## Additional file 1, Registration charts

## Registration of diagnoses and treatment

Do not discuss the case with other health professionals during the examination and do not communicate your results to the patient. Participant number :\_\_\_\_\_ Name:\_ Name of examiner: Date: Mark one --Mark one or more, **Diagnosis** and one only if relevant Select one primary diagnosis only. **Primary** Secondary If relevant, one or more secondary diagnoses may be selected. diagnosis 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 Further ESP assessment: Private clinic: Hospital: **Type:** Municipality: Steroid injection Diagnostic purpose: Treatment: Diagnostic imaging (including referral to other paraclinical assessments or other specialists) Referral to diagnostic imaging or other paraclinical assessments: 」 CT-scan: □ MRI: □ ENG/EMG: Referral to another specialist: Describe: Surgery No intervention (none of the above) Recommendations (including use of pain medication): Patient is provided with: Recommendation to consult general practitioner:  $oxedsymbol{oxed}$  No recommendations:  $oxedsymbol{oxed}$ Follow up and inter-professional consultation Follow up Yes: No: If yes, which professional should do the follow up. \_\_ **Need for inter-professional consultation**<sup>1</sup>: Yes:

<sup>&</sup>lt;sup>1</sup> Mark this if you during normal conditions would have consulted the other profession before deciding diagnosis and treatment plan.

