3		
21	Do you smoke? (Yes, No, Sometimes)	14			
22a	Is your shoulder pain a result of a specific injury?	14			
22b	► If yes, describe how you injured your shoulder in as much detail as possible:	14			
23a	Please characterize your pain	13	1		
23b	► What date did the pain start ?	14			
23c	► How severe is your pain (please rate on VAS [0-100] or preferred scale)?	13	1		
23d	► Does the pain occur during activity?	13	1		
23e	► Does the pain occur with overhead activity (e.g., reaching overhead)?	13	1		
23f	► Does the pain occur at night or disrupt your sleep?	14			
23g	► Does the pain occur at rest?	14			
23h.i	► Does anything help to relieve the pain?	13	1		
23h.ii	►► If yes, please specify:	13	1		
24a	Please tell us where you feel the most pain?	13	1		
24c	► Is your pain on the top of the shoulder?	12	2		
24d	► Is your pain on the side of your shoulder?	11	3		
24e	► Is your pain in the front of your shoulder?	11	3		
24f	► Is your pain in the back of your shoulder?	11	3		
26a	Do you experience any of the following:	11	3		
27a	Does your shoulder feel stiff?	13	1		
Do you agree with the following statements that pertain to physical examination of a rotator cuff disorder?					
35a	Passive range of motion should only be assessed if active range of motion (AROM) is limited.	11	3		
35b	If Passive ROM is limited, assess isolated GH ROM	13	1		
30	In observing the patient, the shoulder should be exposed and observed from the front and back.	14			
31a	Active range of motion for the cervical spine should be performed	14			
31b	► Active range of motion for the cervical spine should be performed for all planes (i.e. flexion, extension, sideflexion, rotation)	13	1		
32a	Active range of motion for the shoulder should be performed.	14			
32b	► Assess shoulder elevation in the scapular plane.	12	2		
32c	► Assess shoulder elevation in the sagittal plane.	12	2		
32d	► Active range of motion for the shoulder should be assessed for external rotation at 0 deg abduction bilaterally.	14			
32e	► Active range of motion for the shoulder should be assessed for shoulder internal rotation at the spinal level (tip of the thumb to the spine).	13	1		
33	Range of motion should be assessed for a painful arc.	12	2		
34	Scapulohumeral rhythm should be assessed using the scapular dyskinesis test.	13	1		
35a	Passive range of motion should only be assessed if active range of motion is limited. If active and PROM is limited, assess isolated GH ROM	12	2		
35b	► If active range of motion is limited, assess the external rotation lag sign	13	1		
35c	► If active range of motion is limited, assess Hornblower's sign	13	1		
36b	► If adhesive capsulitis is suspected, assess forward elevation bilaterally.	12	2		

36c	► If adhesive capsulitis is suspected, assess external rotation at 0 deg abduction bilaterally.	12	2		
37	Palpation should occur at the point of maximum tenderness.	14			
39	Manual muscle testing should be performed for the supraspinatus muscle in the scapular plane, with thumb pointing down, while resisting downward pressure on the forearm.	14			
40	Manual muscle testing should be performed for the infraspinatus muscle by having the patient externally rotate from 45 degrees of internal rotation against resistance.	12	2		
42	The Belly Press should be used to assess subscapularis strength.	13	1		This test is again predicted on a certain amount of internal rotation, as well as a normal-sized habitus. Centrally obese patients will not be able to achieve the correct position, so the ability to do the test needs to be considered.
41	The Lift-off test should be used to assess subscapularis strength.	13	1		
43	Neer's impingement sign should be used to confirm impingement.	12	2		
44	Hawkins-Kennedy sign should be used to confirm impingement.	12	2		
45	Speed's test should be used to confirm biceps muscle or tendon pathology.	12	2		
47	Cross body adduction test should be used to rule out AC joint sprain.	13	1		Change to AC joint pathology
Do you agree with the following statements that pertain to investigations for rotator cuff disorder?		1			
48a	If rotator cuff disorder is suspected, an xray should be ordered at the initial visit.	12	1		
48b	► A true anteroposterior view should be requested (Grashey view).	13		1	
48c	► An axial view should be requested.	13		1	
48d	► A transcapular lateral view should be requested.	11	2	1	
49	Ultrasound is the cost-effective investigation of defining a full-thickness rotator cuff tear.	14			
50	With respect to full-thickness rotator cuff tears, Magnetic Resonance Imaging is only needed for surgical planning.	11	1		
	From a diagnostic and treatment perspective, an xray is a necessary test.				
Do you agree with the following statements that pertain to treatment of rotator cuff disorder?					
51a	Patients, without a pre-existing history problems, presenting with an acute, traumatic tear (i.e. definable traumatic event) of the rotator cuff that has resulted in an acute dramatic loss in shoulder function should be referred to a surgeon, and seen by the surgeon within 6 weeks.	12	2		
52a	All patients with chronic rotator cuff disorders should attempt a non-operative rotator cuff home exercise and stretch program.	13	1		~ Should include acute tears ~ determined by RCQoL Score
52b	► Patients presenting to healthcare professionals with chronic rotator cuff disorder should be prescribed a non-operative rotator rehabilitation program at the initial visit, if one has not already been prescribed.	13	1		Should include acute tears
52c	► Stage 1 exercises/stretches (Weeks 0-6) should focus on decreasing shoulder pain and increasing shoulder range of motion through stretching and high repetition movement patterns, four times everyday (i.e. pulley exercises, assisted ROM for abduction, elevation, external rotation, internal rotation)	12	2		Should be adding core exercises at this point; and scapular exercises
52d	► Stage 2 exercises/stretches (Weeks 6-12) should focus on improving strength and muscular control at least once a day (i.e. banding exercises, scapular stabilizing exercises)	13	1		
53	Patients that are not able to achieve pain-free status with improved ROM after 6 weeks should attempt additional pain control (i.e. cortisone injection) in adjunct to the non-operative rotator cuff home program.	12	2		

54a	Patients that fail a non-operative rotator cuff home program after 12 weeks should receive an ultrasound (i.e. the patient did not improve, remained symptomatic, and elected to have surgery).	12	2		~ US can be used at initial visit rather than after 12 weeks
	Patients that fail a non-operative rotator cuff home program after 12 weeks with confirmation of a full-thickness cuff tear (US, MRI) :				