# Manipulative Therapy added on Usual Medical Care in patients with shoulder pain and dysfunction: a randomized controlled trial

Submission date	Recruitment status  No longer recruiting	<ul><li>Prospectively registered</li></ul>		
23/04/2004		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
31/01/2005	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
02/10/2008	Musculoskeletal Diseases			

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

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# Additional identifiers

**EudraCT/CTIS** number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

# Study information

#### Scientific Title

#### Study objectives

Not provided at time of registration

### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

### Study setting(s)

Not specified

#### Study type(s)

Treatment

#### Participant information sheet

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

Shoulder pain and dysfunction

#### **Interventions**

Manipulative Therapy added on Usual Medical Care versus Usual Medical Care only

#### Manipulative therapy:

Included specific manipulations (low-amplitude, high-velocity thrust techniques) and specific mobilizations (high-amplitude, low-velocity thrust techniques) to improve overall joint function and decrease any restrictions in movement at single or multiple segmental levels in the cervical spine and upper thoracic spine and adjacent ribs. The choice of the applied techniques was determined by the manual therapist, based on location of the dysfunction and technique preferences.

#### Usual Medical Care:

All patients received usual care from their general practitioner. The treatment by the general practitioner was similar to the practice guidelines for shoulder disorders issued by the Dutch

College of General Practitioners, including information, advice and therapy. During the first two weeks information regarding the nature and the course of shoulder complaints was given, together with advice on how to use the affected shoulder in daily living, supplemented with oral analgesics or non-steroidal anti-inflammatory drugs (NSAIDs) if necessary. If there was any improvement, treatment could be prolonged by 1-2 weeks. If this approach lacked sufficient effect, up to three corticosteroid injections (in subacromial space or glenohumeral joint) could be given. If there was insufficient improvement after 2 weeks, the injection could be repeated. If there was no improvement after the second injection, further treatment with corticosteroid injections was not advisable. Physiotherapy was considered in complaints persisting for 6 weeks or more and consisted of treatment of the shoulder with exercises, massage and physical applications.

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome measure

Not provided at time of registration

#### Secondary outcome measures

Not provided at time of registration

#### Overall study start date

01/01/2005

# Completion date

31/12/2005

# **Eligibility**

#### Key inclusion criteria

- 1. Patients with shoulder pain and dysfunction and a dysfunction of the cervicothoracic spine and adjacent ribs with a new episode of shoulder complaints.
- 2. Participants had to be at least 18 years of age.

#### Participant type(s)

Patient

#### Age group

**Not Specified** 

#### Lower age limit

18 Years

#### Sex

**Not Specified** 

# Target number of participants

#### Not provided at time of registration

#### Key exclusion criteria

- 1. Acute severe trauma, such as fractures, ruptures or dislocation in the shoulder-region
- 2. Previous (orthopedic) surgery
- 3. Clear treatment preference deviating from study treatments
- 4. Contraindications for manipulative therapy (e.g. hyper-mobility, instability or severe arthrosis of the cervicothoracic spine)
- 5. Signs of cervical nerve root compression
- 6. Presence of specific rheumatic disorders
- 7. Presence of dementia or other severe psychiatric, emotional or behavioral disorders
- 8. Shoulder disorders due to general internal pathology of thoracic and abdominal organs
- 9. Inability to complete Dutch written questionnaires

#### Date of first enrolment

01/01/2005

#### Date of final enrolment

31/12/2005

# Locations

#### Countries of recruitment

Netherlands

# Study participating centre University Medical Center Utrecht (Str. 6.131)

Utrecht Netherlands 3508 GA

# Sponsor information

#### Organisation

Netherlands Organisation for Scientific Research

# Sponsor details

Laan van Nieuw Oost-Indie 300 The Hague Netherlands 2593 CE +31 (0)703440640 nwo@nwo.nl

#### Sponsor type

#### Research organisation

#### **ROR**

https://ror.org/01bnjb948

# Funder(s)

# Funder type

Research organisation

#### **Funder Name**

Netherlands Organisation for Scientific Research

## Alternative Name(s)

Netherlands Organisation for Scientific Research, Dutch National Scientific Foundation, Dutch National Science Foundation, Dutch Research Council (Nederlandse Organisatie voor Wetenschappelijk Onderzoek), NWO:Nederlandse Organisatie voor Wetenschappelijk Onderzoek, Nederlandse Organisatie voor Wetenschappelijk Onderzoek (NWO), Dutch Research Council, Dutch Research Council, Netherlands, NWO

#### **Funding Body Type**

Government organisation

# **Funding Body Subtype**

National government

#### Location

Netherlands

# **Results and Publications**

# Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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?
Results article	results	21/09/2004		Yes	No