# Does subacromial injection influence shoulder strength?

Submission date	Recruitment status	Prospectively registered
13/04/2011	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
11/05/2011	Completed	☐ Results
Last Edited	Condition category	☐ Individual participant data
11/05/2011	Musculoskeletal Diseases	Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

Dr Mazda Farshad

#### Contact details

Forchstrasse 340 Zürich Switzerland 8008

# Additional identifiers

### Protocol serial number

N/A

# Study information

### Scientific Title

Does subacromial injection influence shoulder strength? A double blind placebo controlled study

# **Study objectives**

- 1. Abduction strength is decreased after subacromial injection of a local anaesthetic (LA) with no radiographical guidance
- 2. Strength of the deltoid muscle and or supraspinate muscle is affected after blind subacromial injection of standard dose of a standard LA

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

The study has been approved by the Ethical Committee of Kanton Zürich on 23rd December 2010

### Study design

Double blind intra-indivudal placebo controlled single centre study

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Subacromial injection for shoulder pain

#### **Interventions**

This study uses a double blind intra-indivudal placebo controlled design, where each shoulder that undergoes the intervention (subacromial injection of the local anesthetic) has an intra-individual control (the contralateral side) where placebo is applied.

For each of the 10 volunteers, the integrity of the supraspintus tendon is evaluated with ultrasonography on both sides. Only if no pathology is found on ultrasonography, the volunteer is included in the study. The abduction strength of both shoulders of the 10 healthy volunteers will be measured three times with Isobex (in 30° and 90° Abduction), while superficial electromyography (EMG) documents the activity of the deltoid muscle. Subsequently, randomly and blinded, 5ml 1% Lidocain in one shoulder and 5ml 0.9% saline solution in the contralateral shoulder will be injected without ultrasonographic guidance aimed to the subacromial space. The injection will be performed blindly because the technique is commonly used in daily clinic and the evidence is not conclusive, although however, might by trend favour the use of ultrasonographic-guided injections. The technique of the injection is based on commonly used aseptic technique with a 21-gauge needle with the covered syringe, into the patients subacromial bursa via the anterolateral approach. Subsequently, the bilateral ultrasonography will be repeated to document the location of the injected fluid.

After 20min, again, the abduction strength of both shoulders will be quantified with Isobex (in 30° and 90° Abduction), while superficial EMG documents the activity of the deltoid muscle.

Neither the injecting physician nor the proband, nor who is measuring the abduction strength, will know which substance is injected.

### Intervention Type

Other

### **Phase**

Not Applicable

### Primary outcome(s)

Strength of shoulder abduction - Each volunteer undergoes an ultrasonography of both shoulders to assure full rotator cuff integrity then abduction strengths are measured. Subsequentely, either on the left or the right shoulder a local anaesthetic is injected. The other side serves as control, where sodium chloride (NaCL) is injected. Then we repeat the ultrasonography to document the location of the injected fluid and repeat the abduction strengths.

### Key secondary outcome(s))

Radiographical documentation of location of the aimed subacromial injection

### Completion date

30/04/2012

# Eligibility

### Key inclusion criteria

- 1. Past medical history not significant for major disorders
- 2. No shoulder pain
- 3. No previous operation or injections on the shoulder
- 4. No allergy to LA

# Participant type(s)

**Patient** 

# Healthy volunteers allowed

No

### Age group

Adult

### Sex

All

### Key exclusion criteria

Doe not meet inclusion criteria

#### Date of first enrolment

30/04/2011

### Date of final enrolment

30/04/2012

# Locations

### Countries of recruitment

Study participating centre Forchstrasse 340 Zürich Switzerland 8008

# Sponsor information

### Organisation

Balgrist University Hospital (Switzerland)

#### **ROR**

https://ror.org/02yzaka98

# Funder(s)

# Funder type

Hospital/treatment centre

### **Funder Name**

Balgrist University Hospital (Switzerland)

# **Results and Publications**

Individual participant data (IPD) sharing plan

# IPD sharing plan summary

Not provided at time of registration

# **Study outputs**

Output type Details Date created Date added Peer reviewed? Patient-facing?

Participant information sheet
Participant information sheet
11/11/2025 No
Yes