

Scope of practice of First Contact Practitioners and their management of persistent Rotator Cuff Related Shoulder Pain

¹Austin Barker, ²Caroline Coulthard, ³Mindy C Cairns

¹MSK CATS, The Hillingdon Hospital NHS Foundation Trust; ²Surrey iMSK service, Ashford and St Peter's Hospitals NHS Foundation Trust; ³School of Health and Social Work, University of Hertfordshire

Introduction

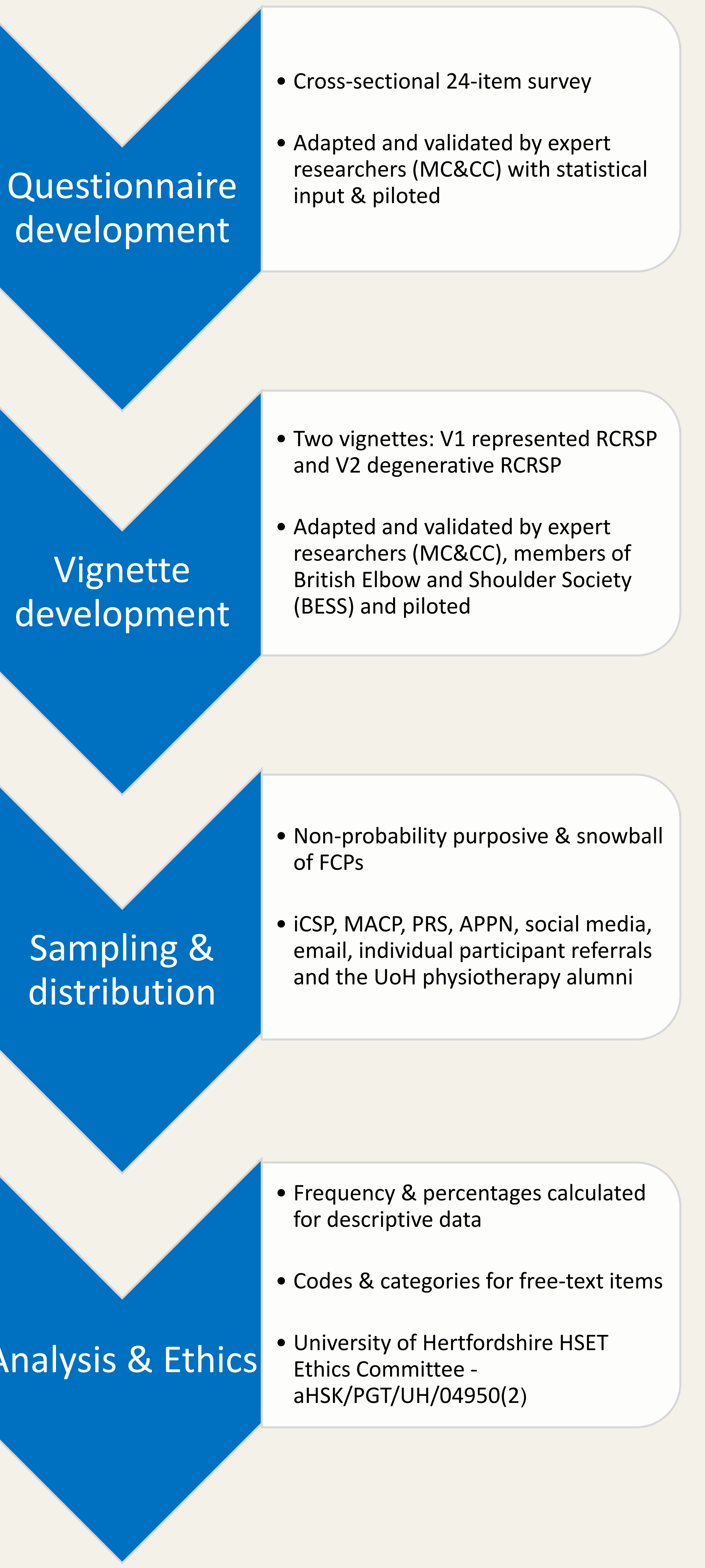
Rotator cuff related shoulder pain (RCRSP) is considered the most common of all shoulder presentations. Persistent RCRSP is defined as pain or dysfunction lasting beyond six months.

