



# Clinical Weekly - 170<sup>th</sup> Edition

#JOURNALTUESDAY - by Abi Peck

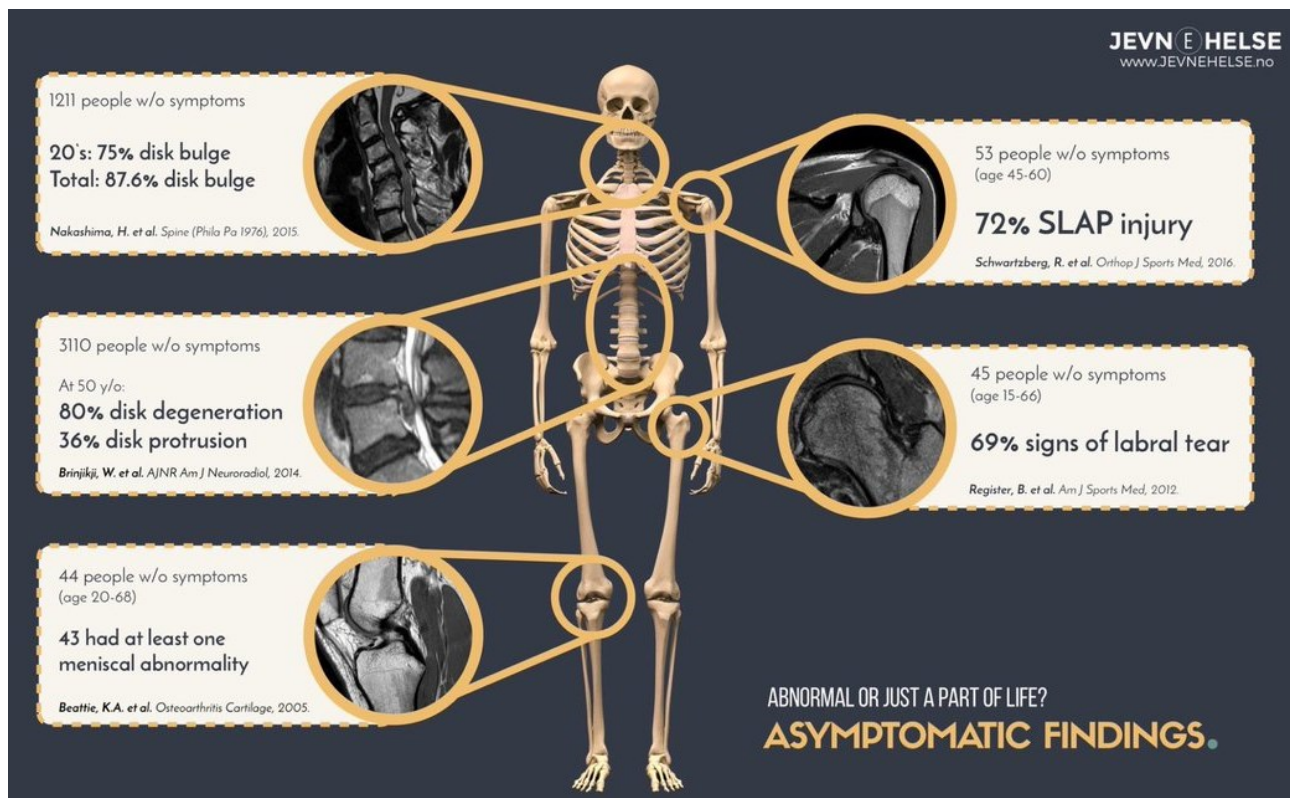
Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallelgroup, placebo-controlled, three-group, randomised surgical trial. [Download here](#)

## Questions:

1. Did the trial address a clearly focussed issue?
2. Was the assignment of patients to treatments randomised?
3. Were all of the patients who entered the trial properly accounted for at its conclusion?
4. Were patients, health workers and study personnel 'blind' to treatment?
5. Were the groups similar at the start of the trial?
6. Aside from the experimental intervention, were the groups treated equally?
7. How large was the treatment effect?
8. How precise was the estimate of the treatment effect?
9. Can the results be applied in your context?
10. Were all the clinically important outcomes considered?
11. Are the benefits worth the harms and costs?

## #NEWSOFTHEWEEK - by Liz Wright

**Asymptomatic findings.** [@jevnehelse](#) has shared this brilliant slide to emphasis not all structural changes should be perceived as abnormal.





# Clinical Weekly - 170<sup>th</sup> Edition

## Incidence and prevalence of patellofemoral pain: A systematic review and meta-analysis

PFP is a common condition, with approximately 1 in 10 military recruits and 1 in 14 adolescents suffering at any one time; and 1 in 5 of the general population experiencing pain within the last year. Due to a scarcity of evidence uncertainty remains with regards to these estimates of incidence and prevalence, and further published or unpublished work is likely to revise these estimates. There is some consistency with data showing females are 2x more likely to experience PFP than males. In the context of high incidence and prevalence numbers, poor long term prognosis and high disability levels, PFP should be an urgent research priority. We need to be aware of high risk groups, such as adolescents and adults increasing physical activity levels, and the persistent nature of the problem.

<http://bit.ly/2ERc2Ey>

## What do physiotherapists and manual handling advisors consider the safest lifting posture, and do back beliefs influence their choice?

It is commonly believed lifting is dangerous and the back should be straight during lifting. No study has evaluated the lifting and back beliefs of manual handling advisors (MHAs) and physiotherapists (PTs). Objectives: To evaluate a) what lifting technique MHAs and PTs perceive as safest, and why, and b) the back pain beliefs of MHAs and PTs. Via an electronic survey, participants selected the safest lifting posture from four options: two with a straight back and two with a more rounded back, with justification. Back beliefs were collected via the Back-Pain Attitudes Questionnaire. 400 completed the survey. 75% of PTs and 91% of MHAs chose a straight lifting posture as safest, mostly on the basis that it avoided rounding of the back. Those who chose the straight back position had significantly more negative back beliefs than those who chose a round back lift. Avoiding rounding the back while lifting is a common belief in PTs and MHAs, despite the lack of evidence that any specific spinal posture is a risk factor for low back pain. Make sure you are not one of these!

<http://bit.ly/2DHTdok>

## #FRACTUREFRIDAY by Joe Russell

### Patella Fracture

#### Anatomy and epidemiology

The patella is the largest sesamoid bone in the human body. It is roughly triangular in shape which ossifies around the age of three and forms an important articulation for the femur and tibia. The most common cause of patella fracture is direct trauma or extreme quadriceps contraction at high load (eg sports). Patients will present with swelling and point tenderness of the patella.

#### Imaging

Plain film X-rays are often sufficient for initial diagnosis. CT scanning is used in some cases for surgical planning.

#### Treatment

Treatment can be conservative with immobilisation for stable fractures. For displaced fractures tension band fixation is common. K-wire or screwed fixation can be used in some scenarios. Patella-ectomy is a last resort.



#### Reference

<https://radiopaedia.org/articles/patella-fracture>  
<https://orthoinfo.aaos.org/en/diseases--conditions/patellar-kneecap-fractures/>

