

Reliability of the Shoulder Symptom Modification Procedure and association of within-session and between-session changes with functional outcomes

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Setting the scene:

Shoulder pain is the third most common cause for musculoskeletal consultations. The structures within the subacromial space are thought to be the most common causes of shoulder pain. Despite such commonality, these disorders are poorly understood and poorly managed. The Shoulder Symptom Modification Procedure (SSMP) has been proposed with the aim of helping clinicians guide treatment without assumption about the underlying pathology. The SSMP is performed in a sequential format through four key areas: thoracic repositioning, scapula facilitation, humeral head procedures and neuro-modulatory techniques. The purposes of this study were to (1) evaluate inter clinician agreement of the SSMP (primary goal) and (2) evaluate the association of any initial within-session and between session changes in pain on patient self-report of pain and disability at the first follow-up session and at 1 and 3 months (secondary goal).

What did they do?

26 patients with shoulder pain participated in the study. The participants completed the baseline Shoulder Pain and Disability Index (SPADI). Following completion of the SPADI, the patient was then asked to demonstrate their most painful movement or activity and report their level of pain on a Numeric Pain Rating Scale (NPRS). The SSMP was then performed as described. The patient's response or lack of response to the SSMP was recorded on a standardized SSMP recording form. The patient was asked to sit quietly in the assessment room for at least 10 min, prior to the subsequent application of the SSMP by the second assessor. The second assessor was not informed of the first assessor's results, only which side was to be assessed. All patients were followed up and assessed a week later, and second NPRS and SPADI scores were obtained. Follow-up treatments after this session were dependent on symptoms, availability and need. NPRS and SPADI scores were further obtained at 1 month and 3 months after initial assessment. The results showed

insufficient evidence to recommend the SSMP as a reliable or validated evidence tool for physical examination of patients with shoulder problems.

Takeaway message:

The SSMP can be used in treating patients with shoulder problems but not as a reliable examination tool.