



# Physician Assistant Lakeridge Health Ajax Pickering Shoulder Center – Medical Directive

Harmonized

Medical Advisory Committee Approved: 22OCT2019

## Authorizing Prescriber(s)

Privileged Orthopedic Surgeons practicing at Lakeridge Health Ajax Pickering (LHAP)

## Authorized to Whom

Orthopedic Physician Assistants (PA) who:

- Are certified Physician Assistants through the Canadian Association of Physician Assistants or National Commission on Certification of Physician Assistants
- Are currently employed within the surgical program at LHAP

Co-implementers:

- Medical Radiation Technologists- radiography (MRT) (R) employed at LHAP may co-implement this Medical Directive for those outlined in [Diagnostic Tests/Interventions](#) table below.
- Pharmacists at LHAP may co-implement this Medical Directive for those [Medications](#) outlined in the table below.

## Patient Description/Population

Orthopedic patients receiving care at LHAP Shoulder Center.

## Order and/or Procedure

- This medical directive includes delegation of the following controlled acts:
  - Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea or in or below the surfaces of the teeth.
  - Administering a substance by injection or inhalation.
- The PA will obtain a comprehensive health history and perform a shoulder focused physical assessment, select specific diagnostic investigations and/or request/perform treatment for patients outlined in this Medical Directive.
- The PA will communicate the patient's plan of care to the patient and/or substitute decision makers (SDM).
- Co-implementers: Pharmacists and MRT (R)s will co-implement this medical directive as per indications outlined in the attached tables. Co-implementers are responsible for determining if the directive/procedure is appropriate from their clinical perspective

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Document Sponsor/Owner Group: Surgical Group, Date Approved 28NOV2019

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### Indications to the Implementation of the Directive

- See attached [Medications](#), [Diagnostic Tests/Interventions](#) and/or [Referral](#) tables for specific indications.
- Authorizing Prescriber must be available for assistance/clarification.

### Contraindications to the Implementation of the Directive

- Patient that is less than 18 years of age.
- Patient and/or substitute decision maker has not provided consent for assessment, treatment and/or disclosure.
- The PA does not have the necessary knowledge, skill and judgment to perform the delegated act.
- Specific contraindications as listed in the [Order Table Form](#).

### Consent

- The PA shall not carry out any action listed within this medical directive when patient and/or substitute decision maker (SDM) refuses to consent.
- The PA will disclose to the patient the nature of the proposed treatment, its gravity, any material risks and any special risks relating to the specific treatment in question.
- The PA will obtain informed consent from the patient or SDM before implementing this medical directive for diagnostic imaging and/or medications that are prescribed. The PA must have the knowledge and ability to explain how and why the test will be obtained. The PA must be able to answer the patient and/or SDM questions or concerns pertaining to the implementation of this medical directive.

### Documentation Requirements

The Physician Assistant will provide:

- Documentation of an implemented directive will be recorded in the order section of the patient's health record and must include:
  - Name of the Medical Directive
  - Date
  - Name and signature of the implementer including credentials
- Documentation of the patient's history, present illness, physical assessment and plan of care within the health record.
- The PA will use their assigned dictation code to document the comprehensive health history, physical assessment, and plan of care, according to Lakeridge health dictation guidelines, for the patient's medical record.
- The PA will complete any necessary forms for the patient's occupation health assessments, functional abilities form, and return to work.

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## Review/Evaluation Process

- Every 2 years by the Surgical Program

## References

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Federation of Health Regulatory College of Ontario. (2007) *An Inter-Professional guide on the use of orders, directives and delegation for Regulated Health Professionals in Ontario*. Retrieved January 24, 2009, from <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp>

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Teefey S, Rubin DA, Middleton WB, Hildebolt CF, Leibold RA, Yamaguchi KJ. (2004) Detection and quantification of rotator cuff tears. Comparison of ultrasonographic, magnetic resonance imaging, and arthroscopic finding in seventy-one consecutive cases. *J Bone Joint Surg Am*. 86: 708-16



\*\*\*This table must **not** be used independently apart from the Medical Directive\*\*\*

**Order Table Form**

**Diagnostic Tests / Interventions**

Order	Indication	Contraindication	Notes (Optional)
Shoulder X-Ray, 3 views	<b>Initial assessment:</b> <ul style="list-style-type: none"> <li>Shoulder pain or injury</li> </ul> <b>Post-operative:</b> <ul style="list-style-type: none"> <li>Shoulder pain or injury</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy</li> </ul>	
Shoulder Ultrasound	<b>Initial assessment:</b> <ul style="list-style-type: none"> <li>Assess rotator cuff tendons for tear</li> <li>Moderate muscle wasting</li> <li>Difficulty to raise arm</li> <li>Plain radiological findings (mild to moderate superior subluxation) indicates a rotator cuff tear</li> <li>MRI is contraindicated</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<b>Post-operative:</b> The clinical value of ultrasound in diagnosing rotator cuff pathology is limited following surgery
Shoulder Computed Tomography (CT) Scan	<b>Initial assessment:</b> <ul style="list-style-type: none"> <li>Surgical planning for shoulder replacement candidates</li> <li>If plain radiographs indicate a potential malignant tumor, CT scan is recommended by the radiologist as a confirmatory test</li> <li>To rule out an abscess or infection</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy</li> </ul>	
Shoulder Magnetic Resonance Imaging (MRI)	<b>Initial assessment:</b> <ul style="list-style-type: none"> <li>Inconclusive ultrasound</li> <li>Surgical planning of rotator cuff tear</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy</li> <li>Cardiac pacemaker</li> <li>Metallic orbital foreign body</li> </ul>	In cases with severe muscle wasting inability to raise arm and significant superior subluxation on plain radiographs, MRI may not



