



Clinical Weekly - 177th Edition

#JOURNALTUESDAY - by Abi Peck

Clinical outcomes of a scapular-focused treatment in patients with subacromial pain syndrome: a systematic review [Download here](#)

1. Did the review address a clearly focused question?

Yes – a review of clinical outcomes for scapular focussed interventions for sub acromial pain syndrome.

2. Did the authors look for the right type of papers?

Yes – searched using a variety of electronic data bases and excluded relevant articles based on criteria

3. Do you think all the important, relevant studies were included?

Yes

4. Did the review's authors do enough to assess the quality of the included studies?

Yes - Two reviewers for risk of bias of papers and level of evidence was also assessed for each paper.

5. If the results of the review have been combined, was it reasonable to do so?

Combined results for the papers based on outcome measures i.e. pain, function, ROM. All studies looked at scapular focussed treatments, some did vary and were looking at different interventions i.e. taping or exercises, but that is clearly stated in the discussion of the results.

6. What are the overall results of the review?

Moderate evidence to support scapular focussed treatment for increasing scapular muscle strength but conflicting evidence for pain, function and ROM.

7. How precise are the results?

Results used within the studies were shown to be statistically significant but do not clearly state confidence intervals within this paper.

8. Can the results be applied to the local population?

Difficult to determine age ranges for patients used within the studies but would be able to generalise these findings to patients seen in clinic based on history of symptoms.

9. Were all important outcomes considered?

Yes

10. Are the benefits worth the harms and costs?

No harms recorded. Supports other research that suggests that scapular based exercises/setting is conflicting and doesn't improve shoulder pain or function.





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#NEWSOFTHEWEEK - by Liz Wright

1. Obesity and knee OA – the link explained.

Weight loss (if applicable) is an effective intervention that should be considered as a first-line treatment for patients with knee OA given its potential to reduce the risk and progression of knee OA, improve pain and function, and reduce certain inflammatory mediators. If weight loss is not applicable to the patient (i.e. they already have a healthy BMI and/or body weight), education regarding the importance of weight management should be provided.

Weight loss is difficult and nonlinear. Spend time discussing this with your patients. Identify possible pitfalls and tools to avoid these situations or get back on track. Help set realistic goals. Leverage tangible motivations (i.e.

reductions in knee pain, improvements in physical function, etc.). Help identify tools to be consistent in different environments (e.g. work, home and vacation).

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



2. Evaluation of spine MRIs in athletes participating in the Rio de Janeiro 2016 Summer Olympic Games

Of 11, 274 athletes participating in the Olympic games, 100 received spine MRI. 52% of those who received cervical, thoracic and/or lumbar spine MRI showed moderate to severe spinal disease. Highest incidences seen in women and in athletes over 30 years old. Diving had the highest sport-specific incidence of moderate to severe spinal pathology. Clinically, recognition of the high number of moderate to severe spine injuries occurring in Olympic-calibre athletes may lead to spine-conscious training, routines and manoeuvres during competition in order to prevent the development and progression of acute and chronic spinal pathologies.

<http://bit.ly/2HvZp36>

3. What is the prevalence of imaging-defined intra-articular hip pathologies in people with and without pain? A systematic review and meta-analysis

Intra-articular hip pathologies are thought to be associated with the development of hip and groin pain. A better understanding of the relationship between symptoms and imaging findings may improve the management of individuals with intra-articular hip pathologies. Generally, studies were moderate to high risk of bias, with only 5 studies with a low risk of bias. The prevalence of intra-articular hip pathologies is highly variable in both symptomatic and asymptomatic populations. The prevalence of intra-articular hip pathologies appears to be higher in symptomatic individuals. However, imaging-defined intra-articular hip pathologies are also frequently seen in asymptomatic individuals, highlighting a potential discordant relationship between imaging pathology and pain.

<http://bit.ly/2Is7jMa>





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#FRACTUREFRIDAY BY SCOTT ROWBOTHAM

Stieda fracture (MCL avulsion fracture)

- Avulsion injury of the medial collateral ligament (MCL) at the medial femoral condyle.
- Most people are asymptomatic; only a small percentage having medial knee pain symptoms.
- Calcification usually begins to form a few weeks after the initial injury which is noted by Pellegrini-Stieda lesions; ossified lesions near the MCL adjacent to the margin of the medial femoral condyle.

Mechanism of injury

Direct trauma or valgus stress; often sporting injury.

Differential diagnosis

Injury will have happened weeks-months ago, accompanied with increasing stiffness, difficulty extending and twisting the knee. There will be no ligamentous laxity.

Imaging

Plain X-ray or MRI will identify the calcification adjacent to the medial femoral condyle

Treatment and prognosis

Mild and moderate cases are often conservatively managed with range-of-motion exercises and progressive loading of the knee to end stage rehabilitation. Steroid injections can be used if rehabilitation not tolerated. The duration of the condition is normally 5-6 months.



Surgical management of calcifications and MCL repair is reserved for the few individuals who have a poor outcome from conservative management.

https://www.physio-pedia.com/Pellegrini-Stieda_syndrome

<https://radiopaedia.org/cases/proximal-mcl-osseous-avulsion>