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.

This study aims to:

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

Methods

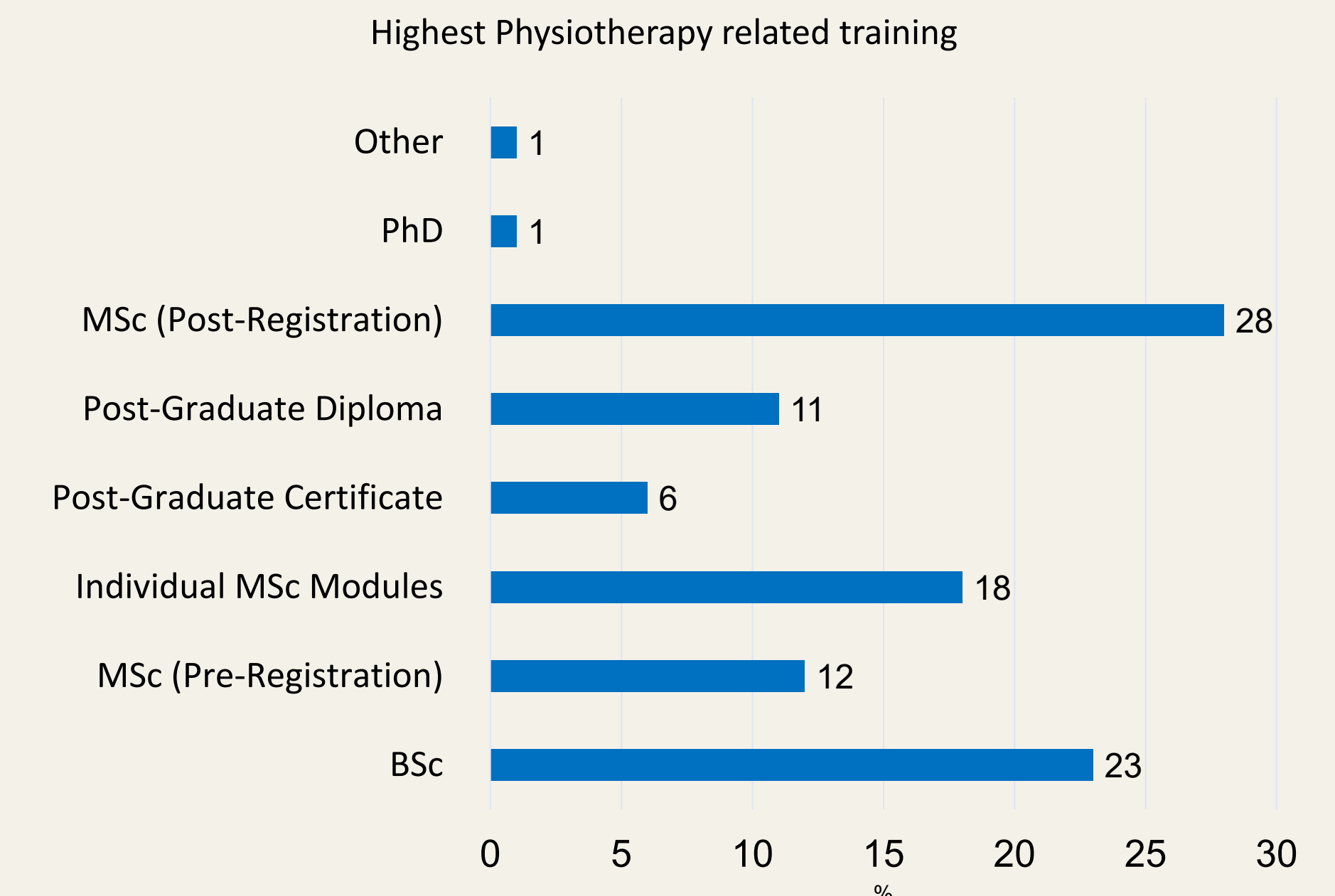


Responses

747 people accessed the survey; 95 responses were received, **94** were valid for analysis

Results - Demographics

- 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 Masters (MSc) degree, whereas 35% had no further formal training.

