

**The 'Ease' (EEEs) of  
Practice: Evidence,  
Experts & Experience**  
PABC webinar Feb 27, 2013

Frozen Shoulder

Dawn Siegel, Alison Hoens

# Evidence -'?'ed practice

- o Evidence-based vs Evidence-informed
- o What is the definition of EBP?
  - o (Sackett 1996) ... best evidence from the literature applied to a specific patient
  - o (Sackett 2000) ... best evidence from the literature + clinician expertise + patient values/goals
    - o EBP is more than applying best evidence from the literature -> EIP

# What is 'Evidence'?

- Literature

- Primary sources – research articles
- Secondary sources – texts

- Clinical expertise/experience

- Expert vs novice
  - Knowledge, skill acquisition, reflective practice
  - Pattern recognition

- Patient values/goals

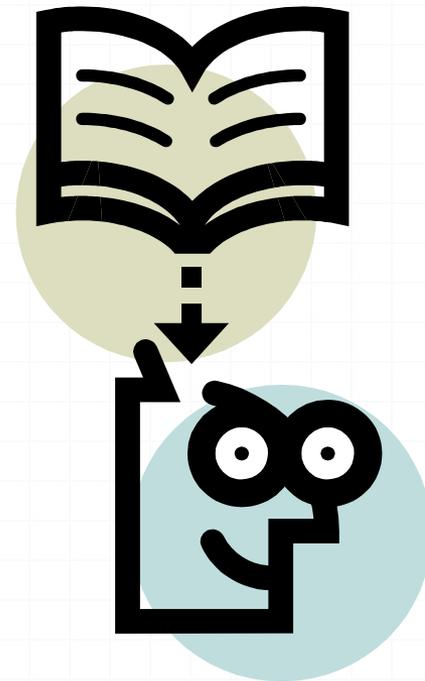
# What is 'knowledge'?

o Aristotle: knowledge includes:

o Episteme – facts

o Techne – skill

o Phronesis - practical wisdom



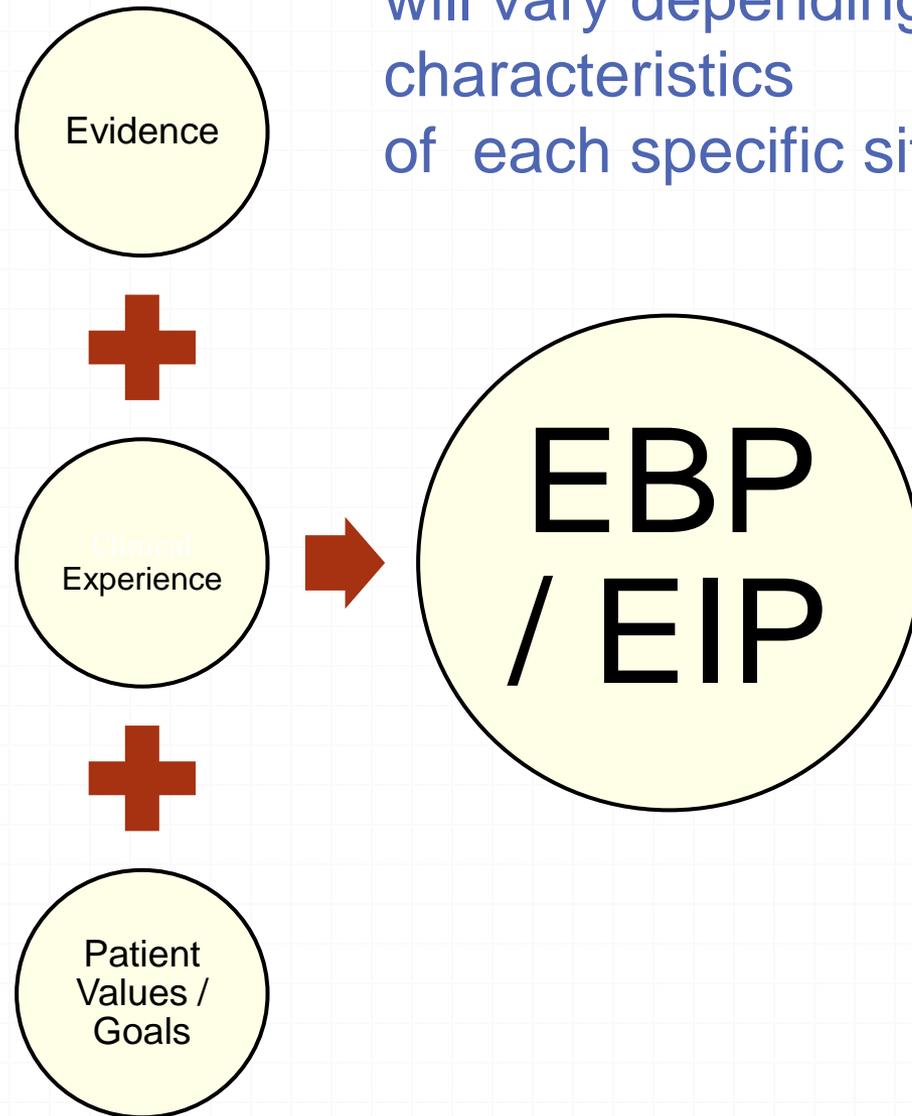
# Why this webinar series?

