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Introduction

Rotator cuff related shoulder pain (RCRSP) is considered the most common of all shoulder presentations. Persistent RCRSP is defined as pain or dysfunction lasting beyond six months.

First Contact Practitioners (FCPs) are expertly trained physiotherapists who, working in primary care, are able to offer expert care and have extended skills such as injection training, independent prescribing, the ability to request diagnostic tests and refer to secondary care.

Aims

- Identify current scope of practice of FCPs
- Identify current management of persistent RCRSP in primary care

Demographics

- 94 valid responses were received
- 66% respondents had been qualified for >10yrs, 23% >6-10yrs, and 11% >2-6yrs.
- 42% had been working as an FCP between 1-2 years, 29% <1 yr and 29% for >2 yrs.
- The majority of respondents (86%) had a gross salary equivalent to a Band 7 or 8a.
- 28% respondents had a post-graduate MSc; 35% had no further formal training.

References

- Kulkarnie et al. Subacromial shoulder pain. *Shoulder and Elbow*, 7(2), 135–143. <https://doi.org/10.1177/1758573215576456>
- Lewis, J. (2015). Rotator cuff related shoulder pain: Assessment, management and uncertainties. *Manual Therapy*, 23, 57–68.
- Health Education England (HEE). (2021). First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice. <https://www.hee.nhs.uk>

Contact Information

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Methods

Questionnaire development

- Cross-sectional 24-item survey
- Adapted and validated by expert researchers (MC&CC) with statistical input & piloted

Vignette development

- Two vignettes: V1 represented RCRSP and V2 degenerative RCRSP
- Adapted and validated by expert researchers (MC&CC), members of British Elbow and Shoulder Society (BESS) and piloted

Sampling & distribution

- Non-probability purposive & snowball of FCPs
- iCSP, MACP, PRS, APPN, social media, email, individual participant referrals and the UoH physiotherapy alumni
- 94 valid survey responses

Analysis & Ethics

- Frequency & percentages calculated for descriptive data
- Codes & categories for free-text items
- University of Hertfordshire HSET Ethics Committee - aHSK/PGT/UH/04950(2)

Clinical Interest & Confidence

- 36% respondents reported a special interest in shoulder dysfunction.
- 93% reporting feeling either 'completely confident' or 'fairly confident' at diagnosing RCRSP.

Results – Clinical Vignettes

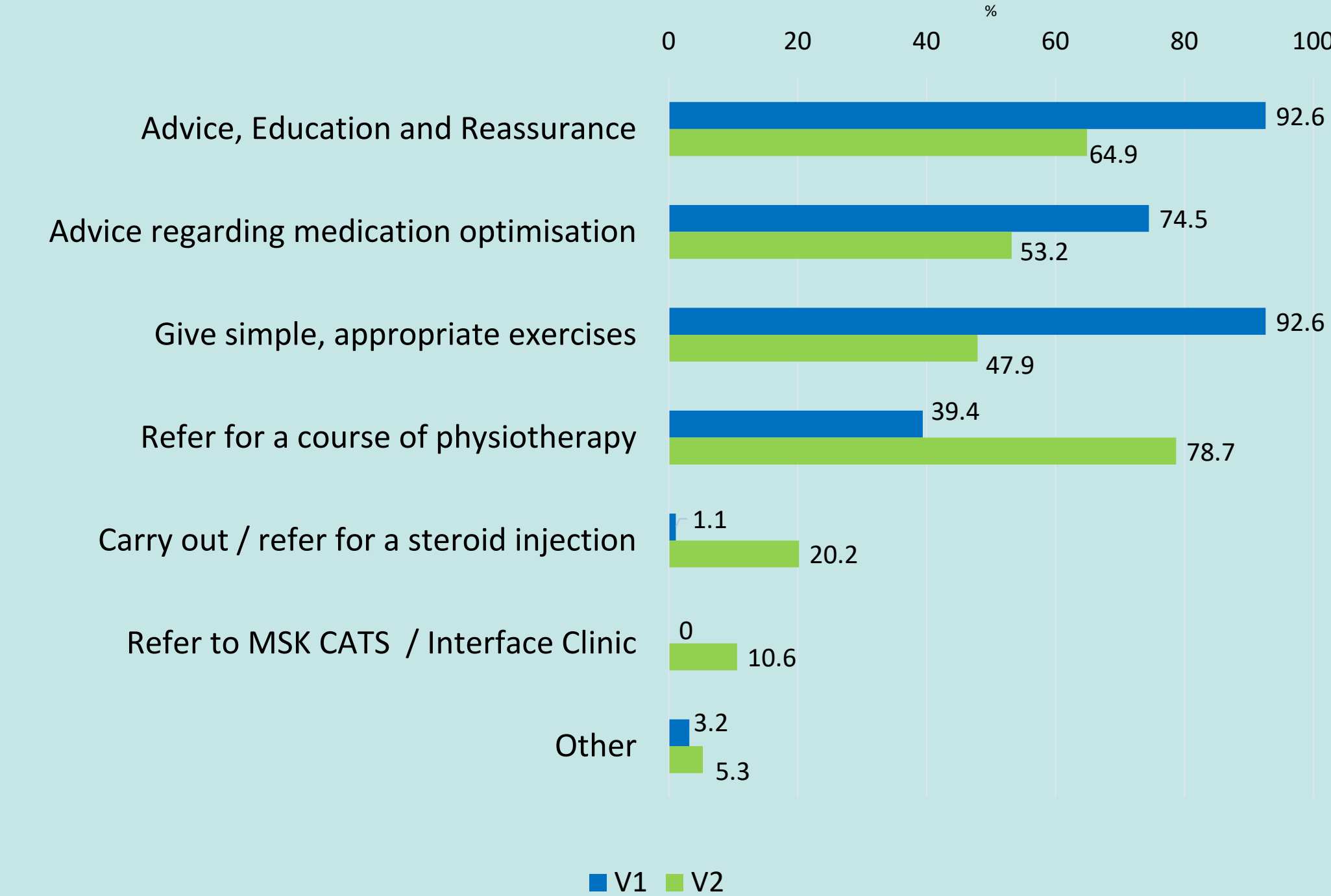
Initial Management - Vignette 1 (RCRSP)

