

AN EVIDENCE-BASED APPROACH TO TREATMENT OF AN ACUTE EPISODE OF SHOULDER TENDINITIS: A CASE REPORT

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Compliance Statement

The patient in this case report gave written informed consent for their inclusion.

STUDY DESIGN: Case report.

BACKGROUND AND PURPOSE: Shoulder impingement syndrome and associated tendinitis is a common condition treated by physical therapists in the outpatient orthopedic setting. Previous research has examined the effects of various modalities as well as manual therapy and therapeutic exercise techniques. The purpose of this case report was to examine the effectiveness of a variety of these treatment approaches in combination, with an emphasis on therapeutic exercise, as well as to identify the strength of research evidence supporting the use of these interventions. **CASE**

DESCRIPTION: The patient was a 20-year-old female presenting with acute onset of left shoulder pain. The mechanism of injury was prolonged bed rest on the involved side after surgery as well as an event in which she rolled uncomfortably onto that side. She was having difficulty completing work tasks and sleeping on her involved side. The patient presented with full left shoulder range of motion and was experiencing pain at end-range shoulder flexion and abduction. Additionally, she demonstrated left shoulder strength deficits, pain with special testing, and tenderness to palpation at her left biceps and supraspinatus tendons. The patient also presented with a medical history of Dandy-Walker Syndrome.

INTERVENTIONS: Interventions that were chosen for this patient that are supported by research-based evidence included manual therapy techniques (namely, transverse friction massage) and therapeutic exercises designed to strengthen the posterior shoulder and rotator cuff. Additional interventions which are not supported strongly by research-based evidence but were chosen according to clinical reasoning included a combination of therapeutic ultrasound therapy and electrical stimulation therapy.

OUTCOMES: The patient improved her scores on the Shoulder Pain & Disability Index (SPADI), increased her strength, and reported decreased pain after five visits over the course of three weeks of therapy. Her SPADI score decreased by 47 points and her score on the Numeric Pain Rating Scale decreased by more than three points, both of which exceed the minimally clinically important difference and minimum detectable change values as discussed in the literature.

CONCLUSIONS: The patient responded favorably to a combination of manual therapy techniques and modalities intended to decrease inflammation and promote tissue healing, along with a therapeutic exercise program intended to stabilize, strengthen, and increase the muscular endurance of the posterior shoulder/rotator cuff.