”Physiotherapy for patients with shoulder pain: concensus statement ”

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Background

Shoulder pain is a common disorder

Prevalence 7- 30%
Increases with age
More common in woman

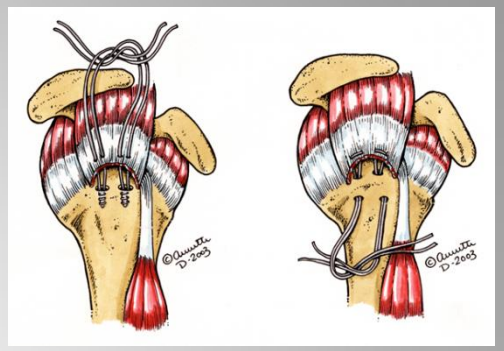
Subacromial pain syndrome is the most common diagnosis

Including: Subacromial bursitis

Rotator cuff tendinopathy

Rotator cuff tears

Background



Growing evidence that physiotherapy provide as good results as do surgery for subacromial pain (SAD or Rotatorcuff repair)

Brox 93, Brox 99, Haar 2005, Ketola 2013, Moosmayer 2014, Kukkonen 2015

Growing evidence that physiotherapy may reduce the number of patients undergoing surgery (SAD)

Virta 2011, Holmgren 2012

Why?

Too many patients are suggested to undergo surgery before the capacity of physiotherapy to re-establish the patients desired level of function has fully been tested

Why?

Results from clinical trials and systematic reviews can be difficult to interprete to guide the phyiotherapist to select a treatment strategy that will optimize the clinical outcome

Initiative by Karen Ginn & IHK

”Concensus for physiotherapy for shoulder pain”

Ingrid Hultenheim Klintberg, Sweden; Ann Cools, Belgium; Theresa Holmgren, Sweden;
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Annelies Maenhout, Belgium; Jane Moser, UK & Valentina Spunton, Italy, Karen Ginn, Australia







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Concensus for physiotherapy for shoulder pain

Purpose:

Develop an internationally accepted physioterapy assessment and treatment algorithm for a patient presenting with shoulder pain

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Who is the patient

A primary presenting symptom of shoulder pain during activity with minimal pain at rest

No significant shoulder passive range of motion deficits taking into account the age of the patient

No symptoms of shoulder instability, i.e. no history of apprehension or apprehension provoked during clinical testing

The acute phase has passed or was never evident

Concensus for physiotherapy for shoulder pain

Process

Started with two days physical meeting 2012
There after virtual meetings
Finalized in June 2014

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Resluting in an

Assessment and treatment algorithm

1. Flow-chart summarizing the clinical reasoning underpinning possible pathways of PT assessment and intervention

2. Guide explaining principles to optimize clinical outcome

Published:

International Orthopaedics (SICOT) (2015) 39:715–720
DOI 10.1007/s00264-014-2639-9

ORIGINAL PAPER

Consensus for physiotherapy for shoulder pain

Ingrid Hultenheim Klintberg · Ann M. J. Cools · Theresa M. Holmgren · Ann-Christine Gunnarsson Holzhausen · Kajsa Johansson · Annelies G. Maenhout · Jane S. Moser · Valentina Spunton · Karen Ginn

What is shoulder pain?

Unfortunately, current classification systems for shoulder pain have been shown to be unreliable.

There is a lack of diagnostic consistency in relation to shoulder pain.

Miller-Spoto M, Gombatto SP. Diagnostic labels assigned to patients with orthopedic conditions ……Phys Ther. Jun 2014;94(6):776-791.

"poor relationship between diagnostic label and chosen rehabilitation interventions among orthopedic physical therapists."

McClure P, Michener L. Staged approach for Rehab Classification, Phys Ther 15 May;95(5):791-800 "Inconsistent relationships between tissue pathology and impairments limit the sole use of pathology for clinical decision-making in rehabilitation."