Order	Indication	Contraindication	Notes (Optional)
	<ul style="list-style-type: none"> <li>Revision rotator cuff surgery</li> </ul> <p><b>Post-operative assessment:</b></p> <ul style="list-style-type: none"> <li>In case of recent trauma or significant residual symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Metallic foreign body/shrapnel</li> <li>Tissue expander</li> <li>Implanted Cardioverter Defibrillator (ICD)</li> <li>Prosthetic heart valves</li> <li>Insulin/infusion pump</li> <li>Nerve stimulators</li> <li>Any metallic implants (i.e. orthopaedic hardware)</li> <li>Lead wires</li> <li>Surgical clips/cerebral aneurysm clip</li> <li>Medication patch</li> <li>Tattoos</li> <li>Intrauterine Device (IUD)</li> </ul>	<p>be indicated as the rotator cuff tear may not be reparable</p>
<b>MRI Arthrogram</b>	<p><b>Initial assessment</b></p> <ul style="list-style-type: none"> <li>Superior labral pathology</li> <li>Glenohumeral joint instability conditions</li> </ul> <p><b>Post-operative assessment</b></p> <ul style="list-style-type: none"> <li>In case of significant residual symptoms or recent trauma/injury following superior labrum anterior and posterior (SLAP) repair or instability procedures</li> </ul>	<p>All of the above contraindications for MRI plus:</p> <ul style="list-style-type: none"> <li>Allergy to contrast media</li> <li>Pre-existing infection</li> <li>Reflex sympathetic dystrophy</li> <li>Bleeding disorders</li> <li>Avascular necrosis</li> <li>Kidney conditions</li> <li>On dialysis</li> </ul>	



Order	Indication	Contraindication	Notes (Optional)
<p>Injection of MethylPREDNISolone Acetate (DEPO-Medrol®) 80 mg per injection site.</p>	<p>Acromioclavicular Joint (AC):</p> <ul style="list-style-type: none"> <li>• OA of the AC joint</li> <li>• Capsulitis of the AC joint</li> </ul> <p>Subacromial (SA) space: Posterior, anterior and lateral approach:</p> <ul style="list-style-type: none"> <li>• Impingement syndrome</li> <li>• OA of the AC joint with inferior osteophytes</li> <li>• Small rotator cuff tear (prefer attempt of conservative treatment vs surgery)</li> <li>• Large/massive rotator cuff tears (tear not reparable)</li> </ul> <p>Glenohumeral Joint (GH):</p> <ul style="list-style-type: none"> <li>• Adhesive Capsulitis</li> <li>• OA of the glenohumeral joint</li> </ul> <p>Biceps proximal long head tendon:</p> <ul style="list-style-type: none"> <li>• Biceps long head tendinitis</li> </ul>	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Septic arthritis</li> <li>• Bacteremia (presence of viable bacteria in the circulating blood)</li> <li>• Cellulitis (non-necrotizing inflammation related to acute infection) of overlying skin,</li> <li>• Adjacent osteomyelitis</li> <li>• Allergy to methylPREDNISolone, cortisone or other steroids (betamethasone (Celestone), Triamcinolone (Kenalog))</li> <li>• Uncontrolled coagulopathy</li> </ul>	<p>DEPO-Medrol to be diluted with 1-8 mL of 1% lidocaine per injection site. See order for Lidocaine in <a href="#">Medications</a> section below.</p>
<p>Suture/staple removal from incision</p>	<p>Staples removed from incision 14 days post-op</p>	<p>If concern for delayed closure (ie. immunocompromised)</p>	<p>If wound infection or dehiscence, notify MRP. This may require opening of wound, debridement and packing.</p>



