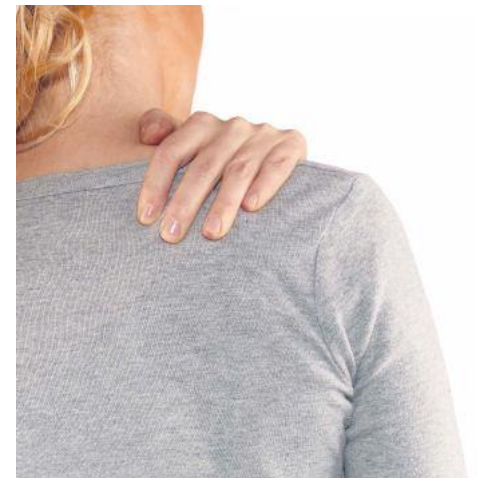


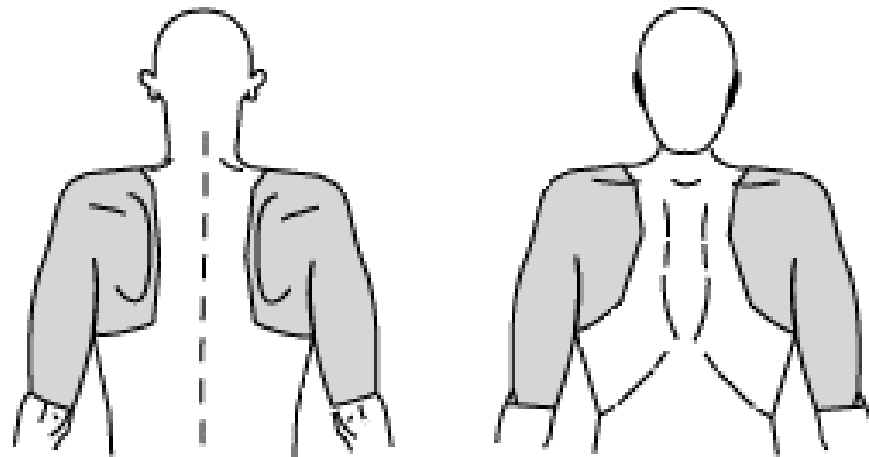
Shoulder pain and manipulative therapy

General practitioner's perspective

Jan Winters

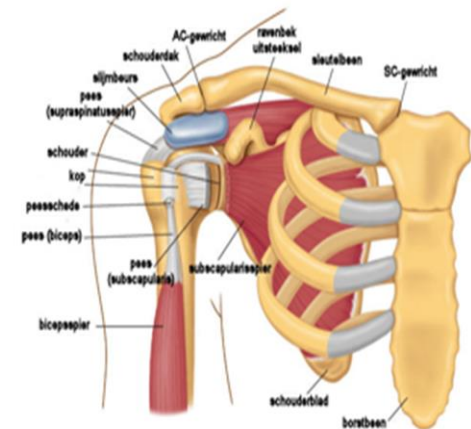


What is shoulderpain.



Patient characteristics

- Age: 48 jr (sd 15)
- Woman 60%
- Dominant arm 60%
- Duration of complaints :
 - Few weeks 25%
 - Few months 50%
 - More than 6 months 25%
- Shoulder complaints before 40 tot 50%
- Minor trauma 20 %
- Concomitant Neck complaints 50%





What do we encounter in GP?

- 101 patients upon inclusion
 - 22 Shoulder girdle
 - 58 Glenohumeral (synovial)
 - 21 Combination

Diagnostic category after 26 weeks

- 22 shoulder girdle
 - 10 still complaints although 60% felt 'cured'
 - 6 diagnosed as shoulder girdle
 - 2 combination
- 58 Glenohumeral
 - 30 still complaints although 55% felt 'cured'
 - 12 diagnosed as shoulder girdle
 - 7 glenohumeral
 - 9 combination.