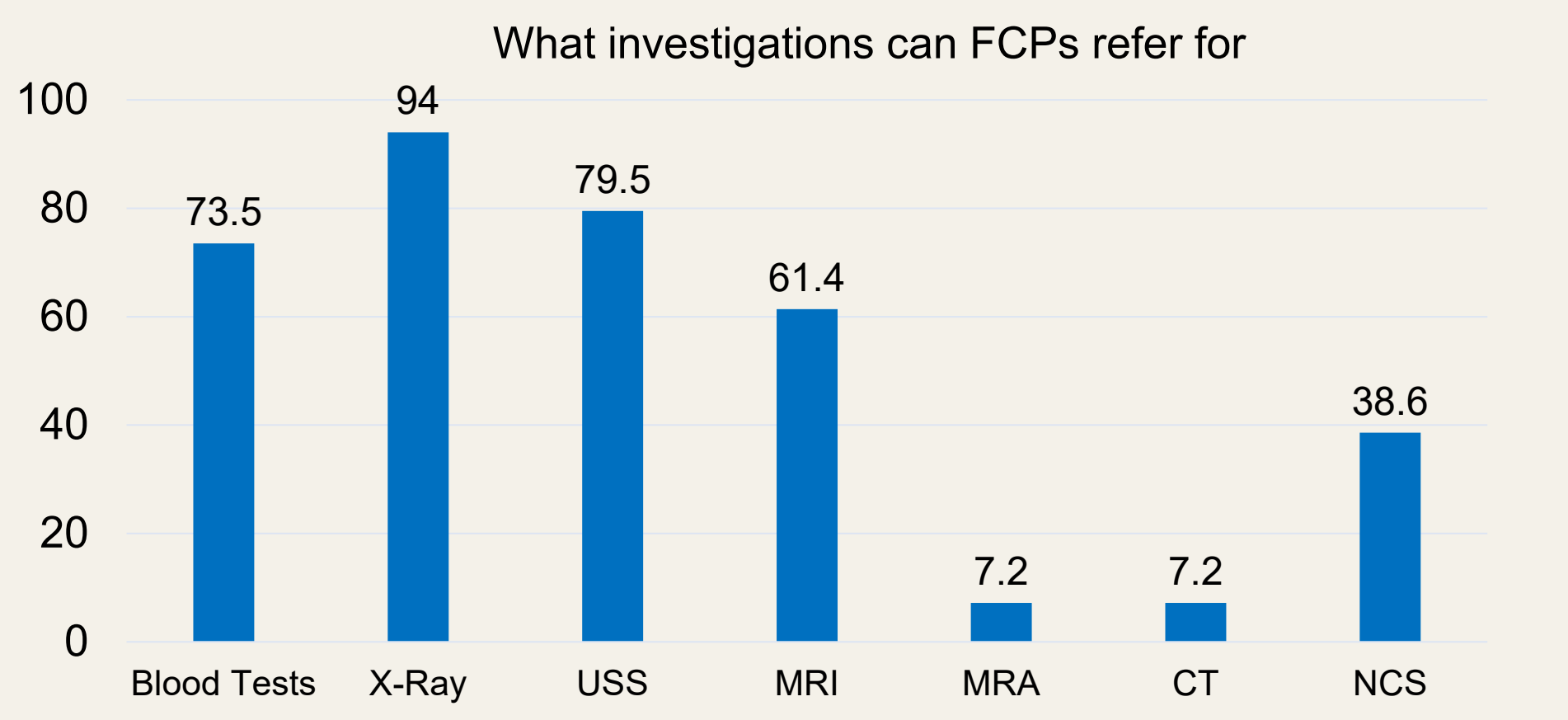


Clinical Interest & Confidence

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

Scope of Practice

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



Preferred terms for Vignettes

- RCRSP (62%) [V1] and degenerative rotator cuff tear (dRCT) (47%) [V2]

