Non-pharmacological Management of Soft Tissue Disorders of the Shoulder: A Clinical Practice Guideline from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration

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Received October 15, 2019

Accepted for publication December 1, 2019

Abstract

Objective: To develop an evidence-based clinical practice guideline for the non-pharmacological management of shoulder soft tissue disorders (shoulder pain).

Methods: This guideline is based on seven systematic reviews. A multidisciplinary expert panel formulated recommendations based on evidence of effectiveness, safety, cost-effectiveness, societal and ethical values, and patient experiences (through qualitative research). Target audience includes clinicians; target population is adults with shoulder pain (sprains/strains, tendinopathies).

Recommendations: When managing shoulder pain, clinicians should rule out major pathologies, assess prognostic factors for delayed recovery, offer education and reassurance, and provide care in partnership with the patient. For shoulder pain ≤ 3 months' duration, clinicians may consider cervicothoracic manipulation and mobilization as adjunct to usual care, thoracic manipulation, multimodal care (heat/cold, mobilization, exercise), or low-level-laser therapy. For shoulder pain > 3 months' duration, clinicians may consider exercise, laser acupuncture, low-level-laser therapy, general practitioner care, thoracic manipulation, cervicothoracic manipulation and mobilization with usual care, or multimodal care (combining heat/cold, mobilization, exercise). Clinicians should not offer cervical mobilization as adjunct to multimodal care, cervicothoracic manipulation and mobilization as adjunct to exercise, multimodal care (combining exercise, mobilization, taping, psychological intervention, massage), shockwave therapy, ultrasound, taping, interferential current, diacutaneous fibrolysis, or massage. For calcific tendinitis, clinicians may consider shockwave therapy. Clinicians should reassess at every visit and determine whether discharge or a referral is indicated.

Public health impact/implications: Our guideline provides evidence-based recommendations intended to optimize patient care, reduce inefficient practices and healthcare costs, and improve health outcomes related to shoulder pain. Our recommendations help guide shared decision-making with patients, bridge the gap between research and practice, and reduce variation in care among clinicians. Our guideline identifies interventions that may provide some benefit, little effect, or potential harm to assist policymakers with decision-making at the population level. Overall, this guideline contributes to preventing and limiting the burden of musculoskeletal disability.