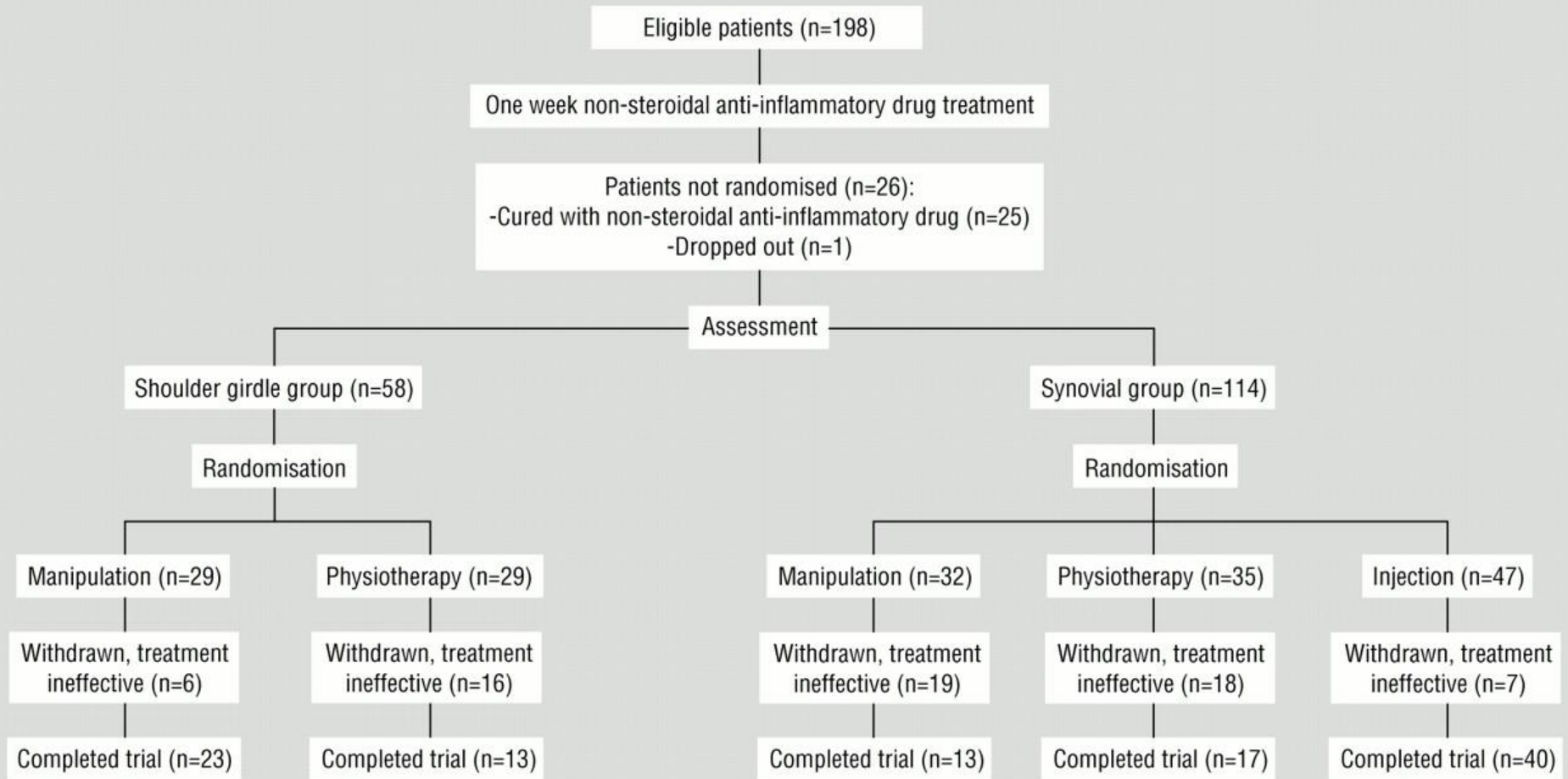
Diagnostic category after 26 weeks

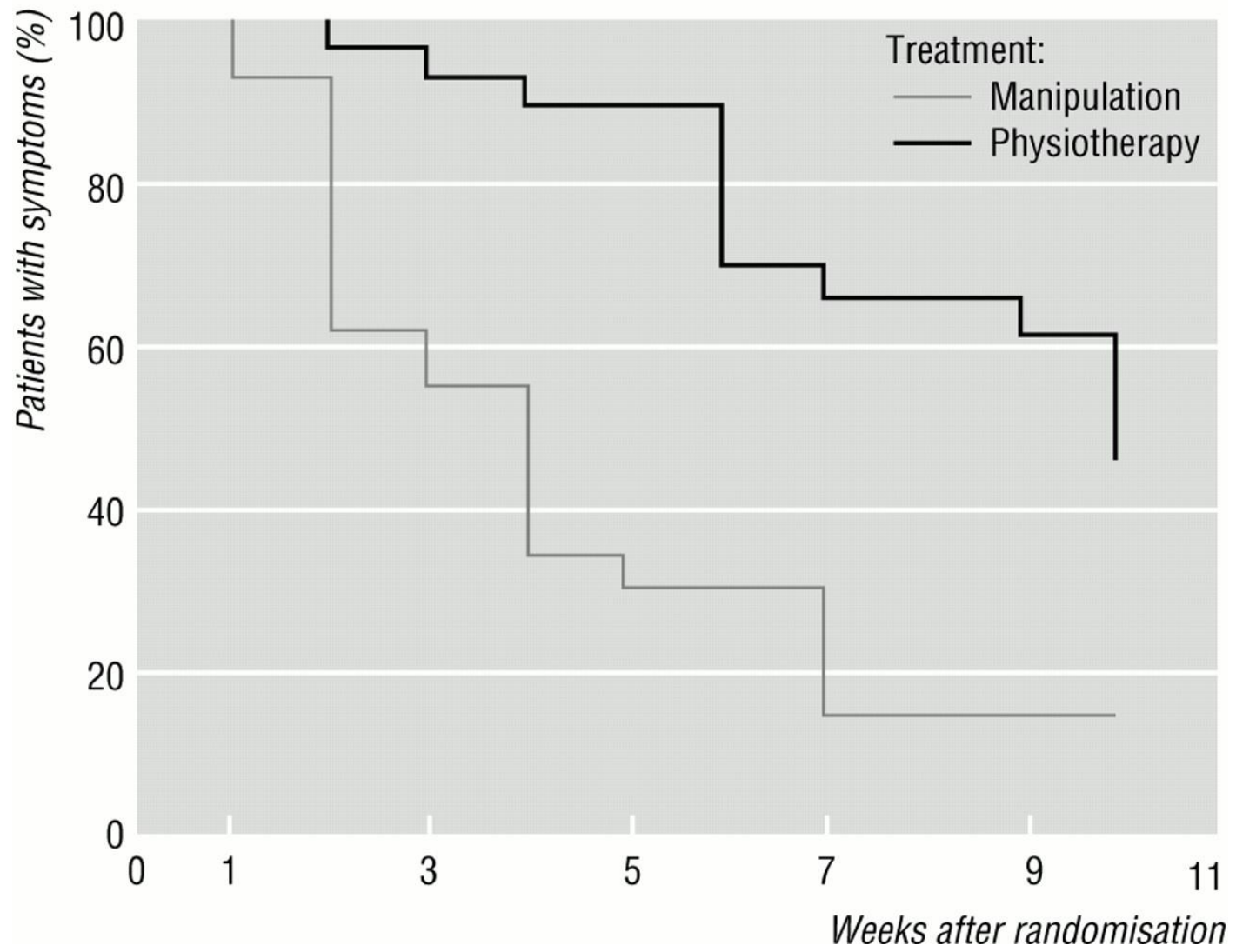
- 21 combination
 - 12 still complaints although 83% felt 'cured'
 - 8 shoulder girdle
 - 1 Glenohumeral
 - 3 combination

