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RAPID RESEARCH

January 2021

Inside This Week: All About Shoulders

✓ Sham Surgery for
Shoulder SLAP Tears

✓ MRI findings on Shoulders With
and Without Pain

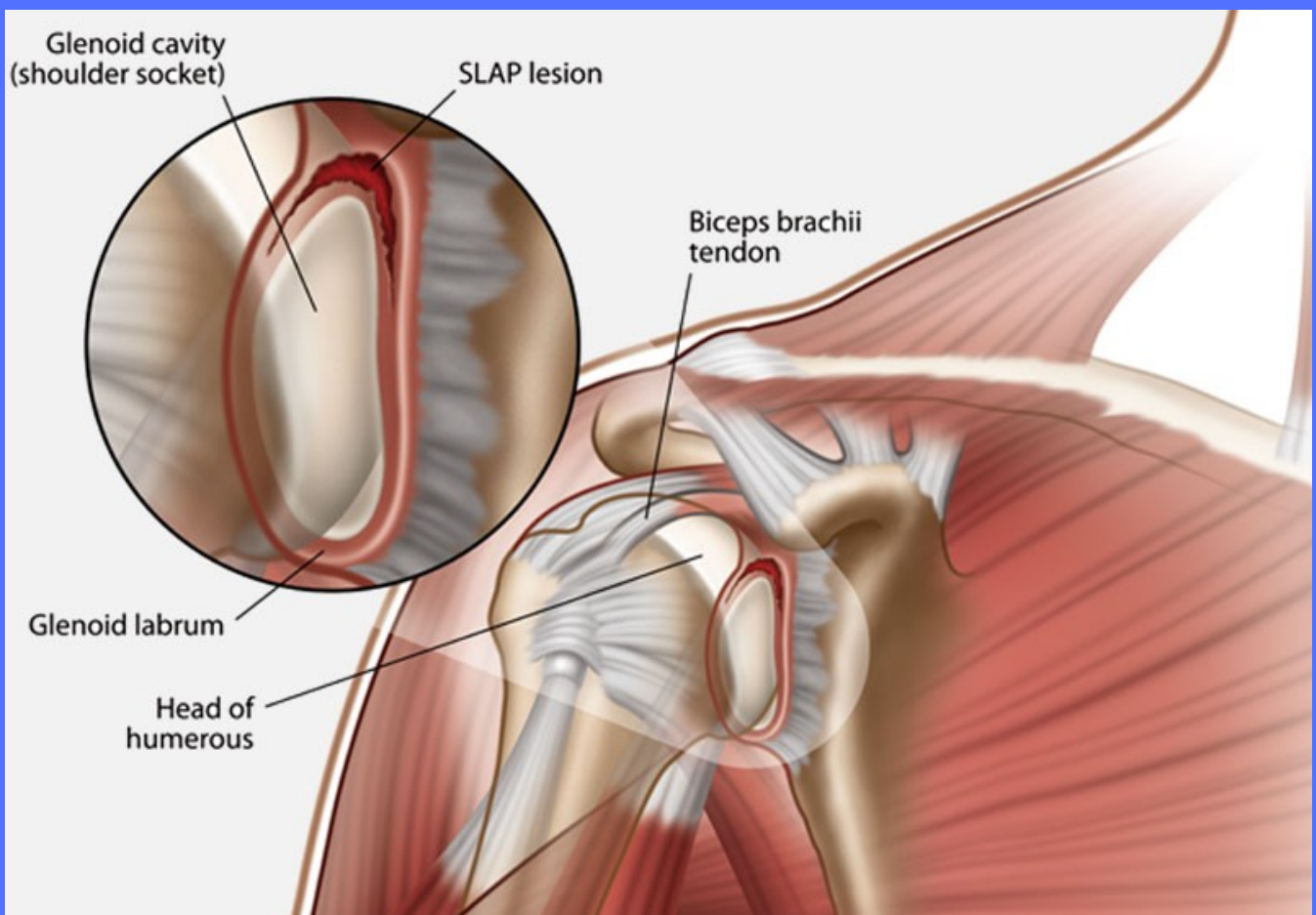
✓ Best Treatments for Shoulder
Pain.



