

## Soft tissue shoulder injuries

**Date of latest update:** May, 2004. **Date of next update:** 2009. **Patient group:** Shoulder injuries related to trauma in the adolescent and adult population. **Intended audience:** Practitioners working with people after shoulder injuries. **Additional versions:** Nil. **Expert working group:** New Zealand (NZ) Guidelines Group. A panel of 14 experts from disciplines including emergency medicine, nursing, orthopaedic surgery, osteopathy, physiotherapy, population health, radiology and sports medicine. **Funded by:** Accident Compensation Corporation (ACC), New Zealand. **Consultation with:** A panel of 17 multidisciplinary international experts reviewed the guidelines. Drafts were circulated to consumer groups, organisations and clinicians in the peer review process. **Approved by:** NZ Association of Musculoskeletal Medicine, NZ Orthopaedic Association, The NZ Society of Physiotherapists Inc, Royal Australian and NZ College of radiologists, Royal NZ College of General Practitioners, Sports Medicine NZ Inc, the NZ Guidelines Group, and ACC, New Zealand. **Location:** <http://www.nzgg.org.nz>

**Description:** 86 page document, including 2 Appendices and 102 references. This guideline addresses the diagnosis, acute management, and rehabilitation of people following shoulder injuries. It specifically addresses rotator cuff injuries, frozen shoulder, glenohumeral instabilities and dislocations, and acromioclavicular and sternoclavicular joint dislocation. Key messages regarding the diagnosis and management of shoulder injuries generally and these conditions in particular are summarised at the start of the document (page xi). In addition, an overall management algorithm is summarised on pages xii-xiv, incorporating issues such as red flags, external causes, appropriate imaging, signs and symptoms, and management of each specific condition. A summary of clinical assessment (history, physical and neurological examination) for each condition is also provided (page xv). The body of the document provides detailed evidence for each condition in a separate chapter. This includes an overview, background information regarding the condition, diagnostic evidence including indications for imaging, and evidence of appropriate management. A summary of recommendations and good practice points are contained at the start of each chapter. Recommendations are graded from A (good evidence), B (fair evidence), C (expert opinion) and I (no recommendation can be made). Recommendation grading criteria and the criteria for rating the quality and level of evidence for the different types of studies are detailed in Appendix A.

**Sandra Brauer**  
The University of Queensland

## Traumatic brain injury

**Date of latest update:** July, 2006. **Date of next update:** 2009. **Patient group:** Children, young people and adults following traumatic brain injury (TBI). **Intended audience:** Practitioners working with people after TBI. **Additional versions:** Additional appendices are available at the same website. **Expert working group:** New Zealand (NZ) Guidelines Group. A panel of 28 experts representing 20 organisations/groups including consumers, education, medicine, nursing, occupational therapy, physiotherapy, psychology, and speech pathology formulated the recommendations. **Funded by:** Accident Compensation Corporation (ACC), New Zealand. **Consultation with:** A draft of the guideline was circulated to over 250 individuals/organisations in the peer review process. **Approved by:** Thirteen medical and allied health organisations such as The Australasian Faculty of Rehabilitation Medicine, The Royal Australasian College of Physicians, and The NZ Society of Physiotherapists Inc; consumer groups including the Brain Injury Association of NZ and Carers NZ; the NZ Guidelines Group; and ACC, New Zealand. **Location:** <http://www.nzgg.org.nz>.

**Description:** 244 page document, including 4 Appendices and 380 references. This guideline addresses the diagnosis, acute management, and rehabilitation of people following all levels of severity of TBI in acute and rehabilitation phases. It is a comprehensive review of medical, nursing, and allied health services, assessments, and interventions. Chapters of particular relevance to physiotherapy include those on pre-hospital assessment, management, and referral to hospital; rehabilitation assessment; rehabilitation intervention; management of persistent symptoms and activity limitations following mild TBI; post discharge follow-up; children and young people with TBI; and needs of carers. A summary of recommendations and good practice points is contained at the start of each chapter. Recommendations are graded as A (good evidence, where several valid, consistent, applicable and clinically relevant studies have demonstrated evidence), B (fair evidence, based on valid studies but there are concerns with issues such as volume of evidence), and C (international expert opinion). The grading criteria are detailed in Appendix B.

**Sandra Brauer**  
The University of Queensland