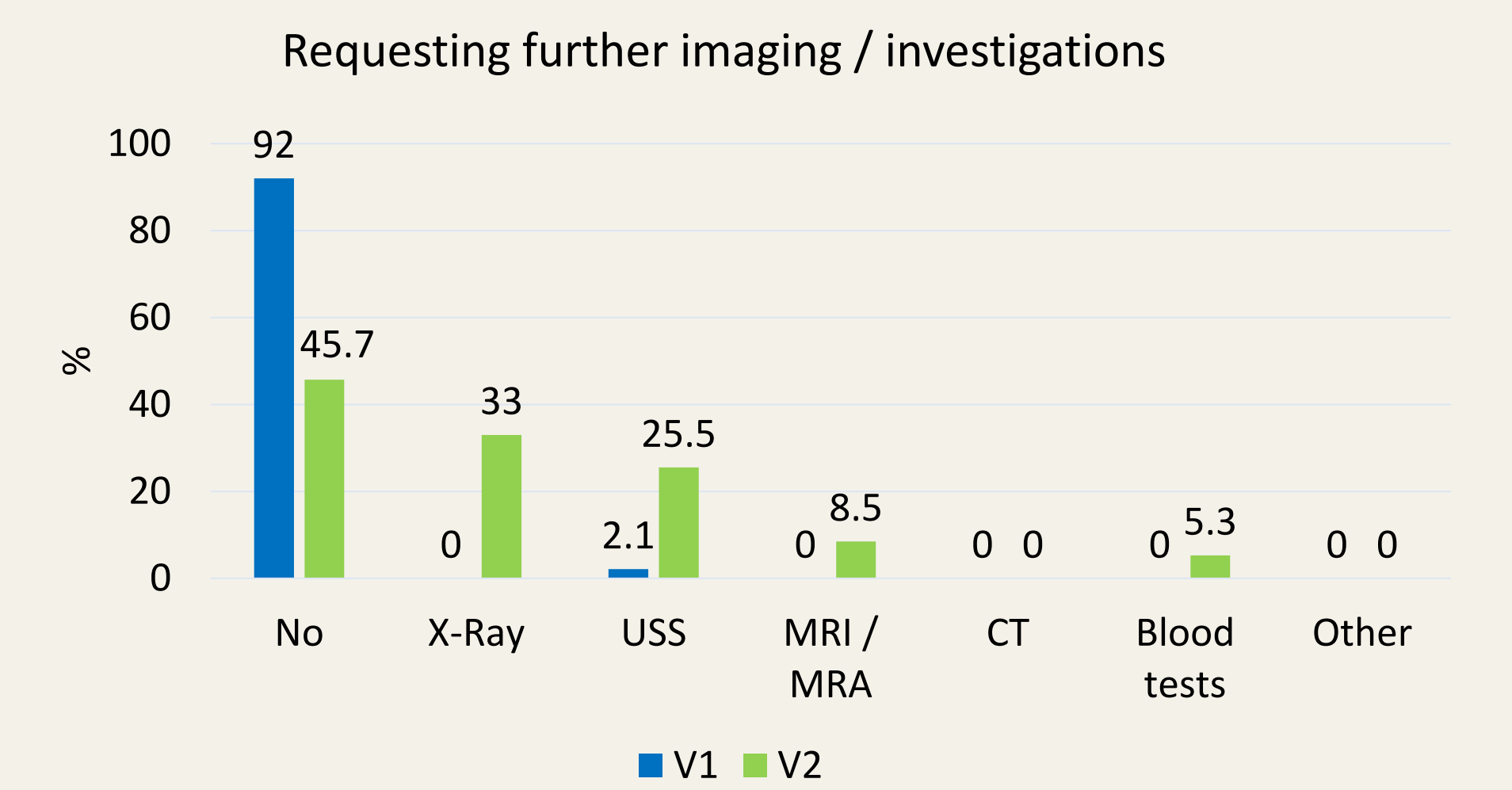
Results – Clinical Vignettes

- Initial Management - Vignette 1 (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’