Schellingerhout JM, Verhagen AP, Thomas S, Koes BW. Lack of uniformity in diagnostic labeling of shoulder pain: time for a different approach. Man.Ther. 2008;13(6):478-483.

" The currently used labels have only a fair to moderate interobserver reproducibility"

"We strongly suggest to reconsider the use of these diagnostic labels."

Dysfunction based! – Not structure based

Active exercises

Quality!!

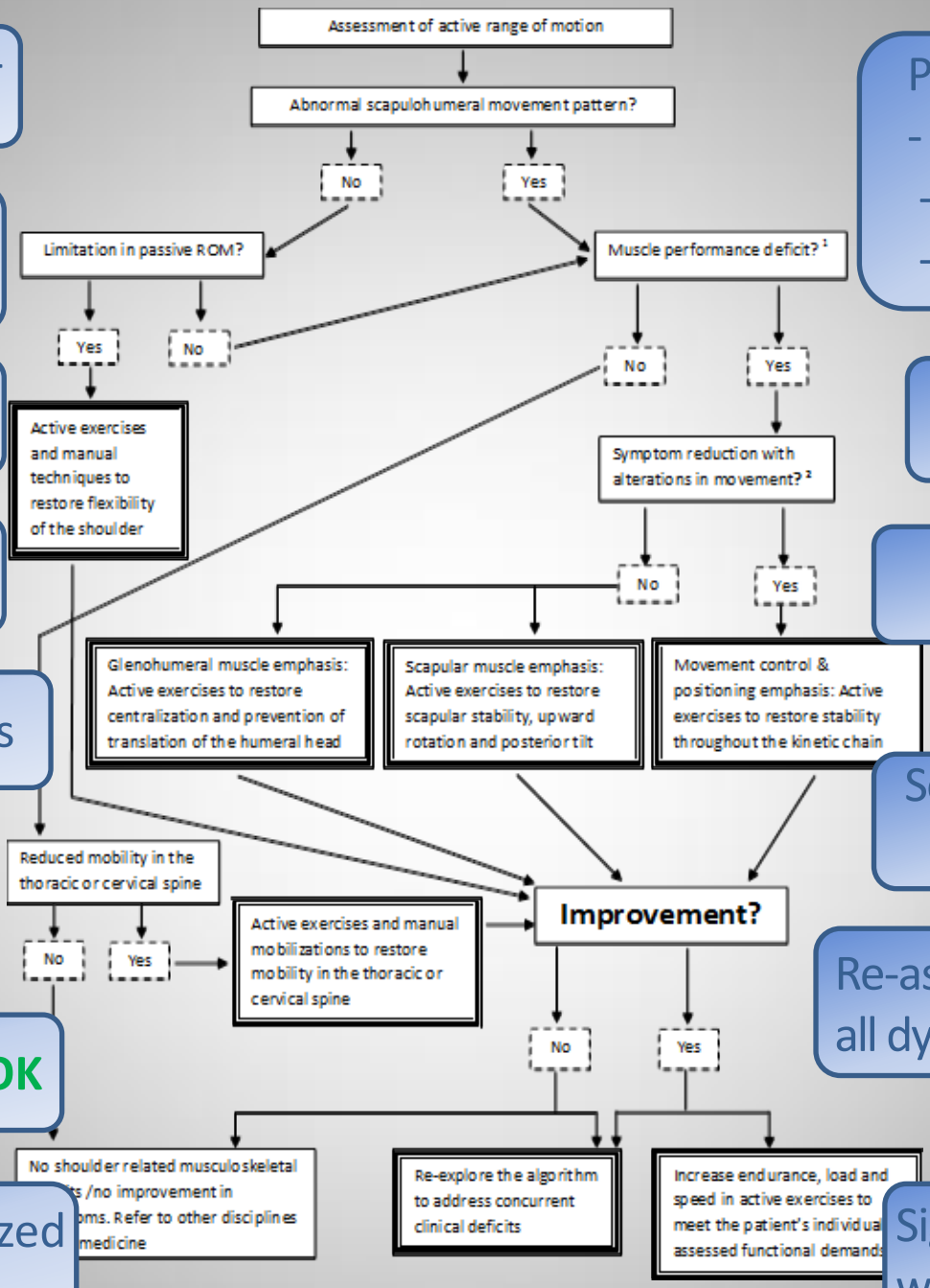
Control of Scapula

No compensatory mvts

The Pain – **NOT OK**

Muscle pain/strain – **OK**

Pain /strain – normalized within 12 hours



Progression
- complexity
- speed
- external loading

Concious control to automatised

No. exercises ≤ 4

Selection, dose, load = individually

Re-assess regularily – all dysfunctions adresssed?

Significant improvement within 12 weeks

Implications

- Guide towards clinical reasoning based physiotherapy treatment
- Provide a practical guide for less experienced clinicians in assessment and treatment decisions
- To be used during at PT education, i.e. inform physiotherapy curricula
- Determine ´standard practice´ as a comparative basis for randomized controlled clinical trials evaluating effectiveness of treatment

Complications

Time consuming discussions!

We realized that there are many words and labels of what we do that need to be more thoroughly defined

Rationales for specified exercises?
Quality of movements?
Pain?

Conclusions