- 62% identified this presentation as RCRSP
- 92% would not request further imaging
- 93% would provide 'advice, education and reassurance' or 'give simple, appropriate exercises'
- 75% would provide 'advice regarding medication optimisation'

Initial Management - Vignette 2 (dRCT)

- 47% identified this presentation as dRCT
- 46% would request further imaging
- 79% would refer to physiotherapy
- 20% consider steroid injection
- 11% consider secondary care referral

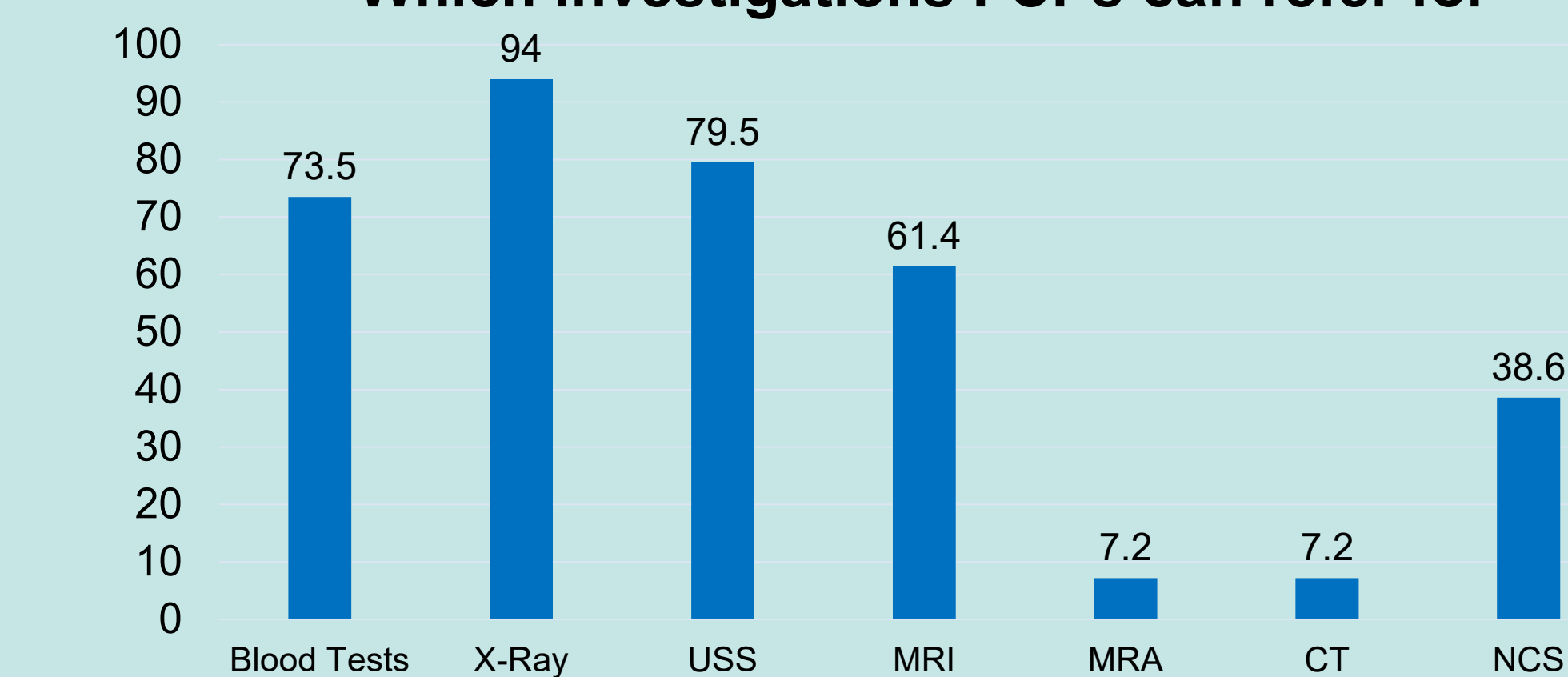
Initial Management for Vignettes



FCP Scope of Practice

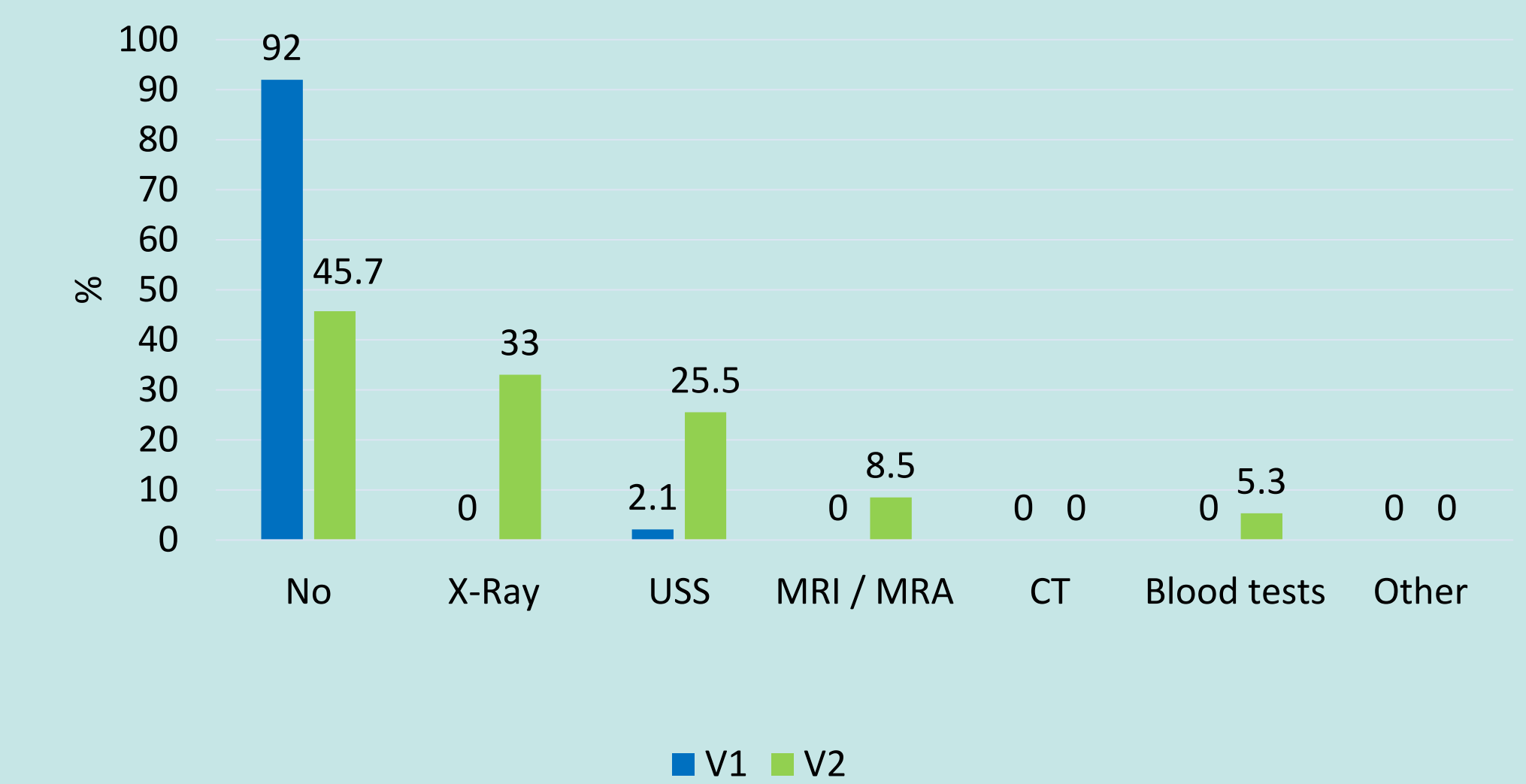
- 98% see patients as a first contact
- 17% were Independent Prescribers
- 36% carried out MSK injections

