

# APA Shoulder Pain Position Statement

## Executive Summary ©



*Produced by Sports Physiotherapy Australia and Musculoskeletal Physiotherapy Australia for the Australian Physiotherapy Association.*

The Australian Physiotherapy Association (APA) has developed the following position statement on the physiotherapy management of shoulder disorders, based on the available scientific evidence from systematic reviews and randomised controlled trials.

Thirty eight randomised controlled trials and three systematic reviews relevant to physiotherapy and shoulder disorders were identified. The following is a summary of available evidence

Of major clinical concern is that few of the identified trials tested combinations of interventions (either more than one physiotherapy modality or physiotherapy combined with another modality) despite this being the most common way in which shoulder disorders are treated by physiotherapists in practice. As mentioned throughout this paper, shoulder disorders are difficult to diagnose and classify due to a common overlap of symptoms. Similarly, patients with shoulder disorders rarely receive a single treatment modality in isolation. Current clinical practice for shoulder disorders is likely to comprise not only a combination of physiotherapy modalities, but also physiotherapy modalities combined with other medical treatments such as corticosteroid injection or medications. Very few trials have assessed combinations of treatments, with some directly comparing two interventions generally given together. This failure of trials to reflect actual practice in their tested interventions needs to be considered not only in interpreting the evidence available for the physiotherapy management of shoulder disorders, but also in planning future research.

Much further research, in particular larger trials of higher methodological quality, more reflective of the current clinical practice of combined interventions and in specific populations need to be conducted before we can draw conclusions regarding the benefits and optimal use of physiotherapy modalities in the treatment of shoulder disorders. However, the evidence to date can be summarised as follows:

### Evidence supporting the use physiotherapy modalities:

- Exercise for impingement, with additional benefit from exercise plus mobilisation.
- Exercise for increased range of motion in general shoulder pain.
- Exercise, Feldenkrais and relaxation training for complex neck/shoulder pain.
- Laser and Pulsed Electromagnetic Field for rotator cuff tendinopathy
- Ultrasound for short term pain relief in Adhesive Capsulitis
- Ultrasound and Pulsed Electromagnetic Field for Calcific tendinitis.

### Further research is needed before we can draw conclusions:

- Any physiotherapy modality for Rotator Cuff tear
- Exercise or mobilisation for tendinopathy
- Short-term benefit of post-operative physiotherapy.
- Physiotherapy as an adjunct to medical interventions in any shoulder disorder.
- Any physiotherapy modality for instability or hypermobility of the glenohumeral joint
- Any physiotherapy modality for Rheumatoid or Osteoarthritis of the shoulder
- Any physiotherapy modality for acromio-clavicular joint injury

### Evidence not supporting the use of:

- Ultrasound of no additional benefit to exercise in general shoulder pain
- Physiotherapy alone (i.e. without additional medical modality) for Adhesive Capsulitis