

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

<b>Submission date</b> 23/04/2004	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 31/01/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 02/10/2008	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
904-65-901

## 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

**Primary study design**

Interventional

**Study design**

Randomised controlled trial

**Study type(s)**

Treatment

**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(s)**

Not provided at time of registration

**Key secondary outcome(s)**

Not provided at time of registration

**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

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Lower age limit**

18 Years

**Sex****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

## 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, The Dutch Research Council (NWO), Dutch Research Council, Netherlands, NWO

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

Netherlands

## Results and Publications

### Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	21/09/2004		Yes	No