"Physiotherapy for patients with shoulder pain: consensus 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
Growing evidence that physiotherapy provide as good results as do surgery for subacromial pain (SAD or Rotator cuff 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 interpret to guide the physiotherapist 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; Anki Gunnarsson Holzhausen, Sweden; Kajsa Johansson, Sweden; Annelies Maenhout, Belgium; Jane Moser, UK & Valentina Spunton, Italy, Karen Ginn, Australia
Purpose:
Develop an internationally accepted physiotherapy assessment and treatment algorithm for a patient presenting with shoulder pain.
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
Process

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

Concensus for physiotherapy for shoulder pain
Resulting 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:

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 Spuntan · Karen Glenn
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.


“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.”


“ 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 regularly – all dysfunctions addressed?

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

Concensus for physiotherapy for shoulder pain
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
EUSSER SYMPOSIUM 2016
“Stiffness of the Shoulder and Elbow”
SATURDAY 15 OCTOBER GOTHENBURG, SWEDEN

Info: www.eusser.org
Stiffness of the Shoulder and Elbow

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”

Info: www.eusser.org
Subacromial Pain

- Imbalance, poor timing in the scapular stabilising and upward rotating muscles
- Weakness, poor endurance in the rotator cuff
- Poor posture
- Decreased flexibility in m. Pectoralis minor
- Fibrotic thickening of the S A bursa and rotator cuff tendons
- Formation of bone-spur under the C A arch
- Restricted shoulder motion
- Decreased flexibility in the posterior capsule
Desjardins-Charbonneau A. et al.
The efficacy of manual therapy for Rotator cuff Tendinopathy: A systematic review and meta analysis

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"