## Additional file 1, Registration charts 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.

Demographics  Gender Female:   Male:   Age:   years    Employment status   Male:   Pensioner/retired:   Sick leave::   Other:    Diagnosis   Mark one - and one   Mark one - and one   only   if relevant    Diagnosis   Mark one - and one   Mark one - and one   only   if relevant    Primary   Secondary   diagnosis only.   Primary   Secondary    Giagnosis   Subacromial impingement (including biceps tendinitis)    CD-10 codes: DM 75.4, DM 75.3, DM 75.4, DM 75.2    Rotator cuff injury (including biceps longum rupture)    CD-10 codes: DM 75.4, DM 75.3, DM 75.1, DM 75.2    Rotator cuff injury (including biceps longum rupture)    CD-10 codes: DM 54.6, DM 54.1, DM 75.1, DM 75.2    Rotator cuff injury (including biceps longum rupture)    CD-10 codes: DM 75.4, DM 75.9    CD-10 codes: DM 75.4, DM 75.9    Fracture seque both 75.0    Sapula instability    CD-10 codes: DM 75.8, DM 75.9    Fracture sequelae    CD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6    Non-related shoulder diagnosis    CD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6    Non-related shoulder diagnosis    CD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6    Non-related shoulder diagnosis    CD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6    Non-related shoulder diagnosis    CD-10 codes: DM 19.8, DM 19.0    Fellow up Yes:   Treatment:   Describe:    Surgery   No.   MR arthrogram:   ENG/EMG:   Other    Referral to diagnostic imaging or other paraclinical assessments:    Follow up Yes:   Treatment:   Describe:    Surgery   No.   If yes, which professional should do the follow up.	Participant number : Name:			
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.   Primary diagnosis    Primary Secondary diagnosis   Primary Secondary diagnosis    It relevant, one or more secondary diagnoses may be selected.   Primary diagnosis    Subacromial impingement (including biceps tendinitis)    ICD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2    Rotator cuff injury (including biceps longum rupture)    ICD-10 codes: DM 54.0, DM 54.0   DM 75.0    Glenohumeral instability    ICD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7    Glenohumeral seto-arthritis    ICD-10 codes: DM 19.8, DM 19.0    Adhesive capsulits    ICD-10 codes: DM 75.0   DM 75.0    Scapula instability    ICD-10 codes: DM 75.0   DM 75.0    Fracture sequelae    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: 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: 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 imaging (including referral to other paraclinical assessments or other specialists)    Referral to diagnostic imaging or other paraclinical assessments    Steroid injection    Diagnostic imaging (including referral to other paraclinical assessments    No intervention (none of the above)    Patient is provided with:   Recommendations (including use of pain medication):    Follow up	Date: Name of professional filling in this form			
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.   Primary diagnosis    Primary Secondary diagnosis   Primary Secondary diagnosis    It relevant, one or more secondary diagnoses may be selected.   Primary diagnosis    Subacromial impingement (including biceps tendinitis)    ICD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2    Rotator cuff injury (including biceps longum rupture)    ICD-10 codes: DM 54.0, DM 54.0   DM 75.0    Glenohumeral instability    ICD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7    Glenohumeral seto-arthritis    ICD-10 codes: DM 19.8, DM 19.0    Adhesive capsulits    ICD-10 codes: DM 75.0   DM 75.0    Scapula instability    ICD-10 codes: DM 75.0   DM 75.0    Fracture sequelae    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: 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: 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 imaging (including referral to other paraclinical assessments or other specialists)    Referral to diagnostic imaging or other paraclinical assessments    Steroid injection    Diagnostic imaging (including referral to other paraclinical assessments    No intervention (none of the above)    Patient is provided with:   Recommendations (including use of pain medication):    Follow up	Demographics			
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.  Primary diagnosis  ICD-10 codes: DM 75.4, DM 75.3, DM 75.1, DM 75.2  Rotator cuff injury (including biceps tendinitis)  ICD-10 codes: DM 75.4, DM 75.3, DM 75.1, DM 75.2  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 19.8, DM 75.0  Adhesive capsulitis  ICD-10 codes: DM 75.0  Scapula instability  ICD-10 codes: DM 75.0  Fracture sequelae  ICD-10 codes: DM 75.8, DM 75.9  Fracture sequelae  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 imaging (including referral to other paraclinical assessments or other specialists)  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:   No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:  No recommendations:   Referral to physiotherapy  No intervention (none of the above)				
Diagnosis  Select one primary diagnosis only.  If relevant, one or more secondary diagnoses may be selected.  Subacromial implingement (including biceps tendinitis)  CD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2  Rotator cuff injury (including biceps longum rupture)  (CD-10 codes: DM 75.4, DM 75.3, DM 75.1)  (CD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7  Glenohumeral instability  (CD-10 codes: DM 19.4, DM 19.0, DM 1	Gender Female: Male: Age: years			
Mark one - and one only if relevant   Select one primary diagnosis only.   Primary diagnosis only.   Primary diagnosis   Subacromial implingement (including biceps tendinitis)   ICD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2   Condary diagnosis   CCD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2   Condary diagnosis   CCD-10 codes: DM 54.6, DS 46.18, DM 75.10   CCD-10 codes: DS 46.0, DS 46.18, DM 75.10   CCD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7   CGlenohumeral instability   ICD-10 codes: DM 19.8, DM 19.0   CCD-10 codes: DM 19.8, DM 19.0   CCD-10 codes: DM 75.0   CCD-10 codes: DM 75.0   CCD-10 codes: DM 75.0   CCD-10 codes: DM 75.0   CCD-10 codes: DM 75.8, DM 75.9   CCD-10 codes: DM 75.0   C				
