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Shoulder Impingement Syndrome

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Shoulder Impingement Syndrome is one of the most common disorders of the musculoskeletal system. 20-33% of the population is effected by shoulder symptoms of pain and loss of function. The incidence of shoulder complaints appears to be increasing. Shoulder Impingement Syndrome is the compression, entrapment, or mechanical irritation of the rotator cuff tendon or bursa. Repetitive impingement is considered to be a mechanism for degenerative rotator cuff disease, progressing to a



partial or full thickness tear of the rotator cuff. Manual physical therapy and local corticosteroid injections are two conservative treatments that are often used to treat this syndrome. Other studies have examined the effectiveness of corticosteroid injections and manual physical therapy individually, but not in comparison to each other. A recent study published in the *Annals of Internal*

Medicine, in 2014 entitled *One Year Outcome of Subacromial Corticosteroid Injection Compared with Manual Physical Therapy for the Management of the Unilateral Shoulder Impingement Syndrome*, has made this comparison. The researchers wanted to see whether corticosteroid injections and manual physical therapy interventions provided the same amount of overall improvement in patients with shoulder impingement syndrome. 104 patients with symptoms of shoulder impingement were studied. The patients were randomly assigned to one of two groups: group one participants would have up to three local cortisone injections to the shoulder; group two participants would have manual physical therapy two times weekly for three weeks. Patients were followed for up to one year.



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They responded to questionnaires about shoulder pain and function before receiving any treatment, during the study, and repeatedly at one, three, six, and twelve months after treatment. Information was collected on whether the patients visited physicians or other health care professionals, or received additional procedures such as X-rays, physical therapy, or additional corticosteroid injections.



Researchers found that both groups of patients had significant improvement in shoulder pain one month after treatment and the improvement continued for one year after treatment. Patients who received manual physical therapy had the same amount of improvement in their symptoms as patients who received the corticosteroid injections. During the one year follow-up, the patients in the corticosteroid group did visit their physicians and other health care professionals more often and had more procedures than the patients in the manual physical therapy group. The results of this study showed that patients who received corticosteroid injections or manual physical therapy for shoulder

impingement syndrome may show similar amounts of improvement in their shoulder pain and symptoms of limited function.

The manual physical therapy that was program provided to the patients in the study is very similar to the manual physical therapy program that is offered at Oakland Physical Therapy. At the first session, the physical therapist performs a standard clinical examination in order to determine the treatment area and delivery of manual physical therapy to the entire shoulder, spine, or adjacent joints. The goal of manual physical therapy is to improve the quality and quantity of movement and decrease the pain associated with movement at the target joint and soft tissues. Manual physical therapy is the combination of manual techniques to include joint mobilizations, soft tissue mobilizations, manual muscle stretching, along with segmental and global exercises that re-



form postural deviations and deficient functional movement patterns. The current study utilized a very small number of treatments at two times weekly for three weeks, and in most cases reported less than full recovery. It has been our experience that the postural deviations, deficient functional movement patterns and limitations in strength and mobility require a longer duration of treatment. There are significant variations in a patient's condition at the start of physical therapy. Long periods of dysfunction often proceed the onset of shoulder impingement syndrome. The manual physical therapy treatment plan is always tailored to the patient's individual condition and needs. It has been our experience that longer participation in physical therapy results in greater long-term recovery.



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Anterior Cruciate Ligament Injury Prevention

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Anterior cruciate ligament injuries are very common in sports that involve sudden forces on the knee during change of direction, deceleration, and forceful landing following a jump. Recovering from an anterior cruciate injury most often involves a long period of recovery and rehabilitation. Some of the injuries are prolonged even further due to operative repair or reconstruction as well as the rehabilitation. The injury, surgery, and rehabilitation process can keep an athlete out of



competition for up to one year. Many studies have demonstrated that many of the ACL injuries may be preventable. Neuromuscular training programs have shown to be beneficial in reducing ACL injuries in female soccer players. Recent



research has also shown that neuromuscular training programs can also be beneficial in reducing such injuries in male soccer players. The Canadian Academy of Sport and Exercise Medicine has recently issued a position statement regarding the neuromuscular training programs. A 2012 systematic review on the research that has been done on neuromuscular training

has indicated a lower ACL injury in the intervention groups. They found that various types of neuromuscular and educational intervention reduced the incidence of ACL injuries by approximately 50%. Fédération Internationale de Football Association (FIFA) is the international governing body of football and soccer. FIFA has promoted injury prevention exercises since 2013. A group of international experts developed the “Eleven Plus Exercises” which can be viewed at <http://f-marc.com/11plus/exercises/>.



The Canadian Academy of Sport and Exercise Medicine has made the following recommendations with respect to soccer players and their coaches:

- 1) Youth soccer players should engage in exercise programs that incorporate neuromuscular, proprioceptive, agility, and strength training in their routine practice and warm-ups.
- 2) These neuromuscular training programs should begin at least by the early teenage years.
- 3) Soccer teams should collaborate with qualified health or physical education professionals in the institution of an ACL injury prevention program.



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Oakland Physical Therapy, P.C. Newsletter Produced by Jennifer Qaoud, Assistant Office Manager



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