This is the beginning of a formal process to engage a broader physiotherapy audience to establish international **“best-practice”** guidelines for the treatment of shoulder pain.

- limited number of PTs from Europe and Australia
- expand - involve a more representative sample of physiotherapists

Concensus for physiotherapy for shoulder pain

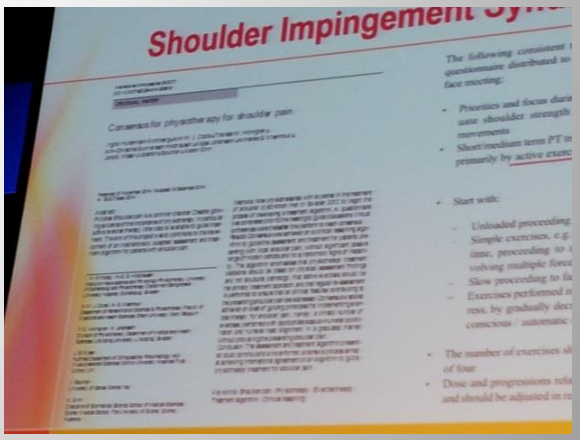
Most important:

Active exercises

Good quality

As pain-free as possible

Jean- Sebastian Roy, Canada at WCPT 2015



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SYMPOSIUM 2016

"Stiffness of the Shoulder and Elbow"

SATURDAY 15 OCTOBER GOTHENBURG, SWEDEN

Wallenbergsalen
Sahlgrenska Academy,
Gothenburg

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EUSSER SYMPOSIUM 2016

Stiffness of the Shoulder and Elbow

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Why does it get stiff and what shall we do about it?

Paul Ackermann PhD, MD, Ort Surg SWEDEN	Stiffness: what, why and when
Carl Ekholm PhD, MD, Ort Surg SWEDEN	Post traumatic stiffness of the Elbow
Jelle Heisen MSc, PT NETHERLANDS	Physiotherapy of the stiff Elbow
Michael Toft Væsel MSc, MD, Ort Surg DENMARK	Post traumatic stiffness of the Shoulder
Lisbeth Rejsenhus PT DENMARK	Physiotherapy of the stiff Shoulder
Luise Hollman PhD student, PT AUSTRALIA	Frozen Shoulder: is it really frozen?
Jan Nowak PhD, MD, Ort Surg - one of the founders of EUSSER, SWEDEN	A shouldersurgeons perspectiv of teamwork with "physios"