- o Even with great access to the literature, there are challenges to applying research findings to individual patients
  
- o PABC has set the foundation for EIP with:
  - o How to **ASK** the question
    - o Access Deb's tutorials online and recorded webinars
  - o How to **ACQUIRE** the evidence
    - o Access Deb's tutorials online and recorded webinars
  - o How to **APPRAISE** and **APPLY** the evidence
    - o Access Alison's journal clubs recorded webinars

# Why this webinar series?

- o So, this webinar series is all about
  - o How to ask, acquire, appraise, apply the evidence from the literature
  - o Together with,
  - o The knowledge/evidence from clinical experience and patient preference

The relative contribution of each will vary depending on the characteristics of each specific situation

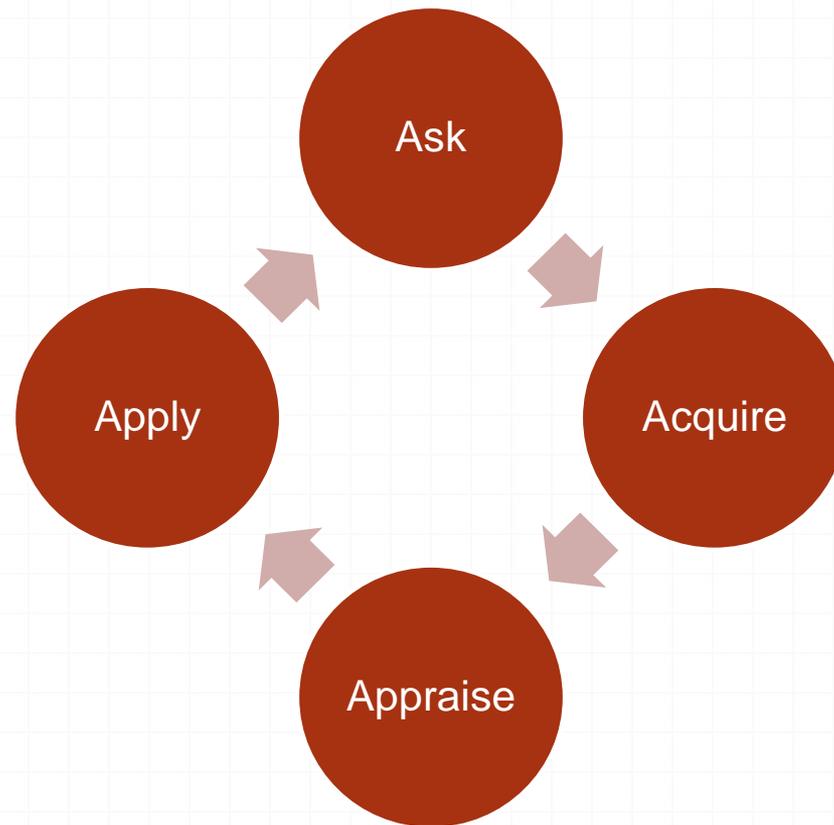


# The 'Ease'

o Evidence, Experts, Experience



# The Evidence: Process



# ASK

- See Deb's tutorials
  - PICO
    - Population
      - Age
      - Condition
      - Acuity/Stage
    - Intervention
      - Physiotherapy, Physical Therapy, Rehab
      - EPAs, manual therapy, manipulation
    - Comparison
    - Outcome

# Acquire

1. Which Databases?
  - o Google Scholar for the “Absolute Beginner”
  - o PubMed/Medline + CINAHL = best coverage of PT
  - o [Search all databases here](#)
2. Which search terms? Next slides
3. How do I do a search? How do I limit to highest levels of evidence, populations, etc? [Webinar series](#) – recordings, upcoming
4. How do I get full-text articles?
  - o Step 1: Is it free on the Web?
  - o Step 2: Is it available in the PABC eLibrary [A-Z Journals List](#)?
  - o Step 3: If not, ask Deb [librarian@bcphysio.org](mailto:librarian@bcphysio.org)
  - o [Webinar](#) – recordings, upcoming

# Quick & Dirty Search in PubMed

- o Frozen shoulder AND physiotherapy = not the best results, so try some other search terms

The screenshot shows a PubMed search interface. At the top, the search bar contains the query "frozen shoulder AND physiotherapy". Below the search bar, there are options for "RSS", "Save search", and "Advanced". The search results are displayed in a list format, with the first five results visible. Each result includes a checkbox, a title, authors, journal information, and a PMID. The results are sorted by "Recently Added". On the right side, there are sections for "Titles with your search terms" and "29 free full-text articles in PubMed Central". At the bottom, there is a "Find related data" section with a dropdown menu and a "Find items" button. The "Search details" section at the bottom right shows the search query: ("bursitis"[MeSH Terms] OR "bursitis"[All Fields]) AND ("frozen"[All Fields] AND

PubMed.gov  
US National Library of Medicine  
National Institutes of Health

PubMed [x] frozen shoulder AND physiotherapy [x] Search

RSS Save search Advanced

Show additional filters

Article types  
Clinical Trial  
Review  
more ...

