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Appraisal of Clinical Practice Guideline: Subacromial decompression surgery for adults with shoulder pain

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Appraisal

Appraisal of Clinical Practice Guideline: OPTIMa revised recommendations for non-pharmacological management of persistent headaches associated with neck pain

Date of latest update: January 2019. **Date of next update:** Within the next 5 years. **Patient group:** Adults (aged ≥ 18 years) with tension-type or cervicogenic headaches (persisting > 3 months) that are associated with neck pain. **Intended audience:** Clinicians providing care for patients with headaches in primary, secondary and tertiary healthcare settings (medical doctors, physiotherapists, nurse practitioners, chiropractors, kinesiologists, psychologists, massage therapists and osteopaths). **Additional versions:** This guideline was developed to build on previous guidelines for the management of headaches^{1,2} and treatment of tension-type headaches.³ **Expert working group:** Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. **Funded by:** Financial support was provided by the Ministry of Finance and the Financial Services Commission of Ontario (OSS_00267175). **Consultation with:** The OPTIMa Collaboration is a multidisciplinary team of expert clinicians (physicians, dentists, physiotherapists, occupational therapists, chiropractors, nurses, etc.), scientists, academics, a patient liaison, retired judge, consumer advocate, automobile insurance industry experts, Guideline Expert Panel, and Recommendation Subcommittee. **Approved by:** The Guideline Expert Panel reviewed and approved final recommendations. **Location:** *Eur J Pain*. 2019;23:1051-1070; <https://doi.org/10.1002/ejp.1374>. **Description and key recommendations:** The goal of this clinical practice guideline was to update the evidence-based guidelines for the conservative treatment of headaches associated with neck pain (eg, cervicogenic or tension-type headaches) based on high-quality systematic reviews. Six additional systematic reviews were included in this update and were determined to be high-quality through assessments of internal validity by two independent reviewers. All of the added studies were found to have a low risk of bias, but the risk of bias appraisal tool used was not mentioned in the clinical practice guideline. Some of the non-pharmacological treatments are exercise, manual therapy, patient education, passive physical modalities, and work injuries prevention education (definitions of the interventions are presented in the Table S1 of the guideline).

The evidence-based recommendations were primarily informed by the overall clinical benefits, safety and cost-effectiveness of the interventions, and consistency with societal and ethical values. The key recommendations include: major structural problems or pathologies (eg, migraine headaches) should be ruled out; patients should be involved in the development of the plan of care; structured patient education is a major component of the conservative treatment; low load endurance craniocervical and cervico-scapular exercises should be considered for headaches lasting > 3 months; and a multi-modal approach consisting of general exercise, postural correction and spinal mobilisation should be followed. Manipulation of the cervical spine should not be considered as the sole treatment. These findings expand on previous guidelines to include additional recommendations for optimal frequency and duration of interventions.

Provenance: Invited. Not peer reviewed.

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2. Carville S, et al. *BMJ*. 2012;345:e5765.
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Appraisal of Clinical Practice Guideline: Subacromial decompression surgery for adults with shoulder pain

Date of latest update: February 2019. **Patient group:** Adults diagnosed with subacromial pain syndrome presenting with atraumatic shoulder pain for > 3 months. **Intended audience:** Clinicians and public healthcare providers in primary care centres and outpatient clinics. **Expert working group:** MAGIC Group (including physicians, researchers, developers, a management consultant and a healthcare consultant) and the *BMJ*. **Funded by:** The Dutch Orthopaedic Society. **Consultation with:** An international panel of orthopaedic surgeons, a rheumatologist, physiotherapists, general internists, a general practitioner, epidemiologists, methodologists, and patients with lived experience of shoulder pain and surgery. **Approved by:** The guidelines were approved by the international panel. **Location:** *BMJ*. 2019;364:l294; <https://doi.org/10.1136/bmj.l294>. **Description:** This practice guideline was developed to update previous recommendations (see Table 1 of clinical practice guideline) on whether subacromial decompression surgery is beneficial for patients diagnosed with subacromial pain syndrome. An international panel selected the important outcome measures (ie, pain, health-related quality of life, patient global perceived effect, potential harms from surgery, physical function, development of full-thickness rotator cuff tears, and participation in work and recreation activities) informed by the Outcome Measures in Rheumatology (OMERACT) preliminary shoulder trial core domain outcome set. The panel then requested two systematic reviews to be conducted to determine the minimum important difference for pain, function and quality of life to make subacromial decompression surgery worthwhile¹ and the benefits and harms of subacromial decompression surgery for patients with subacromial pain syndrome.² A GRADE approach and the *BMJ* Rapid Recommendations procedures

were followed. The panel members prioritised: certainty of evidence; patient values and preferences; and benefits and harms of nonoperative treatments versus surgeries. They found that surgery is not cost-effective and provides no additional benefits for function, pain, quality of life or global perceived effect. The resulting recommendations are that clinicians should avoid offering subacromial decompression surgery to patients when unprompted. Physiotherapists and other healthcare providers should educate patients on the ineffectiveness of subacromial decompression surgery for subacromial pain syndrome and use an exercise-based physiotherapy program for treatment.

Provenance: Invited. Not peer reviewed.

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