Contact Information

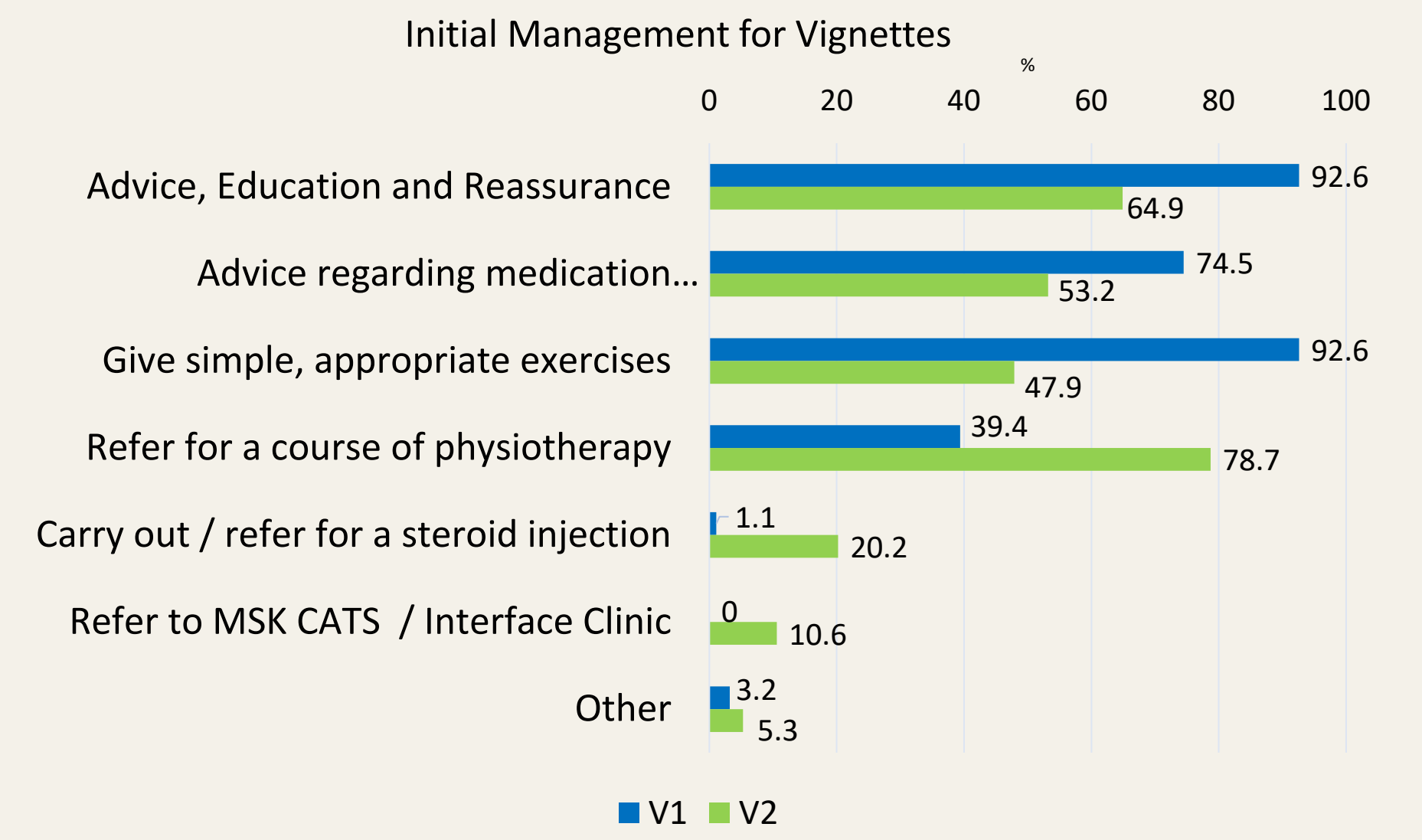
Austin Barker
BSc, MSc, MCSP, HCPC, Independent Prescriber, MSK Sonographer
Austin.barker@nhs.net