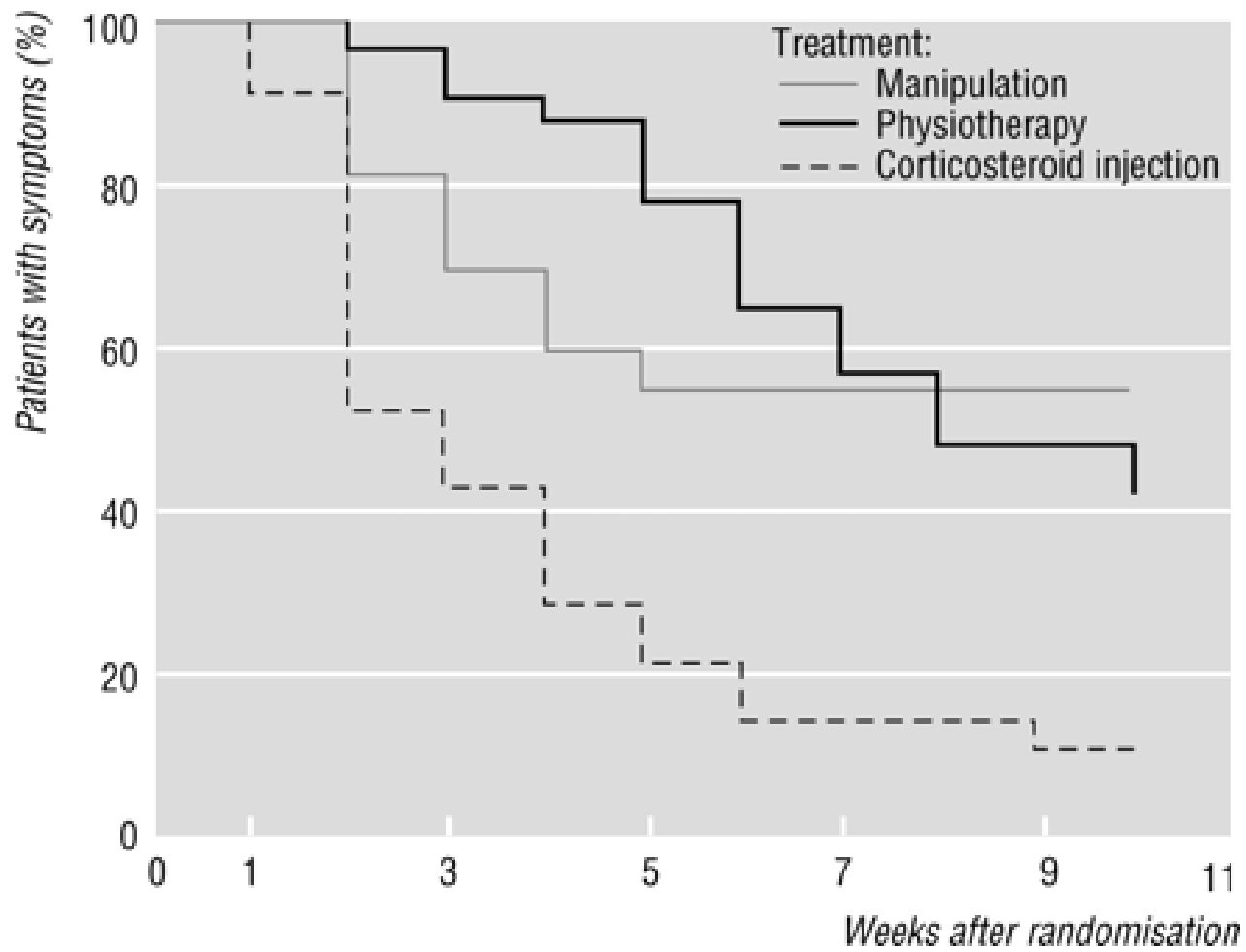
The long-term course of shoulder complaints: a prospective study in general practice.

Winters JC, Sobel JS, Groenier KH, Arendzen JH, Meyboom-de Jong B.

Rheumatology (Oxford). 1999 Feb;38(2):160-3







Manipulative therapy in addition to usual medical care for patients with shoulder dysfunction and pain: a randomized, controlled trial.

Bergman GJ, Winters JC, Groenier KH, Pool JJ, Meyboom-de Jong B, Postema K, van der Heijden GJ.
Ann Intern Med. 2004 Sep 21;141(6):432-9.


- Usual care (n=71)
- Usual care with additional MT of the cervical and cervical-thoracic spine and adjoining ribs (n=79)
 - 150 patients randomised
 - Follow-up 6, 12, 26 and 52 weeks
- At 12 weeks 43% perceived recovery versus 21% in the control group.
- At 52 weeks 59% perceived recovery versus 42% in the control group.

Manipulative Therapy in Addition to Usual Care for Patients With Shoulder Complaints: Results of Physical Examination Outcomes in a Randomized Controlled Trial

Gert J. Bergman PhD, Jan C. Winters MD PhD, Klaas H. Groenier PhD, Betty Meyboom-de Jong MD, PhD Klaas Postema MD, PhD Geert J. van der Heijden PhD

J Manipulative Physiol Ther. 2010 Feb;33(2):96-101

- 4 factors: “shoulder pain,” “neck pain,” “shoulder mobility,” and “neck mobility.”
- At 6 weeks, no significant differences between groups were found.
- At 12 weeks, the mean changes of all 4 factors favored the intervention group; the factors “shoulder pain” and “neck pain” reached statistical significance (95% confidence interval [CI], 0.1-2.1).
- At 26 weeks, differences in the factors “shoulder pain” (95% CI, 0.0-2.6), “shoulder mobility” (95% CI, 0.2-1.7), and “mobility neck” (95% CI, 0.2-1.3) statistically favored the intervention group.

A rowing team of five people is in a white boat on a body of water. The boat is moving away from the camera. The rowers are wearing white and purple gear. The water is dark blue-grey. In the background, there is a town with buildings and trees on a hillside. A white boat is visible on the left side of the frame. The sky is overcast.

as seen on
failblog.org

C. Bannister - 5 Mar 05

Evidence piramide



Manual therapy and exercise for rotator cuff disease (Review)
Page MJ, Green S, McBain B, Surace SJ, Deitch J, Lyttle N, Mrocki MA,
Buchbinder R

Despite identifying 60 eligible trials, only one trial compared a combination of manual therapy and exercise reflective of common current practice to placebo. We judged it to be of high quality and found no clinically important differences between groups in any outcome.

