



Clinical Weekly - 188th Edition

#JOURNALTUESDAY - by Abi Peck

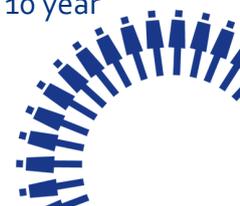
Effectiveness of conservative interventions including exercise, manual therapy and medical management in adults with shoulder impingement: a systematic review and meta-analysis of RCTs [Download here](#)

1. Did the review address a clearly focused question?
2. Did the authors look for the right type of papers?
3. Do you think all the important, relevant studies were included?
4. Did the review's authors do enough to assess the quality of the included studies?
5. If the results of the review have been combined, was it reasonable to do so?
6. What are the overall results of the review?
7. How precise are the results?
8. Can the results be applied to the local population?
9. Were all important outcomes considered?
10. Are the benefits worth the harms and costs?

#NEWSOFTHEWEEK - by Matt Cleverley

1. Long term clinical outcome of subacromial decompression for subacromial pain

A recent study has added fuel to the fire in the debate around operative vs conservative management of the painful shoulder. Until this point, few studies have looked into the consequences of surgical vs conservative management beyond around 2 years. Therefore the aim of this randomized study was to compare the long-term outcomes of subacromial decompression or physical therapy treatment for subacromial impingement. 87 participants were randomized to 3 groups; open acromioplasty, arthroscopic acromioplasty and physical therapy treatment alone. The groups were comparable at baseline and were then followed up at least 10 years after the initial treatment. The main outcome measure used was the Constant score, which is a self-reported questionnaire based upon pain, mobility, strength and ADL's. It is considered a gold standard measurement for shoulder function and the findings showed that both surgical groups had a significant improvement in score after the 10 year follow up whereas this was not seen in the physical therapy group.





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#NEWSOFTHEWEEK - by Matt Cleverley

1. Continued.

There were no significant differences found between the groups in terms of OA or rotator cuff tears, as measured by radiographic evaluation and ultrasound, respectively. In light of the recent 'CSAW' study, this research controversially suggests the surgical treatment of subacromial impingement appears to render better clinical results than physical therapy in the long term. However, the physiotherapy intervention was based upon 'Bohmer's exercise protocol' from 1984 which is dated and may not truly reflect the comprehensive, tailored physiotherapy programmes that are prescribed as treatment today. Another limitation is that adherence to these physical therapy programmes in such a longitudinal study following treatment is likely to be poor and compliance has not been reported in the study. Furthermore, the size of the study group was lower than planned -the authors set power values based on 36 participants per group- which may involve a substantial risk for a type II error.

<https://paperpile.com/app/p/f1d30985-4b8d-04db-a677-135659d5e131>

2. Who succeeds without reconstructive surgery of the ACL?

A piece of original research published this week took a sample of 300 participants with a unilateral anterior cruciate ligament (ACL) rupture, and included 118 of those who decided not to have surgical reconstruction. Baseline tests were performed and repeated after a 5 week neuromuscular and strength training rehabilitation programme, and then participants returned for a 2 year follow up. Data was collected on: quadriceps muscle strength, 4 single leg hop tests and questionnaire results from the Knee Outcome Survey activities of Daily Living Scale (KOS-ADLS) and the International Knee Documentation Committee subjective knee form (IKDC). Of the 97 participants that attended the follow up after 2 years, 52 of those were associated with having a successful outcome, as defined by having IKDC scores in >15th normative percentile and not having late ACL reconstruction. From the baseline tests they found four variables to improve the chances of a successful outcome; female sex, older age, a higher score in the KOS-ADLS and a single leg hop distance on the involved leg that was >90% of the uninvolved leg. From the tests completed after the neuromuscular strength training programme they found just female sex, older age and a higher IKDC score to prognostically predict a successful outcome. Interestingly, factors that were not significantly predictive were BMI and pre-injury sports level. This paper serves to give clinicians and patients more confidence in a non-surgical treatment choice and aids in clinical decision making.

<https://bit.ly/2L9gC4t>





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#FRACTUREFRIDAY BY SCOTT ROWBOTHAM

Lisfranc Injury

Also known as a Lisfranc fracture-dislocation. It is the most common type of foot dislocation and involves the dislocation of the articulation of the tarsus with the metatarsal bases.

Anatomy

The Lisfranc joint is the articulation of the tarsus with the metatarsal bases, whereby the first three metatarsals articulate respectively with the three cuneiforms, and the 4th and 5th metatarsals with the cuboid.

The Lisfranc ligament is a strong band attaching the medial cuneiform to the 2nd metatarsal base on the plantar aspect of the foot. Its integrity is crucial to the stability of the Lisfranc joint.

Sub-types

There are three main subtypes of Lisfranc fracture-dislocation:

- Homolateral: a lateral displacement of the 1st to 5th metatarsals, or of 2nd to 5th metatarsals where the 1st MTP joint remains congruent
- Divergent: a divergent injury is a lateral dislocation of the 2nd to 5th metatarsals with medial dislocation of the 1st metatarsal
- Isolated: this involves one or two metatarsals that dislocate dorsally in isolation

Mechanism of Injury

This injury can be caused by a direct crush injury or through an indirect load of a plantarflexed foot. Charcot joints (neuropathic degenerative joints) are also prone to tarsometatarsal dislocations

Imaging

A plain X-Ray is normally sufficient but if minor displacement or associated fractures are suspected a CT is deemed as gold standard



Rehabilitation

Internal fixation is most common due to non-union and post-traumatic arthritis being a complication following injury. Progressive physiotherapy through protocol lead weight-bearing, gait re-education, to strengthening and proprioception will likely be required.

<https://radiopaedia.org/articles/lisfranc-injury>

