

Corticosteroid Injections Versus Manual Physical Therapy for Treatment of the Shoulder Impingement Syndrome

The full report is titled “One-Year Outcome of Subacromial Corticosteroid Injection Compared With Manual Physical Therapy for the Management of the Unilateral Shoulder Impingement Syndrome. A Pragmatic Randomized Trial.” It is in the 5 August 2014 issue of *Annals of Internal Medicine* (volume 161, pages 161-169). The authors are D.I. Rhon, R.B. Boyles, and J.A. Cleland.

What is the problem and what is known about it so far?

The shoulder impingement syndrome is a common cause of shoulder pain that may result from such conditions as rotator cuff tendonitis and shoulder bursitis. Local corticosteroid injections and manual physical therapy are 2 nonsurgical options that are often used to treat this syndrome. Although other studies have examined the effectiveness of corticosteroid injections and manual physical therapy individually, studies have not compared these treatments with each other.

Why did the researchers do this particular study?

To see whether corticosteroid injections and manual physical therapy resulted in the same or different amounts of improvement in patients with the shoulder impingement syndrome.

Who was studied?

104 patients with symptoms of the shoulder impingement syndrome who did not have physical therapy or a corticosteroid injection within 3 months of enrolling in the study.

How was the study done?

The patients were randomly assigned to receive either manual physical therapy twice per week for 3 weeks or up to 3 local corticosteroid injections to the shoulder during the 1-year follow-up. The patients responded to questionnaires about shoulder pain and function before receiving any treatments during the study and 1, 3, 6, and 12 months after treatment. Researchers collected information on whether the patients visited physicians or other health professionals or received additional procedures, such as radiography, physical therapy, or corticosteroid injections, for their shoulder pain during the year after the study.

What did the researchers find?

Both groups of patients had a significant improvement in shoulder pain 1 month after treatment, and the improvement continued for 1 year after treatment. Patients who received the corticosteroid injection had the same amount of improvement in their symptoms as the patients who received manual physical therapy. During the 1-year follow-up, patients in the corticosteroid group visited more physicians and other health care professionals and had more procedures than patients in the manual physical therapy group.

What were the limitations of the study?

The study was done at a physical therapy department in 1 military hospital. Only patients who were referred to physical therapy for their shoulder pain were asked whether they would be willing to participate.

What are the implications of the study?

Patients who receive corticosteroid injections or manual physical therapy for the shoulder impingement syndrome may show similar amounts of improvement in their shoulder symptoms.

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