Which investigations FCPs can refer for



Results – Clinical Vignettes

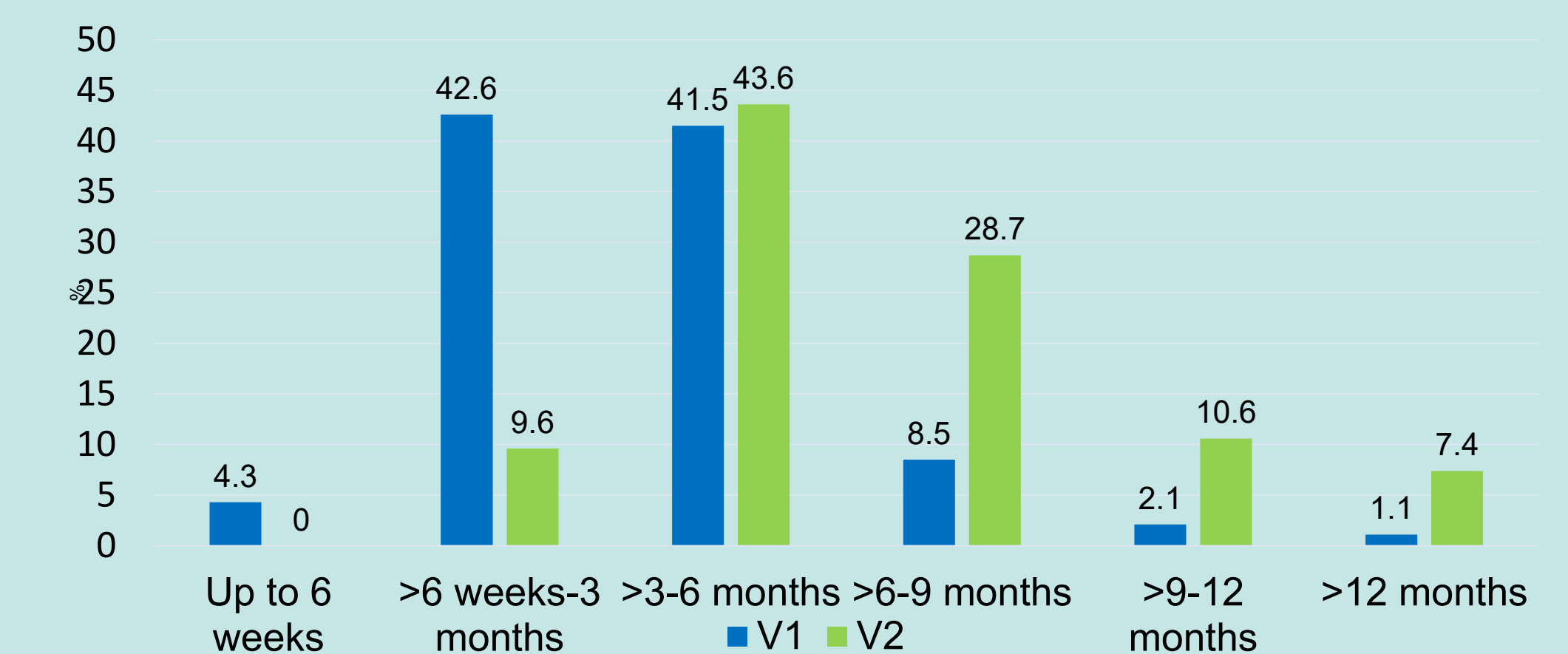
Requesting further imaging / investigations



Estimated recovery times differed considerably between respondents:

- V1 – 85% expect 6-24 weeks
- V2 – 73% expect 12-36 weeks

Expected time of recovery with Physiotherapy



Conclusion

- Variation in FCP scope of practice was observed
- FCPs management for persistent RCRSP is consistent with guidelines in *some* aspects
- Use of imaging and injection therapy demonstrates disparity from guidelines
- Variation in expected time frames for recovery may lead to early, unnecessary referrals for imaging or secondary care
- Better publicity of existing guidance and education may be required