Treatment of shoulder complaints in general practice
Winters, J.C.; Jorritsma, W.; Groenier, K.H.; Sobel, J.S.; Meyboom-de Jong, B.; Arendzen, J.H.
Published in: British Medical Journal

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date: 1999

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.
Treatment of shoulder complaints in general practice: long term results of a randomised, single blind study comparing physiotherapy, manipulation, and corticosteroid injection

Jan C Winters, Wim Jorritsma, Klaas H Groenier, Jan S Sobel, Betty Meyboom-de Jong and Hans J Arendzen

BMJ 1999;318;1395-1396

Updated information and services can be found at:
http://bmj.com/cgi/content/full/318/7195/1395

These include:

References
This article cites 5 articles, 2 of which can be accessed free at:
http://bmj.com/cgi/content/full/318/7195/1395#BIBL

2 online articles that cite this article can be accessed at:
http://bmj.com/cgi/content/full/318/7195/1395#otherarticles

Rapid responses
One rapid response has been posted to this article, which you can access for free at:
http://bmj.com/cgi/content/full/318/7195/1395#responses

You can respond to this article at:
http://bmj.com/cgi/eletter-submit/318/7195/1395

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Topic collections
Articles on similar topics can be found in the following collections

- Clinical Research (513 articles)
- Other Rheumatology (1308 articles)
- Drugs: musculoskeletal and joint diseases (269 articles)

Notes

To order reprints of this article go to:
http://www.bmjjournals.com/cgi/reprintform

To subscribe to BMJ go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
Treatment of shoulder complaints in general practice: long term results of a randomised, single blind study comparing physiotherapy, manipulation, and corticosteroid injection

Jan C Winters, Wim Jorritsma, Klaas H Groenier, Jan S Sobel, Betty Meyboom-de Jong, Hans J Arendzen

Descriptive studies have shown that shoulder complaints can be persistent and recurrent, requiring long term evaluation of treatment. Unfortunately, in most randomised studies comparing treatments for shoulder complaints the study period varies from a few weeks (trials of non-steroidal anti-inflammatory drugs) to 3-6 months (injection therapy and physiotherapy trials). 

In a trial in 1994-5 of treatment of shoulder complaints in general practice we showed that in a study period of 11 weeks, injection therapy with a corticosteroid was superior to physiotherapy and manipulative therapy in the patients whose complaints originated from the structures of the glenohumeral joint, the subacromial space, or the acromioclavicular joint (synovial group). In the patients whose complaints related to functional disorders of the cervical spine, the upper thoracic spine, or the adjoining ribs (shoulder girdle group), manipulation was superior to physiotherapy. To assess the various treatments in the long term, we re-examined these patients two to three years after the original study.

Patients, methods, and results

In September 1997 we sent a questionnaire to all 172 patients who had taken part in the earlier trial, inquiring about persisting, recurrent, or new shoulder complaints since the initial treatment. Diagnostic procedures and further treatment were assessed. We asked patients with current complaints to indicate if they felt “cured” and invited those who did not feel cured for a physical examination. Details about the assessment of the patients, the definition of the diagnostic categories, feeling cured, and the treatments given are described elsewhere. Statistical testing was done with the χ² test.

We received 130 (76%) questionnaires that could be evaluated. The distribution of the patients’ characteristics across the five treatment groups was similar to the original study. A substantial proportion (64%) of the non-respondents had paid jobs. The table shows that 29/40 (73%) patients in the shoulder girdle group had experienced a shoulder complaint at some time since the earlier trial. Thirteen of the 22 (59%) patients with current complaints had had previous complaints, of whom 4 did not feel cured. Most (18/19) patients with current complaints, of whom 8 (62%) did not feel cured. In the manipulation group 6/18 (33%) patients had current complaints, of whom 4 did not feel cured. In the manipulation group 6/18 (33%) patients had current complaints, of whom 4 did not feel cured. Most (18/19) patients with current complaints had had previous complaints. No significant differences were found between the two treatment groups for the items examined. Only two patients reported referral for specialist assessment.

In the synovial group 47/90 (52%) patients had experienced a shoulder complaint at some time since the earlier trial. Twenty two (24%) patients had current complaints, of whom 21 (95%) did not feel cured. Nineteen (21%) patients had consulted their general practitioner, and 12 (13%) patients were referred to a specialist, in most cases an orthopaedic surgeon. No significant differences were found between the three treatment groups for the assessed variables.

Of the 33 patients not feeling cured, 25 attended for a physical examination. Ten (30%) patients seemed to have changed diagnostic category.

Department of Family Practice, University of Groningen, Ant
Dewensinglaan 4, 9713 AW Groningen, Netherlands
Jan C Winters, general practitioner
Klaas H Groenier, statistician
Jan S Sobel, general practitioner
Betty Meyboom-de Jong, professor of general practice
Rehabilitation Centre Beatrixoord, Haren, Netherlands
Wim Jorritsma, specialist in rehabilitation medicine
Hans J Arendzen, specialist in rehabilitation medicine

Correspondence to: Dr J C Winters, Niemeyer Schoelweg 2A, 9756 BB Glimmen, Netherlands
jwinters@knmg.nl

BMJ 1999;318:1395-6
Comment

The positive results of both injection therapy and manipulation versus physiotherapy in the original trial seemed to be short term effects. In the long term no significant differences between the various treatment groups were found. As many as half of the patients experienced recurrent complaints.

Shoulder complaints are not necessarily troublesome for all patients. Consequently, some patients feel cured despite their current complaints. Also, 64% of the non-respondents had paid employment; does this suggest that they were too busy to consider their shoulder complaint as anything more than minor?

The diagnostic categories of shoulder pain changed over time, which might be important for the therapeutic strategy.

Considering that a substantial proportion of patients with shoulder complaints experienced long term or recurrent complaints, new studies should analyse the factors that cause persistent shoulder complaints. Only with this knowledge can successful long term therapeutic strategies be developed.

We thank the rehabilitation centre Beatrixoord for giving us room and administrative facilities to conduct this study. We thank general practitioners Luit-Jan Lukkes, Henk Spelie, Mello Maaskant, and Jan Woudhuizen for their help in examin- ing the patients and Siebring Schokker for entering the data into the computer.

Contributors: HJA and BMJ initiated the study. WJ did the overall coordination. WJ, JCW, JSS, and HJA collected the data. KHG did the statistical analysis. JCW wrote the article, with comments from the other authors, and will act as guarantor for the study.

Funding: None.
Competing interests: None declared.


(Accepted 24 November 1998)