Select one primary diagnosis only.  If relevant, one or more secondary diagnoses may be selected.  Subacromial impingement (including biceps tendinitis)  ICD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.2  Rotator cuff injury (including biceps longum rupture)  ICD-10 codes: DM 56.0, DS 46.18, 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 19.8, DM 19.0  Adhesive capsulitis  ICD-10 codes: DM 75.8, DM 75.9  Fracture sequelae  ICD-10 codes: DM 75.8, DM 75.9  Fracture sequelae  ICD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.5  Non-related shoulder diagnosis  ICD-10 codes: among others, DM 54.2  Treatment plan  Mark one or more  Referral to physiotherapy  Type: Municipality:	Employed: Unemplyed: Pensioner/retired: Sick leave::	Other:		
Secondary diagnosis only diagnosis only diagnosis only diagnosis diagnosi diagnosis diagnosi d	Diagnosis	Mark one and one Mark one or more,		
Subacromial impingement (including biceps tendinitis) (CD-10 codes: DM 75.4, DM 75.3, DM 75.3A, DM 75.1, DM 75.2  Rotator cuff injury (including biceps longum rupture) (CD-10 codes: DS 46.0, DS 46.18, DM 75.1C  Glenohumeral instability (CD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7  Glenohumeral osteoarthritis (CD-10 codes: DM 24.4, DM 24.4D, DS 46.1C, DS 43.0, DM 25.3, DM 35.7  Glenohumeral osteoarthritis (CD-10 codes: DM 75.8, DM 75.0  Scapula instability (CD-10 codes: DM 75.8, DM 75.9  Fracture sequelae (CD-10 codes: DM 75.8, DM 75.9  Fracture sequelae (CD-10 codes: DM 92.1  Acromioclavicular joint disorder (including sternoclavicular joint disorder) (CD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6  Non-related shoulder diagnosis (CD-10 codes: among others, DM 54.2   Treatment plan  Mark one or more  Referral to physiotherapy Type: Municipality:	Select one primary diagnosis only.			
Subacromial impingement (including biceps tendinitis) ICD-10 codes: DM 75.4, DM 75.3, DM 75.3, DM 75.1, DM 75.2 Rotator cuff injury (including biceps longum rupture) ICD-10 codes: DS 46.0, DS 46.18, DM 75.1.C 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: DM 75.8, DM 75.9 Fracture sequelae 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:	If relevant, one or more secondary diagnoses may be selected.		•	
CD-10 codes: DM 75.4, DM 75.3, DM 75.3A, DM 75.1A, DM 75.2   Rotator cuff injury (including biceps longum rupture)		diagnosis	diagnosis	
Rotator cuff injury (including biceps longum rupture)  ICD-10 codes: DS 46.0, DS 46.18, 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: DM 75.8, DM 75.9  Fracture sequelae  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: 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: 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: 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: 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: 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: 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: 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: 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: 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: DM 19.8, DM 19.0  ICD-10 codes: D				
CD-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  Acromicolavicular 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:				
CD-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 : DM 75.8, DM 75.9  Fracture sequelae 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:  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:  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	•			
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 : DM 79.1  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:				
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  Acromicolavicular 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:				
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 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:  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	,			
ICD-10 codes : DM 75.8, DM 75.9	·			
Fracture sequelae ICD-10 codes: DT 92.1  Acromicolavicular 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:  Surgery  No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication): Recommendation to consult general practitioner: No recommendations:	Scapula instability			
ICD-10 codes: DT 92.1  Acromicolavicular 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:	ICD-10 codes : DM 75.8, DM 75.9			
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:	Fracture sequelae			
ICD-10 codes: DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6	ICD-10 codes : DT 92.1			
Non-related shoulder diagnosis ICD-10 codes: among others, DM 54.2  Treatment plan Mark one or more  Referral to physiotherapy Type: Municipality:	Acromioclavicular joint disorder (including sternoclavicular joint disorder)			
Treatment plan Mark one or more  Referral to physiotherapy Type: Municipality:	ICD-10 codes : DM 19.8, DM 19.0, DS 43.1, DS 43.2, DS 43.5, DS 43.6			
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:  Surgery  No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication): Recommendation to consult general practitioner: No recommendations:				
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:  Surgery  No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication): Recommendation to consult general practitioner: No recommendations:	ICD-10 codes : among others, DM 54.2			
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:  Surgery  No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication): Recommendation to consult general practitioner: No recommendations:	To also out also			
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:  Surgery  No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication): Recommendation to consult general practitioner: No recommendations:				
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:   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				
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:  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				
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				
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:				
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				
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				
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				
No intervention (none of the above) Patient is provided with: Recommendations (including use of pain medication):  Recommendation to consult general practitioner: No recommendations:				
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				
Patient is provided with: Recommendations (including use of pain medication):  Recommendation to consult general practitioner: No recommendations:  Follow up				
Recommendation to consult general practitioner: No recommendations: Follow up				
Follow up				
	necommendation to consult general practitioner. — No recommendation	э. <u> </u>		
Follow up Yes: No: If yes, which professional should do the follow up.	Follow up			