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## **Appraisal of Clinical Practice Guideline: Shoulder Pain and Mobility Deficits: Adhesive Capsulitis**

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## Appraisal

## Appraisal of Clinical Practice Guideline: Shoulder Pain and Mobility Deficits: Adhesive Capsulitis

**Date of latest update:** 2017. **Date of next update:** Not specified. **Patient group:** Patients with shoulder pain and mobility deficits (adhesive capsulitis). **Intended audience:** Patients with adhesive capsulitis, orthopaedic physiotherapy clinicians, academic instructors, clinical instructors, students, interns and fellows. **Original version:** A detailed version was published in the *Journal of Orthopaedic & Sports Physical Therapy* in 2013.<sup>1</sup> **Additional version:** These guidelines were reviewed by the Orthopaedic Section, American Physical Therapy Association (APTA) in 2017. Both versions are available from the Academy of Orthopaedic Physical Therapy ([www.orthopt.org](http://www.orthopt.org)). **Expert working group:** The panel included experts on developing clinical practice guidelines for musculoskeletal conditions of the shoulder that are commonly treated by physiotherapists. Those experts were appointed by the Orthopaedic section, APTA. **Consultation with:** Additional experts were invited to provide consultation to the work group from other areas, including: orthopaedic physiotherapy clinical practice and education; sports physiotherapy clinical practice and education; orthopaedic surgeons; epidemiologists; claims review; coding and rheumatology. **Funded by:** Not mentioned. **Approved by:** The Orthopaedic Section of APTA reviewed and approved these guidelines for publication. **Location:** The guidelines and additional documents are available at: <https://www.orthopt.org/content/practice/clinical-practice-guidelines>. **Description and key recommendations:** This clinical practice guideline was presented as a *Journal of Orthopaedic & Sports Physical Therapy* special communication. The recommendations are based on a systematic search of MEDLINE, CINAHL and the Cochrane Database of Systematic Reviews. The main aim of the review was to create evidence-based practice guidelines for orthopaedic physiotherapy management of patients with adhesive capsulitis, as described by the International Classification of Functioning, Disability and Health. Findings from the review were synthesised into 14 recommendations: five pertained to impairment/function-based diagnosis, three to examination and six to interventions. Each clinical research article was graded according to criteria described by the Centre for Evidence-Based Medicine, Oxford, UK for diagnostic, prospective and therapeutic studies (I. high-quality to V. expert opinion), and each recommendation was assigned a level of confidence (A. strong evidence to F. expert opinion). Of interest to physiotherapists, the strongest recommendations (A) were for the use of validated

patient-reported functional outcome measures for examination, and for the use of intra-articular corticosteroid injections combined with shoulder mobility and stretching exercises to provide short-term (4 to 6 weeks) pain relief and improved function. Moderate evidence (B) was available for the clinical course (staged progression of pain and mobility deficits), patient education and stretching exercises. Female patients aged 40 to 65 years and patients with diabetes and thyroid disease are at risk for developing adhesive capsulitis (C-weak evidence). Weak evidence was also available for the use of modalities (shortwave diathermy, ultrasound, electrical stimulation) combined with mobility and stretching exercises, and joint mobilisation to reduce pain and increase motion. Transitional manipulation can be used if conservative interventions fail. The loss of passive motion in multiple planes, especially external rotation, measuring pain, and active and passive range of motion can be used to guide treatment planning. However, these measures were based on theoretical/foundational (E) evidence. Lastly, expert opinion was available to confirm diagnosis and for the use of activity limitation and participation measures to assess shoulder improvement over the episode of care.

**Provenance:** Invited. Not peer reviewed.

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### Reference

1. Kelley MJ, et al. *J Orthop Sports Phys Ther.* 2013;43:A1–A31.

## Appraisal of Clinical Practice Guideline: CRISM National Guideline for the Clinical Management of Opioid Use Disorder

**Date of latest update:** 2018. **Date of next update:** 2021, within 1 year. **Patient group:** The general patient population with opioid use disorder, which is defined as a chronic relapsing illness that, although associated with elevated rates of morbidity and mortality, has the potential to be in sustained remission with appropriate treatment. **Intended audience:** Physicians and allied healthcare providers, nurse practitioners, pharmacists, medical educators, or clinical care case managers with or without specialised experience in addiction treatment. Additionally, this guideline may serve as a resource for policy-makers and healthcare administrators at provincial and national levels for developing evidence-based strategies and programs to address the current gaps in addiction care, addiction medicine training and treatment access policies. **Additional versions:** Not indicated. **Expert working group:** The pan-Canadian review committee consisted of 43 individuals, including primary care physicians, addiction medicine physicians, other specialists, nurse practitioners, registered nurses, social workers, pharmacists, program managers, program administrators, and policymakers. **Funded by:** The Canadian Institutes of Health Research (CIHR) funded The Canadian Research Initiative in Substance Misuse (CRISM) network without pharmaceutical industry support. **Consultation with:** External review to two international experts and two national stakeholder groups, the Canadian Association of People Who Use Drugs (CAPUD) and moms united and mandated to saving the lives of drug users (mumsDU). **Approved by:** The Canadian Research Initiative in Substance Misuse (CRISM). **Location:** The guidelines and additional documents are available at <http://www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.170958/-/DC1>. **Description and key recommendations:** The current guideline provides a 131-page

document with recommendations for promoting the evidence-based management of opioid use disorder across addiction care in Canada. This guideline was then developed under the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework. The full guidelines consist of development methods, a comprehensive review of evidence from both clinical and contextual perspectives, and recommendations. The authors outline the full scope of opioid use disorder treatment and suggest the endorsement of opioid agonist treatment with buprenorphine/naloxone as first-line management. This guideline strongly disagrees with withdrawal management without plans for transition to long-term evidence-based addiction treatment (opioid agonist treatment). For physiotherapists, this guideline will help to improve clinical patient outcomes such as pain and function. Meanwhile, it can enhance the communication between healthcare professions and patients for behaviour change, including opioid use disorder, overdose, or those experiencing other adverse events related to these drugs.

**Provenance:** Invited. Not peer reviewed.

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