SHAM SURGERY FOR SHOULDER S.L.A.P. TEARS

Superior Labrum Anterior to Posterior

This double-blind, sham-controlled trial with 118 surgical candidates evaluated the effect of Labral repair, biceps tenodesis and sham surgery on **SLAP** lesions.



KEY FINDINGS

Primary outcomes at **6 and 24 months** were Rowe score, Western Ontario Shoulder Instability Index.

Secondary outcomes were Oxford Instability Shoulder Score, EuroQol patient satisfaction and complications.

For isolated SLAP II lesion, **significant improvement** in both **objective and subjective** scores were found for: **Labral repair, Biceps tenodesis, and Sham surgery.**

There was no significant differences among (1) labral repair, (2) biceps tenodesis, (3) sham surgery in the population studied.

MAIN TAKEAWAYS

Neither labral repair nor biceps tenodesis had any significant clinical benefit over sham surgery for patients with SLAP II lesions in the population studied.

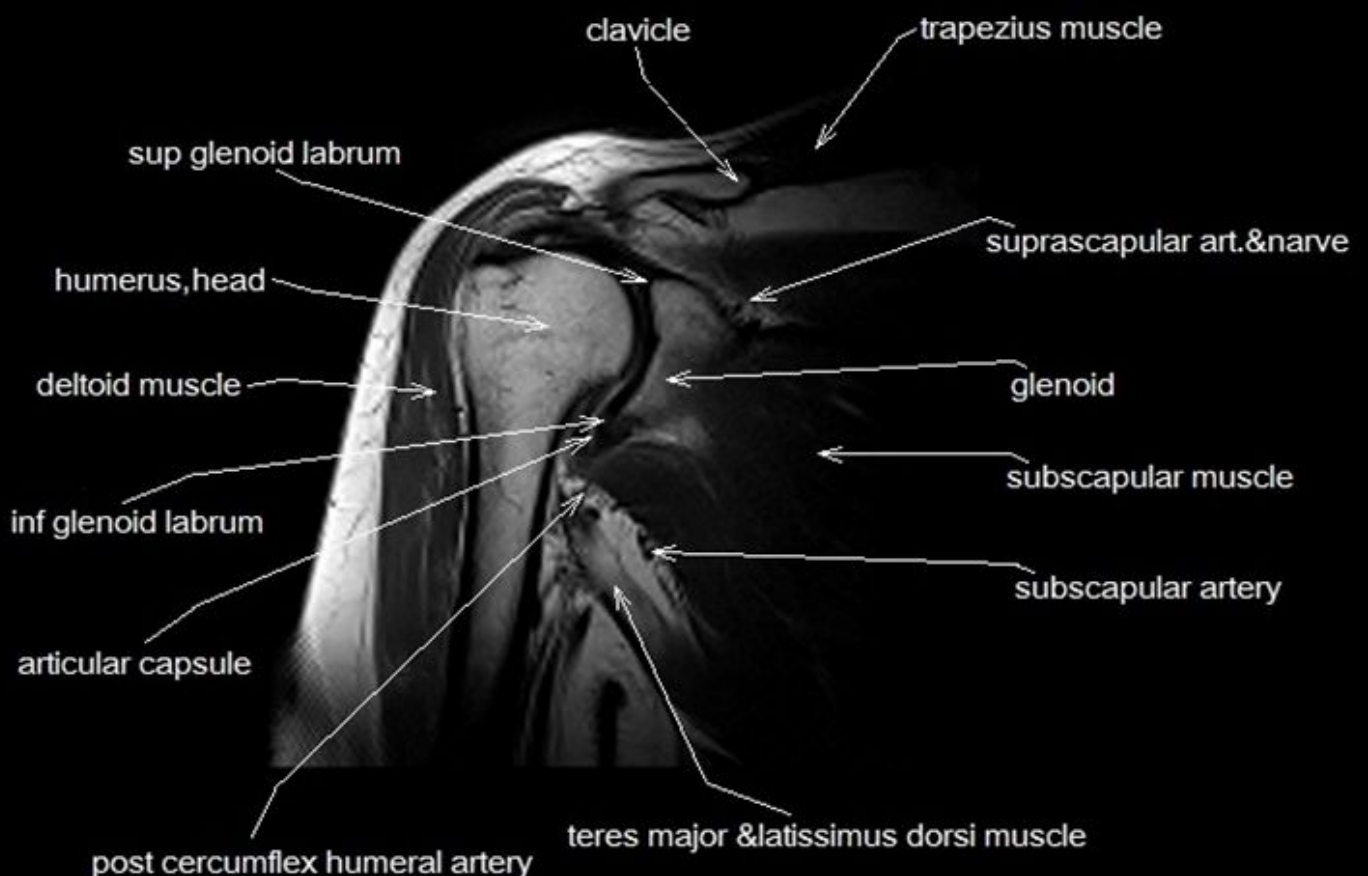
Patients should be informed about the long recovery and possible complications after surgery, and that non-operative treatment has a good probability of success.