Results – Clinical Vignettes



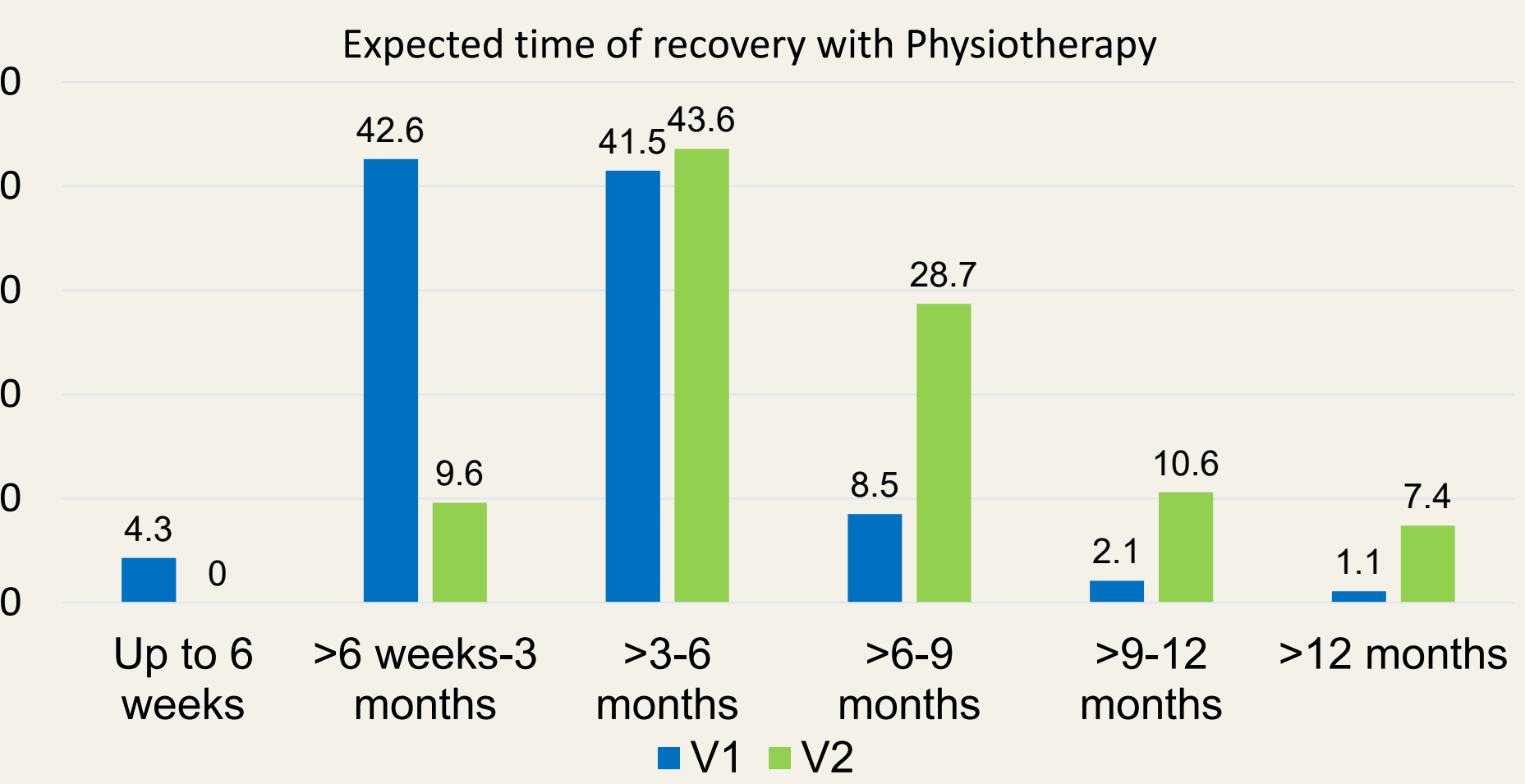
Initial Management - Vignette 2 (dRCT)

- 46% would request further imaging
- 79% would refer to physiotherapy
- 20% consider steroid injection
- 11% consider secondary care referral



Reported expected recovery times for differed considerably:

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



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

References

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