

## Søgeprotokol for Nationale Kliniske Retningslinjer

<b>Projektitel/aspekt</b>	NKR for behandling af patienter med subakromielt smertesyndrom i skulderen (impingement syndrom/rotator-cuff syndrom) - Guidelines
<b>Fagkonsulent</b> <b>Projektleder</b> <b>Metodekonsulent</b>	Stig Brorson Henning Keinke Andersen Anja Ussing
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<b>Senest opdateret</b>	3. december 2019 (korrektur 4/11-20)

<b>Baggrund</b>	<p>Ikke-traumatiske skuldersmerter er en hyppig smertetilstand der kan medføre mange og vedvarende smerter ved både aktivitet og hvile.</p> <p>Primær behandling vil for ikke-akut opståede tilstande være træning og/eller farmakologisk behandling. Hvis behandlingen ikke afhjælper smerterne kan der tilbydes en operation. Der er dog betydelig variation i anbefalingerne om der bør tilbydes operation eller ej på tværs af internationale retningslinjer.</p> <p>I 2013 udgav Sundhedsstyrelsen en national klinisk retningslinje (NKR) med 21 konkrete anbefalinger, inden for diagnostik og behandling samt kirurgiske såvel som non-kirurgiske interventioner, for patienter med udvalgte skulderlidelser. Denne NKR fulgte imidlertid ikke den metode Sundhedsstyrelsen i dag anvender i udarbejdelsen af NKR (GRADE metoden).</p> <p>Det besluttet at erstatte den oprindelige retningslinje med en ny NKR med færre fokuserede spørgsmål. Den nye NKR skal have fokus på kirurgiske såvel som non-kirurgiske behandlinger af ikke-traumatiske skuldersmerter. I den forbindelse ønsker Sundhedsstyrelsen at udarbejde en eller flere anbefalinger for kirurgisk behandling med udgangspunkt i evidensgrundlaget fra en publiceret Rapid Recommendation fra British Medical Journal (BMJ Rapid Recs1) i 2019, med titlen "Subacromial decompression surgery for adults with shoulder pain: a clinical practice guideline". Kliniske anbefalinger i BMJ Rapid Recs følger GRADEmetoden.</p>
<b>Søgetermer</b>	<p>Engelske:shoulder, - impingement, -impingement syndrome, rotator cuff disease/syndrom, guidelines Danske:skulder, impingement syndrom, rotator cuff /syndrom</p> <p>Norske: skulder, retningslinjer Svenske: skuldra, skuldras, skuldror, riktlinjer</p>

<b>Inklusions- og eksklusionskriterier</b>	Sprog: Engelsk, dansk, norsk og svensk År: Sidste 2014 - 2019 Population: alle Publikationstyper: guidelines, practice guidelines, clinical guidelines, Medicinsk Teknologiske Vurderinger (MTV/ HTA)
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## Informationskilder

DATABASER	INTERFACE	FUND	DATO FOR SØGNING
G-I-N International	internettet	4	2. December 2019
NICE (UK)	-	0	-
TRIP - databasen	-	26	3. December 2019
Scottish Intercollegiate Guidelines Network (SIGN)	-	0	2. december 2019
HTA Databasen (CRD database)	-	0	-
SBU, Sverige	-	0	-
Socialstyrelsen, Sverige	-	0	-
Helsedirektoratet, Norge	-	0	-
Folkehelseinstituttet FHI, Norge	-	0	-
Pedro		3	3. december

Medline	OVID	84	3. december 2019
Embase	OVID	156	-
Cinahl	EBSCO	23	-

### Note:

- Guidelines fra firmaet Hayes er fra valgt for denne NKR
- Søgetermer og inklusions- og eksklusionskriterier er tilpasset de enkelte databaser.
- Dubletter er så vidt muligt frasorteret ved hjælp af RefWorks. De fundne referencer overføres til fagkonsulenten i Covidence.
- Fuldtekster præsenteres i Covidence i pdf-format eller som link
- Søgestrategi for hver enkelt database præsenteres – hvis muligt vises det eksplicit hvor mange referencer den enkelte søgestreng genererer

Covidence = webbaseret referencesystem

## Søgestrategi:

GIN – 4 fund (021219)

