



Musculoskeletal

Supervised vs. home exercise in subacromial pain syndrome

Which has better results?

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In this review, no significant differences in pain, function, and shoulder range of motion were found between supervised physiotherapy and a home-based progressive strengthening/ stretching programme in patients with subacromial pain syndrome.

However, the authors caution that these findings should be interpreted carefully, since there was a lack of a standardised supervised physiotherapy programme across the included studies.

The lifetime prevalence of shoulder pain in the general population has been reported to be 70%. Although traditionally, impingement has been regarded as the most common source of shoulder pain, it has recently been proposed to represent a cluster of symptoms and a potential pain mechanism rather than a pathoanatomic diagnosis.



Seven clinical trials involving 371 patients (158 male and 213 female, with 205 and 166 receiving supervised physiotherapy and home exercise program, respectively) were included

in the review, and 4 studies were eligible for meta-analysis. Study risk of bias was determined as recommended by the Cochrane Collaboration Handbook.

Risk of bias was high in 2 studies, medium in 2 studies, and low in 3 studies. The mean differences in function, pain (VAS), and range of motion (degrees) were -0.14 points, 0.21 cm, and 0.62 degrees, respectively.

Although study heterogeneity was observed for pain and function, the authors conclude that both approaches yielded similar results in patients with subacromial pain syndrome.

The authors suggest that future studies should aim to standardise interventions and define subacromial pain syndrome more clearly.

Expert opinion

The results found in this review may be associated with the lack of specificity associated with subacromial pain syndrome.

As mentioned by the authors, the definition of this condition is unclear, and it may be more characterised by movement disorders rather than identifiable anatomic features clearly associated with symptoms.

As such, due to the lack of specificity of the condition, a home-based shoulder progressive strengthening program may be as useful as supervised interventions since they generally improve shoulder physical qualities.

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