Clinical Assessment – towards an improved diagnosis & management

Anju Jaggi
Clinical Physiotherapy Specialist
EUSSER Vice President
RNOHT
The Current Problem

- Prevalence of shoulder pain is increasing
- Presents as a syndrome rather than a specific entity
- Current tests lack specificity
- Lack of correlation between structure failure & symptoms
Is it all about the RC?

• Pathology of the RC & bursa principal cause of pain
• Essentially an imbalanced RC creates the problem
  – Is it structurally incompetent?
  – Is it dynamically weak?
  – Is it compromised because of stiffness?
    • Capsular/arthritic
  – Is it compromised because of biology?
    • Bursal inflammation/intrinsic tissue quality
The limits of our current tests

• Current Impingement tests – specificity of <50%
  – Park et al (2005) JBJS

• Tell you structures hurt but not the reason why!
The limits of our current tests

• Current strength tests, test only one part of the RC in one part of the range

• The RC has 2 functions
  – Passive restraint
  – Dynamic stabiliser

• May indicate structural competency but not abnormal recruitment
Ask yourself this?

How often do we end up treating the symptoms not the underlying cause?

Do we end up repairing tears where the problem was more of dynamic function?

Remember up to 50% of the population >65yrs have a RC tear. Over 70% of them have a functioning RC tear!!!!

How can we improve/refine the assessment & gain a more accurate diagnosis?
Improvement Tests

• Shoulder Symptom Modification Procedure
  – Lewis 2008 BJSM

• Combined with physical tests
  – Cuff facilitation
  – Scapula assistance
  – Postural correction
  – Off load the weight of the limb

• Helps to formulate Rx
Improvement tests
Assessment Algorithm

In conjunction with a comprehensive history
Assessment Algorithm

Reduced ROM + Pain

- Passive > Active
  - Weak

- Passive = Active
  - Stiff

- Improvement tests/RC integrity tests

- Contracture/arthritis
Impingement Syndrome
Facilitate the cuff
Evidence based practice

• Current evidence for our current tests
  – Limited value, poor specificity
• Symptom modification has not been researched for its reliability
• The pain is multi-factorial therefore an assessment must address all components
Evidence based practice

• Current evidence for our current tests
  – Limited value, poor specificity
• Symptom modification has not been researched for its reliability
• The pain is multifactorial
Conclusion

• Shoulder pain is complicated but keep it simple
• An imbalanced RC is often the key issue
• Dynamic vs structural
• Improve it as well as provoke it!
THANK YOU