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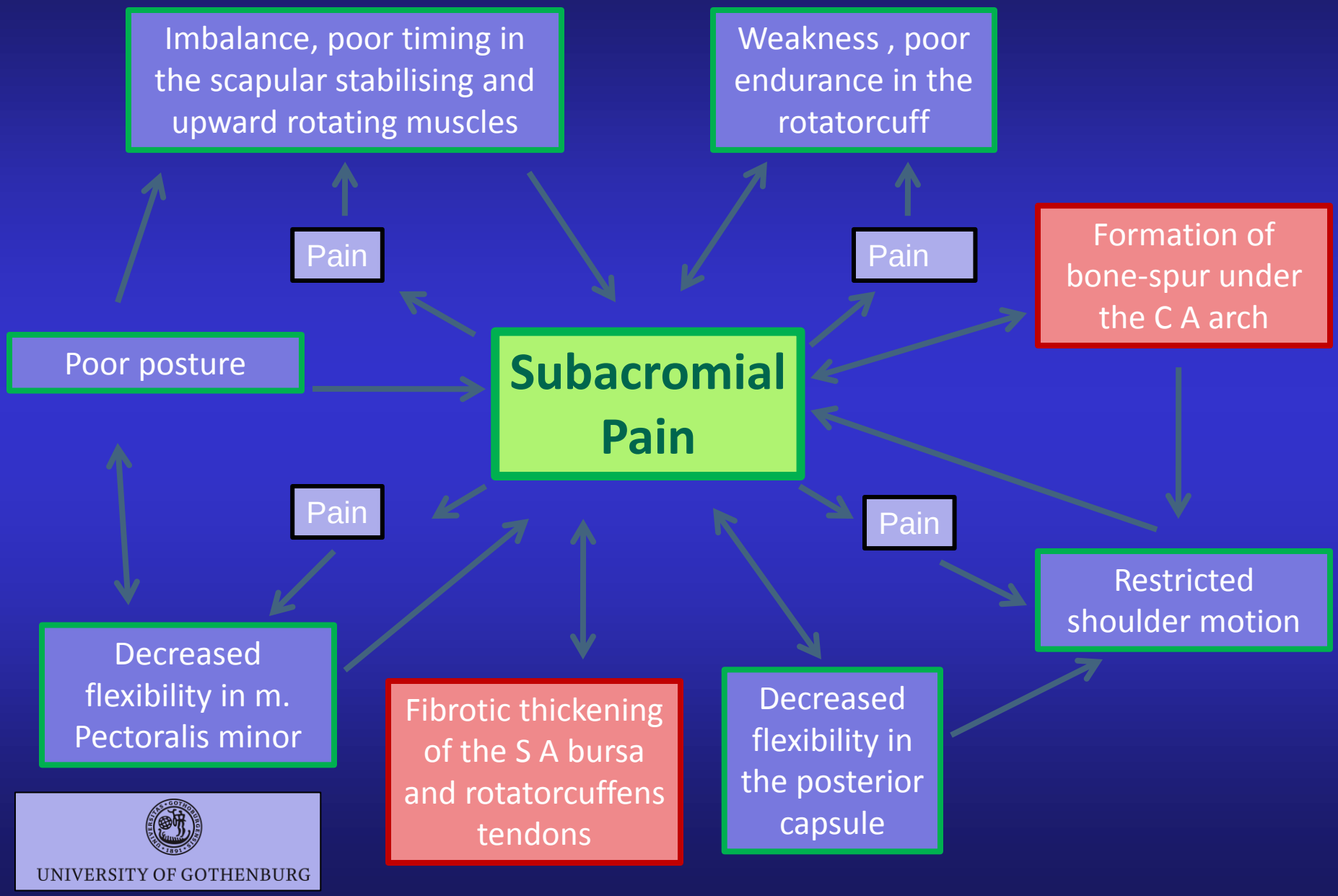

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Desjardins-Charbonneau A. et al.

The efficacy of manual therapy for Rotator cuff Tendinopathy:

A systematic review and meta anlysis

JOSPT 2015

”Until more methodological sound studies are published on MT,

Accepted interventions such as exercises, which has been proven effective in treating RC tendinopathy, should be preferred”