Effects of manual therapy and exercise may be similar to those of glucocorticoid injection and arthroscopic subacromial decompression, but this is based on low quality evidence.

Adverse events associated with manual therapy and exercise are relatively more frequent than placebo but mild in nature.

Novel combinations of manual therapy and exercise should be compared with a realistic placebo in future trials.

Further trials of manual therapy alone or exercise alone for rotator cuff disease should be based upon a strong rationale and consideration of whether or not they would alter the conclusions of this review.

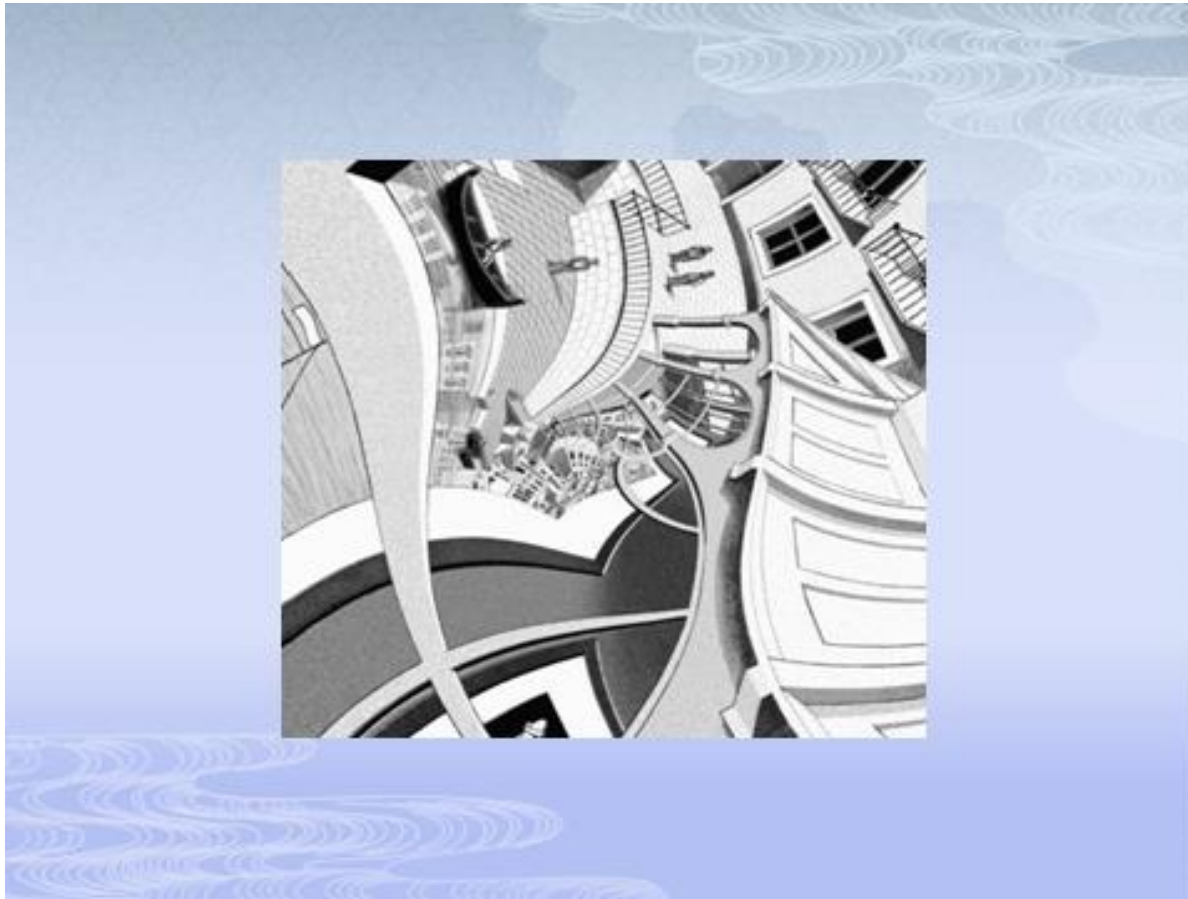




Keypoints

- Shoulder complaints do not have to be diagnosed in great detail. Glenohumeral, shoulder girdle and combination is sufficient. A patient can change diagnostic group in the course of time.
- There is an interaction between pain and dysfunction of the glenohumeral joint and pain and dysfunction of the shoulder girdle.
- MT should focus at the dysfunction of the structures of the shoulder girdle.

There is still a lot to discover



Thank you for your attention
Any questions?