LIMITATIONS

Only 73% of patients in the sham group believed they had been repaired.

MRI FINDINGS ON SHOULDERS WITH AND WITHOUT PAIN

This article evaluated MRI scans of both shoulders in 123 patients, even though they had pain in only 1 shoulder. They also determined the agreement between a shoulder surgeon and a radiologist.



KEY FINDINGS

Similar prevalence of abnormal MRI findings were observed in both symptomatic and asymptomatic shoulders .

Rotator cuff tendinopathy and AC joint pathology were highly prevalent in both shoulders based on Radiologist's (~90%) and Surgeon (~75%) opinion.

No difference in prevalence of the MRI findings between Right to Left.

Higher prevalence of full-thickness SS tear and shoulder OA in painful shoulders vs. non-painful shoulders.

SURGEON vs. RADIOLOGIST:

Agreement varied from 44.71% to 98.14%.

The best agreement (~90%) were for Suprspinatus Tendon atrophy, Shoulder OA, Long Head Biceps alterations, Humeral Tuberosity cysts.

MAIN TAKEAWAYS

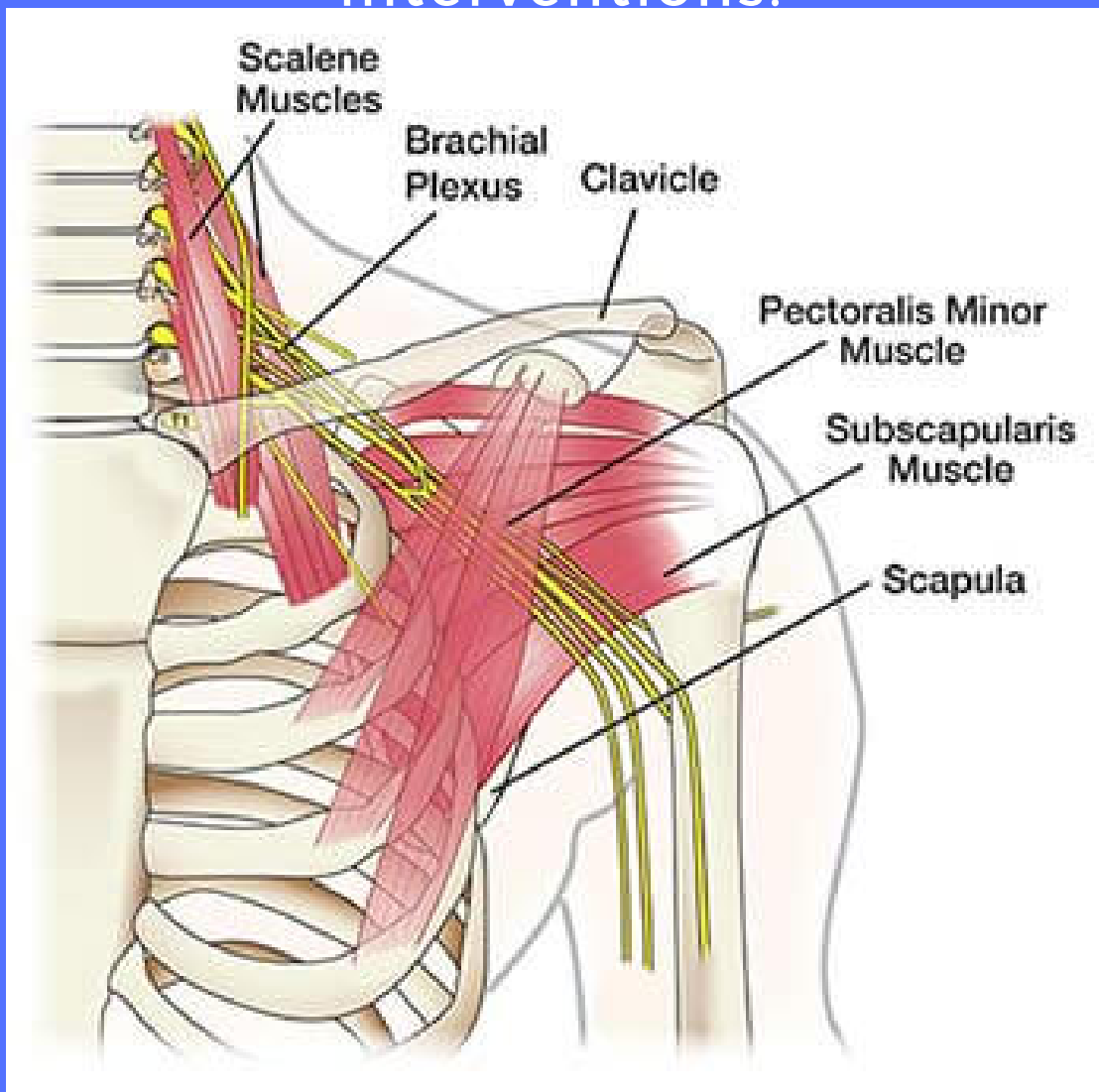
Most abnormal MRI findings were not different in frequency between painful and non-painful shoulders.

Common anatomic findings appear on MRI and don't necessarily mean it is causing symptoms.

MRI findings should be used as an adjunct to clinical findings.

BEST TREATMENTS FOR SHOULDER PAIN

This Systematic Review looked at 26 trials including varying interventions for shoulder disorders, to define efficacy of different interventions.



Exercise was beneficial for Rotator cuff disease [Short-Term] and Improving Function [Long-Term].

Mobilization+Exercise was better than only exercise for rotator cuff disease.

Laser therapy was more effective vs. placebo for adhesive capsulitis (Frozen Shoulder), but not for supraspinatus tendinitis.

Ultrasound and Pulsed Electromagnetic Field Therapy resulted in improvement vs. placebo for pain in calcific tendinitis.

No good evidence for ultrasound in:
Shoulder pain, Adhesive capsulitis, Rotator cuff tendinitis.

Ultrasound had no additional benefit vs. exercise alone.

Some evidence suggests corticosteroid injections are superior to physiotherapy for rotator cuff disease.

No evidence that physiotherapy alone benefits Frozen Shoulder. .

MAIN TAKEAWAYS

Little overall evidence to guide treatment.

Need for trials of physiotherapy interventions for specific clinical conditions associated with shoulder pain.

Shoulder Exercises

HEADS UP!

RAPID REVIEW MEMBERS

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