



Clinical Weekly - 179th Edition

#JOURNALTUESDAY - by Abi Peck

Gabapentin in neuropathic pain syndrome: a randomised, double-blind, placebo-controlled trial [Download here](#)

1. Did the trial address a clearly focussed issue?

Yes: Is gabapentin effective for treating neuropathic pain?

2. Was the assignment of patients to treatments randomised?

Yes, randomised computer generator was used to allocate groups.

3. Were all of the patients who entered the trial properly accounted for at its conclusion?

Yes, there were clear tables and explanations given for withdrawal, dropout rates and exclusions from study.

4. Were patients, health workers and study personnel 'blind' to treatment?

Patients were blinded to using either placebos or gabapentin medication. The study does not state whether study personnel were blinded to testing/ results.

5. Were the groups similar at the start of the trial?

Yes, patients were recruited from 35 hospitals. Patients had similar characteristics at baseline measures in either group, however there were slightly more females in the gabapentin group.

6. Aside from the experimental intervention, were the groups treated equally?

Both groups were treated the same.

7. How large was the treatment effect?

Significant differences were shown in favour of gabapentin for improvements in pain with neuropathic symptoms.

8. How precise was the estimate of the treatment effect?

Pain scores reduced in gabapentin compared to placebo $p=0.048$

9. Can the results be applied in your context?

Yes, people diagnosed with neuropathic pain will be similar presentations to patients treated in clinic, so may benefit from this type of intervention.

10. Were all the clinically important outcomes considered?

Yes pain, function and adverse effects to medication were recorded.

11. Are the benefits worth the harms and costs?

Yes, minimal adverse events were recorded. Cost of gabapentin may be higher than other neuropathic medication i.e. amitriptyline. Improved quality of life in patients using gabapentin more significantly than the placebo.





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#NEWSOFTHEWEEK - by Liz Wright

1. Neer Award 2018: the effect of preoperative education on opioid consumption in patients undergoing arthroscopic rotator cuff repair: a prospective, randomized clinical trial

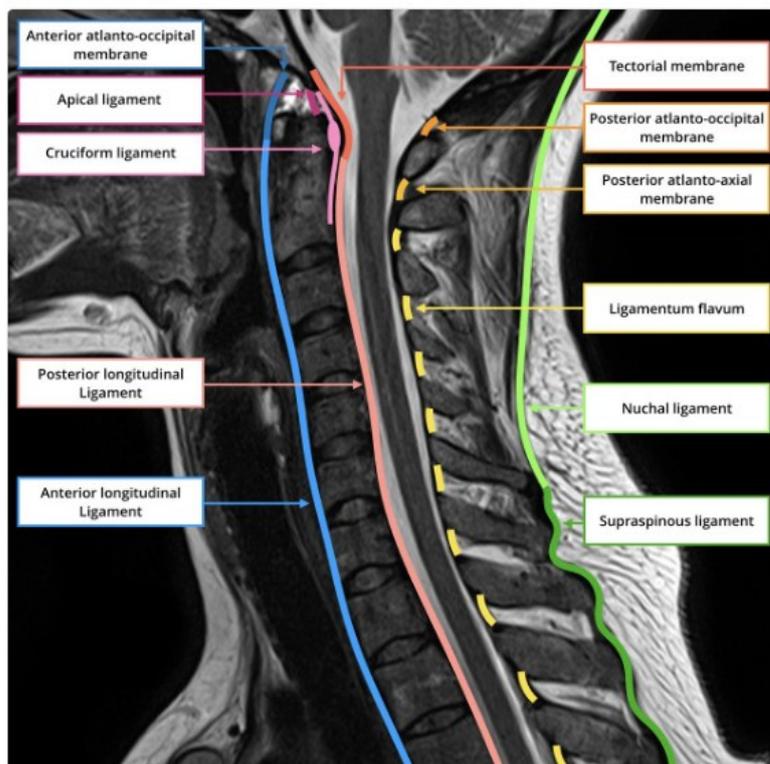
Preoperative patient-targeted education on opioid use is an avenue yet to be explored. This study aimed to determine whether preoperative narcotics education reduces consumption after arthroscopic rotator cuff repair (ARCR). Patients undergoing primary ARCR were randomized to receiving opioid-related preoperative education or not. Patients completed questionnaires regarding their opioid consumption and pain at their 2-week, 6-week, and 3-month follow-up. 140 patients were enrolled in the study. Patients in the study group consumed significantly less narcotics than the control group at the 3-month follow-up. Patients in the education group were 2.2 x > likely to discontinue narcotic use by the end of follow-up. Additionally, patients with a history of preoperative narcotic use that were in the education group were 6.8 x > likely to discontinue narcotics by the end of follow-up. The findings determined that preoperative education intervention significantly decreased the number of narcotic pills consumed at 3 months after ARCR. Education also resulted in earlier cessation of opioids. Hence directed patient education can help alleviate the current opioid epidemic.