Referral

Order	Indication	Contraindication	Notes (Optional)
Outpatient Physical Therapy	<ul style="list-style-type: none"> <li>• Shoulder pain</li> <li>• Reduction to glenohumeral joint range of motion</li> <li>• Forward shoulder posture</li> <li>• Myofascial shoulder pain</li> <li>• Long head of biceps rupture</li> <li>• Shoulder weakness</li> <li>• Rotator cuff tendon strain or tear</li> <li>• Post-operative</li> </ul>		
Orthopedic Surgical Consultation	<ul style="list-style-type: none"> <li>• Surgical candidate</li> <li>• Diagnostic arthroscopy</li> <li>• Decompression</li> <li>• Debridement for osteoarthritis</li> <li>• Total shoulder replacement / Hemiarthroplasty / Reverse arthroplasty</li> <li>• Rotator cuff repair</li> <li>• SLAP repair</li> <li>• Stabilization/Bankart repair</li> </ul>		
Fluoroscopy or Ultrasound Guided Radiologist Injection of methylPREDNISolone Acetate (DEPO-Medrol®) 80 mg	<p>Glenohumeral injection of DEPO-Medrol with fluoroscopy guidance:</p> <ul style="list-style-type: none"> <li>• Adhesive Capsulitis</li> <li>• OA of the glenohumeral joint</li> <li>•</li> </ul> <p>Subacromial injection of DEPO-Medrol with ultrasound guidance:</p> <ul style="list-style-type: none"> <li>• Large amount of soft tissue surrounding shoulder</li> <li>• Ineffective previous injection</li> </ul>	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Septic arthritis</li> <li>• Bacteremia (presence of viable bacteria in the circulating blood)</li> <li>• Cellulitis (non-necrotizing inflammation related to acute infection) of overlying skin,</li> <li>• Adjacent osteomyelitis</li> <li>• methylPREDNISolone, cortisone or other steroids (betamethasone</li> </ul>	



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<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes (Optional)</b>
	Biceps long head injection with ultrasound guidance: <ul style="list-style-type: none"> <li>• Biceps tendinitis</li> </ul>	(Celestone)), (Triamcinolone (Kenalog)) <ul style="list-style-type: none"> <li>• Uncontrolled coagulopathy</li> </ul> <b>Relative contraindications</b> <ul style="list-style-type: none"> <li>• Diabetes mellitus</li> </ul>	

**Medications**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes (Optional)</b>
Meloxicam 7.5 mg PO BID for 4 weeks	<ul style="list-style-type: none"> <li>• Shoulder pain</li> <li>• Shoulder inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy or sensitivity to non-steroidal anti-inflammatories</li> <li>• History of hepatitis or other liver disease</li> <li>• Renal failure</li> <li>• History of gastrointestinal bleed or ulcers</li> </ul>	
Naproxen 500 mg PO BID for 4 weeks	<ul style="list-style-type: none"> <li>• Shoulder pain</li> <li>• Shoulder inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy or sensitivity to non-steroidal anti-inflammatories</li> <li>• History of hepatitis or other liver disease</li> <li>• Renal failure</li> <li>• History of gastrointestinal bleed or ulcers</li> </ul>	
Celecoxib 100 mg PO BID for 4 weeks	<ul style="list-style-type: none"> <li>• Shoulder pain</li> <li>• Shoulder inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy or sensitivity to non-steroidal anti-inflammatories</li> <li>• History of hepatitis or other liver disease</li> <li>• Renal failure</li> </ul>	





Order	Indication	Contraindication	Notes (Optional)
<p>MethylPREDNISolone Acetate (DEPO-Medrol®) 80 mg per injection site.</p>	<p>Acromioclavicular Joint (AC):</p> <ul style="list-style-type: none"> <li>• OA of the AC joint</li> <li>• Capsulitis of the AC joint</li> </ul> <p>Subacromial (SA) space: Posterior, anterior and lateral approach:</p> <ul style="list-style-type: none"> <li>• Impingement syndrome</li> <li>• OA of the AC joint with inferior osteophytes</li> <li>• Small rotator cuff tear (prefer attempt of conservative treatment vs surgery)</li> <li>• Large/massive rotator cuff tears (tear not reparable)</li> </ul> <p>Glenohumeral Joint (GH):</p> <ul style="list-style-type: none"> <li>• Adhesive Capsulitis</li> <li>• OA of the glenohumeral joint</li> </ul> <p>Biceps proximal long head tendon:</p> <ul style="list-style-type: none"> <li>• Biceps long head tendinitis</li> </ul>	<ul style="list-style-type: none"> <li>• History of gastrointestinal bleed or ulcers</li> <li>• Infection</li> <li>• Septic arthritis</li> <li>• Bacteremia (presence of viable bacteria in the circulating blood)</li> <li>• Cellulitis (non-necrotizing inflammation related to acute infection) of overlying skin,</li> <li>• Adjacent osteomyelitis</li> <li>• Allergy to methylprednisolone, cortisone or other steroids (betamethasone (Celestone), Triamcinolone (Kenalog))</li> <li>• Uncontrolled coagulopathy</li> </ul>	<p>DEPO-Medrol to be diluted with 1-8 mL of 1% lidocaine per injection site.</p>
<p>Lidocaine 1% 1-8 mL</p>	<ul style="list-style-type: none"> <li>• Dilution of methylPREDNISolone (DEPO-Medrol)</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy to lidocaine</li> </ul>	