Additional file 1, Registration charts

Registration of diagnoses and treatment

<mark>*Do not discuss the case with other health professionals during the examination and do not communicate your results to the patient.*</mark>

Participant number :_____   Name:_____

Date:_____   Name of examiner:_____

Diagnosis Select one primary diagnosis only. If relevant, one or more secondary diagnoses may be selected.	Mark one -- and one only **Primary diagnosis**	Mark one or more, if relevant **Secondary diagnosis**
Subacromial impingement (including biceps tendinitis) ICD-10 codes: DM 75.4, DM 75.3, DM 75.3A, DM 75.1, DM 75.2		
Rotator cuff injury (including biceps longum rupture) ICD-10 codes: DS 46.0, DS 46.1B, DM 75.1C		
Glenohumeral instability ICD-10 codes : DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7		
Glenohumeral osteoarthritis ICD-10 codes : DM 19.8A, DM 19.0*		
Adhesive capsulitis ICD-10 codes : DM 75.0		
Scapula instability ICD-10 codes : DM 75.8, DM 75.9		
Fracture sequelae ICD-10 codes : DT 92.1		
Acromioclavicular joint disorder (including sternoclavicular joint disorder) ICD-10 codes : DM 19.8, DM 19.0*, DS 43.1, DS 43.2, DS 43.5, DS 43.6		
Non-related shoulder diagnosis ICD-10 codes : among others, DM 54.2		

*DM19.0 can both be used when osteoarthritis is present at the glenohumeral joint as well as the acromioclavicular joint. Please be aware to mark the appropriate box.

Treatment plan
Mark one or more

Referral to physiotherapy

Type: Municipality: ☐   Further ESP assessment: ☐   Hospital: ☐   Private clinic: ☐

Steroid injection

Diagnostic purpose: ☐   Treatment: ☐

Diagnostic imaging (including referral to other paraclinical assessments or other specialists)

Referral to diagnostic imaging or other paraclinical assessments:

X-ray: ☐   CT-scan: ☐   MRI: ☐   MR arthrogram: ☐   ENG/EMG: ☐   Other: ☐

Referral to another specialist: ☐   Describe:_____

Surgery ☐

No intervention (none of the above)

Patient is provided with: Recommendations (including use of pain medication): ☐

Recommendation to consult general practitioner: ☐   No recommendations: ☐

Follow up and inter-professional consultation

Follow up   Yes: ☐   No: ☐   If yes, which professional should do the follow up. _____

Need for inter-professional consultation[1]:   Yes: ☐   No: ☐

---

[1] Mark this if you during normal conditions would have consulted the other profession before deciding diagnosis and treatment plan.

Registration form – <u>common decision</u>

After the two independent examinations, ESP and OS discuss their results and make a common decision on diagnosis(es) and treatment plan. The health professional, who did the first examination of the patient, is responsible of filling in this registration form, of passing on the information to the patient and of writing the medical record of the patient.
The decision on actual initiated treatment is a common decision between examiner and patient, and potential deviations from the "common decision" should NOT be reported in the form beneath.

Participant number :_____   Name:_____

Date:_____   Name of professional filling in this form_____

Demographics

Gender   Female: ☐   Male: ☐   **Age**: _____ years

Employment status

Employed: ☐   Unemplyed: ☐   Pensioner/retired: ☐   Sick leave:: ☐   Other:_____

Diagnosis

Select one primary diagnosis only.
If relevant, one or more secondary diagnoses may be selected.

	Mark one -- and one only **Primary diagnosis**	Mark one or more, if relevant **Secondary diagnosis**
Subacromial impingement (including biceps tendinitis) ICD-10 codes: DM 75.4, DM 75.3, DM 75.3A, DM 75.1, DM 75.2		
Rotator cuff injury (including biceps longum rupture) ICD-10 codes: DS 46.0, DS 46.1B, DM 75.1C		
Glenohumeral instability ICD-10 codes : DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7		
Glenohumeral osteoarthritis ICD-10 codes : DM 19.8A, DM 19.0		
Adhesive capsulitis ICD-10 codes : DM 75.0		
Scapula instability ICD-10 codes : DM 75.8, DM 75.9		
Fracture sequelae ICD-10 codes : DT 92.1		
Acromioclavicular joint disorder (including sternoclavicular joint disorder) ICD-10 codes : DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6		
Non-related shoulder diagnosis ICD-10 codes : among others, DM 54.2		

Treatment plan
Mark one or more

Referral to physiotherapy

Type: Municipality: ☐   Further ESP assessment: ☐   Hospital: ☐   Private clinic: ☐

Steroid injection

Diagnostic purpose: ☐   Treatment: ☐

Diagnostic imaging (including referral to other paraclinical assessments or other specialists)

Referral to diagnostic imaging or other paraclinical assessments:

X-ray: ☐   CT-scan: ☐   MRI: ☐   MR arthrogram: ☐   ENG/EMG: ☐   Other: ☐

Referral to another specialist: ☐   Describe:_____

Surgery ☐

No intervention (none of the above)

Patient is provided with: Recommendations (including use of pain medication): ☐

Recommendation to consult general practitioner: ☐   No recommendations: ☐

Follow up

Follow up Yes: ☐ No: ☐   If yes, which professional should do the follow up. _____