<https://bit.ly/2JoDVx6>

2. #Tweetoftheweek by @FrankGaillard

Quick ligaments of the spine. Individual labelled images here:

[radiopaedia.org/cases/ligament ...](http://radiopaedia.org/cases/ligament...) #spine #anatomy #MRI



3. Manual therapists – Have you lost that loving feeling?!

Due to recent systematic reviews reporting marginal effect sizes for manual therapy alone, some physiotherapists have decided to stop using it altogether. It was previously thought that manual therapy caused local changes in tissue and joint mobility, however, more recent evidence suggests any benefits from manual therapy are due to neurophysiological effects, placebo, patient expectation and therapeutic alliance.

This blog suggests that practitioners need to stay current in their management and relying on biomechanical mechanisms alone is 'a recipe for failure'. Should we exclude manual therapy from our treatment completely? Or is it still a viable treatment option? Manual therapy may be a useful adjunct to our evolving skill set. Send in your thoughts and tell us what you think!

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



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#FRACTUREFRIDAY BY SCOTT ROWBOTHAM

Pilon fracture

Also known as a tibial plafond fracture involving the distal tibia. Relatively rare accounting for 1-10% of all lower limb fractures.

Mechanism

Typically occurs from a fall or motorcycle accident as a result of an axial or rotational loading injury

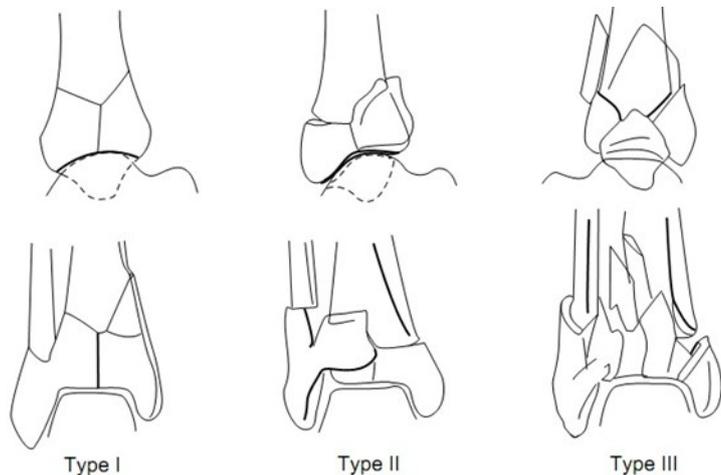
Classification

The most common classification system by Ruedi and Allgower is as follows:

Type I: articular fracture with minimal or no displacement

Type II: displacement of the articular surface but with minimal or no comminution

Type III: marked comminution as well as articular impaction



Ruedi & Allgower classification of pilon (tibial plafond) fractures. (Reproduced with permission from Ruedi, T. P. & Allgower, M. The operative treatment of intra-articular fractures of the lower end of the tibia. *Clin. Orthop. Relat. Res.*, **138**, 105–110, 1979.)

Imaging

Plain X-ray will likely allow classification of Pilon fracture. CT imaging may be required to ascertain severity of comminution and surgical needs.

Common features of a Pilon fracture identified on imaging are:

- Fractures lines extending into the tibiotalar articular surface
- Oblique fracture components extend proximally into the tibial shaft
- Depending on the severity, fractures may also involve the fibula

Treatment

Type I and II fractures can normally be managed conservatively with a period of immobilisation and progressive loading. Type III fractures will require surgical intervention to realign and ensure union as well as structured rehabilitation.

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

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