Schultersteife. S2e-LL (DGOOC) [frozen shoulder]	AWMF (DE) - Association of Scientific Medical Societies	Guideline	Dec 31, 2020	Germany	In development	
59%	Subacromiales Impingement. S2e-LL (DGOOC) [subacromial impingement]	AWMF (DE) - Association of Scientific Medical Societies	Guideline	Jun 30, 2020	Germany	In development
96%	Schouderklachten (M08) [Shoulder complaints]	NHG (NL) - Dutch College of General Practitioners	Guideline	Jul 01, 2019	Netherlands	Under review
82%	Evidence-Based Clinical Practice Guidelines for Shoulder pain on Traditional Korean Medicine	KIOM (KO) Korea Institute of Oriental Medicine	Guideline	Jul 11, 2015	Korea, Republic Of	Published

## TRIP (031219)

03/12/2019 you searched for (rotator cuff\*) from:2014 to:2019 and looked at no articles

03/12/2019 you searched for (subacromial decompression\*) from:2014 to:2019 and looked at no articles

03/12/2019 you searched for (shoulder impingement) from:2014 to:2019 and looked at no articles

03/12/2019 you searched for (shoulder pain) from:2014 to:2019 and looked at no articles

Samlet 26 fund (overført til Covidence)

## PeDro (031219), 3 fund

1.

Evidence-based (GRADE approach) Korean medicine clinical practice guidelines of manual acupuncture for the treatment of shoulder pain                      practice guideline                      N/A                      Select

2.

The treatment of neck pain-associated disorders and whiplash-associated disorders: a clinical practice guideline

Bussieres AE, Stewart G, al-Zoubi F, Decina P, Descarreaux M, Hayden J, Hendrickson B, Hincapie C, Page I, Passmore S, Srbely J, Stupar M, Weisberg J, Ornelas J [The Canadian Chiropractic Guideline Initiative]

Journal of Manipulative and Physiological Therapeutics 2016 Oct;39(8):523-564  
practice guideline

**OBJECTIVE:** The objective was to develop a clinical practice guideline on the management of neck pain-associated disorders (NADs) and whiplash-associated disorders (WADs). This guideline replaces 2 prior chiropractic guidelines on NADs and WADs. **METHODS:** Pertinent systematic reviews on 6 topic areas (education, multimodal care, exercise, work disability, manual therapy, passive modalities) were assessed using A Measurement Tool to Assess Systematic Reviews (AMSTAR) and data extracted from admissible randomized controlled trials. We incorporated risk of bias scores in the Grading of Recommendations Assessment, Development, and Evaluation. Evidence profiles were used to summarize judgments of the evidence quality, detail relative and absolute effects, and link recommendations to the supporting evidence. The guideline panel considered the balance of desirable and undesirable consequences. Consensus was achieved using a modified Delphi. The guideline was peer reviewed by a 10-member multidisciplinary (medical and chiropractic) external committee. **RESULTS:** For recent-onset (0 to 3 months) neck pain, we suggest offering multimodal care; manipulation or mobilization; range-of-motion home exercise, or multimodal manual therapy (for grades I to II NAD); supervised graded strengthening exercise (grade III NAD); and multimodal care (grade III WAD). For persistent (> 3 months) neck pain, we suggest offering multimodal care or stress self-management; manipulation with soft tissue therapy; high-dose massage; supervised group exercise; supervised yoga; supervised strengthening exercises or home exercises (grades I to II NAD); multimodal care or practitioner's advice (grades I to III NAD); and supervised exercise with advice or advice alone (grades I to II WAD). For workers with persistent neck and shoulder pain, evidence supports mixed supervised and unsupervised high-intensity strength training or advice alone (grades I to III NAD). **CONCLUSIONS:** A multimodal



approach including manual therapy, self-management advice, and exercise is an effective treatment strategy for both recent-onset and persistent neck pain.

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3.

