

# Physiotherapy for shoulder impingement syndrome

<b>Submission date</b> 02/03/2010	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 17/03/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 29/07/2024	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

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

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

## Study information

### Scientific Title

Effectiveness of individualised physiotherapy on pain and functioning compared to a standard exercise protocol in patients presenting with clinical signs of subacromial impingement syndrome of the shoulder. A randomised controlled trial.

### Study objectives

To investigate the effect of individually planned physiotherapy on pain and functioning compared to a standard exercise protocol in patients with clinical signs of subacromial impingement syndrome. To compare direct and indirect costs between both interventions.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Medical Ethics Committee of the Munich University Hospital, Ludwig-Maximilians-University Munich, Germany, approved on the 19th February 2010 (Project-No. 018-10).

### **Study design**

Multicentre randomized controlled parallel group trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Shoulder impingement syndrome

### **Interventions**

Intervention group: Ten sessions (approximately 30 minutes/session; two sessions per week) of individualised physiotherapy (including manual therapy for the shoulder complex, the cervical and thoracic spine, education) based on clinical examination results plus a home-based standard exercise protocol.

Control group: Ten supervised sessions of a standard exercise protocol (including stretching, strengthening, and mobility exercises for the rotator cuff and the shoulder girdle).

Total duration of intervention: five weeks.

Follow up: five weeks, three and twelve months.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

1. Shoulder Pain and Disability Index (SPADI); 13 items (5 for pain, 8 for function) scored on a 100mm visual analogue scale; will be assessed at baseline and after 5 weeks, 3 and 12 months
2. Patients' global impression of change; ordinal scale (1-much worse, 2-slightly worse, 3-no change, 4-slightly better, 5-much better); will be assessed after 5 weeks, 3 and 12 months

### **Key secondary outcome(s)**

1. Generic patient-specific scale; 11 point visual numeric rating scale (end descriptors of 0 = impossible to do, 10 = no difficulties at all); will be assessed at baseline and after 5 weeks, 3 and 12 months

2. Average weekly pain score; 11 point visual numeric rating scale (end descriptors of 0 = no pain, 10 = worst pain possible); will be assessed at baseline, after 5 weeks and 3 months
3. Patients' satisfaction with treatment; 11 point visual numeric rating scale (end descriptors of 0 = completely dissatisfied, 10 = completely satisfied); will be assessed after 5 weeks
4. Shoulder exercise log book; will be assessed after 5 weeks, 3 and 12 months
5. Costs; cost diary (disease specific healthcare utilization, sick leave, drug use, paid help); will be assessed after 5 weeks, 3 and 12 months

**Completion date**

30/09/2011

## Eligibility

**Key inclusion criteria**

Patients between 18 and 75 years of age presenting to primary care with clinical signs and symptoms of shoulder impingement syndrome.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

75 years

**Sex**

All

**Key exclusion criteria**

1. Primary scapulothoracic dysfunction
2. Instability
3. Adhesive capsulitis
4. Loss of active shoulder function
5. Previous shoulder surgery
6. Cervical radicular symptoms
7. Rheumatoid arthritis
8. Intake of psychotherapeutic drugs

**Date of first enrolment**

29/03/2010

**Date of final enrolment**

30/09/2011

# Locations

## Countries of recruitment

Germany

## Study participating centre

Physiotherapiezentrum

Penzberg

Germany

82377

# Sponsor information

## Organisation

Physiotherapiezentrum T.O.Kromer (Germany)

# Funder(s)

## Funder type

University/education

## Funder Name

Maastricht University (Netherlands) - Department of Epidemiology

# 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?
<a href="#">Protocol article</a>	protocol	09/06/2010		Yes	No
<a href="#">Other publications</a>	Secondary analysis	01/12/2014		Yes	No
<a href="#">Other publications</a>	Secondary analysis	24/07/2024	29/07/2024	Yes	No