Guideline for diagnosis and treatment of subacromial pain syndrome: a multidisciplinary review by the Dutch Orthopaedic Association

Diercks R, Bron C, Dorrestijn O, Meskers C, Naber R, de Ruiter T, Willems J, Winters J, van der Woude HJ [Netherlands Orthopedic Society, Koninklijk Nederlands Genootschap voor Fysiotherapie, Netherlands Association of General Practitioners, Netherlands Society of Rehabilitation Medicine, Netherlands Association of Occupational Medicine, Netherlands Society of Radiology]

Acta Orthopaedica 2014;85(3):314-322

practice guideline

Treatment of "subacromial impingement syndrome" of the shoulder has changed drastically in the past decade. The anatomical explanation as "impingement" of the rotator cuff is not sufficient to cover the pathology. "Subacromial pain syndrome", SAPS, describes the condition better. A working group formed from a number of Dutch specialist societies, joined by the Dutch Orthopedic Association, has produced a guideline based on the available scientific evidence. This resulted in a new outlook for the treatment of subacromial pain syndrome. The important conclusions and advice from this work are as follows: (1) the diagnosis SAPS can only be made using a combination of clinical tests. (2) SAPS should preferably be treated non-operatively. (3) Acute pain should be treated with analgetics if necessary. (4) Subacromial injection with corticosteroids is indicated for persistent or recurrent symptoms. (5) Diagnostic imaging is useful after 6 weeks of symptoms. Ultrasound examination is the recommended imaging, to exclude a rotator cuff rupture. (6) Occupational interventions are useful when complaints persist for longer than 6 weeks. (7) Exercise therapy should be specific and should be of low intensity and high frequency, combining eccentric training, attention to relaxation and posture, and treatment of myofascial trigger points (including stretching of the muscles) may be considered. (8) Strict immobilization and mobilization techniques are not recommended. (9) Tendinosis calcarea can be treated by shockwave (ESWT) or needling under ultrasound guidance (barbotage). (10) Rehabilitation in a specialized unit can be considered in chronic, treatment resistant SAPS, with pain perpetuating behavior. (11) There is no convincing evidence that surgical treatment for SAPS is more effective than conservative management. (12) There is no indication for the surgical treatment of asymptomatic rotator cuff tears.

## Medline (031219)

Database(s): **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R)** 1946 to November 27, 2019

Search Strategy:

#	Searches	Results
1	Shoulder Impingement Syndrome/ or subacromial pain syndrome*.mp.	1766
2	SAPS.mp.	3033
3	Shoulder Joint/ or shoulder joint*.mp.	20846
4	Shoulder Pain/ or shoulder pain*.mp.	8715
5	shoulder impingement*.mp.	1996
6	Rotator Cuff/ or rotator cuff*.mp.	12534
7	rotator cuff disease*.mp.	493
8	Rotator Cuff Injuries/ or rotator cuff tear*.mp.	7292
9	non traumatic shoulder pain*.mp.	11
10	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9	37866
11	(Guideline* or practice guideline* or clinical guideline* or clinical practice guideline* or guidance or consensus or recommendations).ti,kw,kf,pt.	165314
12	Guidelines as topic/ or practice guideline as topic/	38795
13	11 or 12	193701
14	10 and 13	182
15	limit 14 to (yr="2014 - 2019" and (danish or english or norwegian or swedish))	84

## Embase (031219)

Database(s): **Embase** 1996 to 2019 Week 47

Search Strategy:

#	Searches	Results
1	Shoulder Impingement Syndrome/ or subacromial pain syndrome*.mp.	2783
2	SAPS.mp.	5481
3	Shoulder Joint/ or shoulder joint*.mp.	26695
4	Shoulder Pain/ or shoulder pain*.mp.	16536
5	shoulder impingement*.mp.	2862
6	Rotator Cuff/ or rotator cuff*.mp.	14791

7	rotator cuff disease*.mp.	548
8	Rotator Cuff Injuries/ or rotator cuff tear*.mp.	6612
9	non traumatic shoulder pain*.mp.	11
10	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9	56181
11	(Guideline* or practice guideline* or clinical guideline* or guidance or consensus or recommendations).ti,kw,pt.	184383
12	10 and 11	339
13	limit 12 to ((danish or english or norwegian or swedish) and yr="2014 - 2019")	156

## Cinahl (031219)

S4            S1 OR S2    Limiters - Publication Type: Practice Guidelines    23

S3            S1 OR S2    15,684

S2            (MH "Shoulder Pain") OR (MH "Shoulder Injuries+") OR (MH "Shoulder Joint+") OR  
(MH "Shoulder Impingement Syndrome")    14,659

S1            shoulder pain\*    5,069