Text availability  
Abstract available  
Free full text available  
Full text available

Publication dates  
5 years  
10 years  
Custom range...

Species  
Humans  
Other Animals

Clear all

Show additional filters

Display Settings: [x] Summary, 20 per page, Sorted by Recently Added

Send to: [x] Filters: Manage Filters

Results: 1 to 20 of 522

<< First < Prev Page 1 of 27 Next > Last >>

[Subacromial bursitis following human papilloma virus vaccine misinjection.](#)  
1. Uchida S, Sakai A, Nakamura T.  
Vaccine. 2012 Dec 17;31(1):27-30. doi: 10.1016/j.vaccine.2012.10.075. Epub 2012 Oct 31.  
PMID: 23122992 [PubMed - in process]  
[Related citations](#)

[Sporting injuries to the temporomandibular joint.](#)  
2. Canavan D.  
J Ir Dent Assoc. 2012 Aug-Sep;58(4):202-4. No abstract available.  
PMID: 23045786 [PubMed - indexed for MEDLINE]  
[Related citations](#)

[Shoulder muscle isometric strength and active range of motion in patients with frozen shoulder syndrome after manipulation under anesthesia.](#)  
3. Sökk J, Gapeyeva H, Erelina J, Merila M, Pääsuke M.  
Medicina (Kaunas). 2012;48(7):331-7.  
PMID: 23032904 [PubMed - in process] [Free Article](#)  
[Related citations](#)

[Greater trochanteric pain syndrome: more than bursitis and iliotibial tract friction.](#)  
4. Ho GW, Howard TM.  
Curr Sports Med Rep. 2012 Sep-Oct;11(5):232-8. doi: 10.1249/JSR.0b013e3182698f47.  
PMID: 22965345 [PubMed - indexed for MEDLINE]  
[Related citations](#)

[Efficacy of a manual treatment method according to the fascial distortion model in the management of contracted \("frozen"\) shoulder.](#)  
5. Fink M, Schiller J, Buhck H.  
Z Orthop Unfall. 2012 Sep;150(4):420-7. doi: 10.1055/s-0032-1314996. Epub 2012 Aug 23. German.  
PMID: 22918828 [PubMed - indexed for MEDLINE]  
[Related citations](#)

Titles with your search terms  
Manipulation under anaesthesia and ear physiotherapy facilitate recd [Scott Me  
Physiotherapy and the frozen shoulder comparative trial of ice and ultr [N Z Me  
["Frozen shoulder": intraarticular cortic lead to faster pain relie [Praxis (Bern 19]

29 free full-text articles in PubMed Central  
Management of frozen shoulder – con: vs surgical? [Ann R Coll Surg E  
Shoulder adhesive capsulitis: manipula arthroscopic arthrolysis or intra: [Int Orth  
Clinical and radiological outcome of cor vs. surgical tr [BMC Musculoskelet Dis

Find related data  
Database: Select [v]  
Find items

Search details  
("bursitis"[MeSH Terms] OR "bursitis"[All Fields]) AND ("frozen"[All Fields] AND

# Search Terms: Frozen Shoulder

1. **Keyword** = frozen shoulder, adhesive capsulitis
2. **MeSH** (for Medline/PubMed) = Bursitis, but that is too broad, so I suggest using the keywords only (this is rare!)
3. **CINAHL Heading** (for CINAHL) = Adhesive Capsulitis

# Search Terms: Physiotherapy

\*

1. **Keywords** = physiotherap\* or physical therap\* or rehab\* [also a useful subheading] or conservat\* or non surg\* or non operat\* <all the specific treatments you are interested in, e.g., manual therap\* or mobilization\* or mobilisation\* or electrophysical agent\*...>
2. **MeSH** – “Explode” Physical Therapy Modalities (this will include all specific PT terms)
3. **CINAHL** – “Explode” Physical Therapy (this will include all specific PT terms)

Note: \* = picks up alternate endings, such as physiotherapy, physiotherapist, and physiotherapists

Note: “Explode” = search feature of Medline and CINAHL that simplifies the process by including all the narrower terms



Searching: MEDLINE with Full Text, Show all Choose Databases

frozen shoulder\* or adhesive capsulitis

AND physiotherap\* or physical therap\* c

AND

in Select

in Select a Field (op

in Select a Field (optional)

Add Row

Basic Search Advanced Search Visual Search Search History

Getting BETTER Results & Full-Text: EBSCO Medline & CINAHL via PABC

Note: Limited to highest levels of evidence

Search History/Alerts

Print Search History Retrieve Searches Retrieve Alerts Save Searches / Alerts

Select / deselect all

Search with AND

Search with OR

Delete Searches

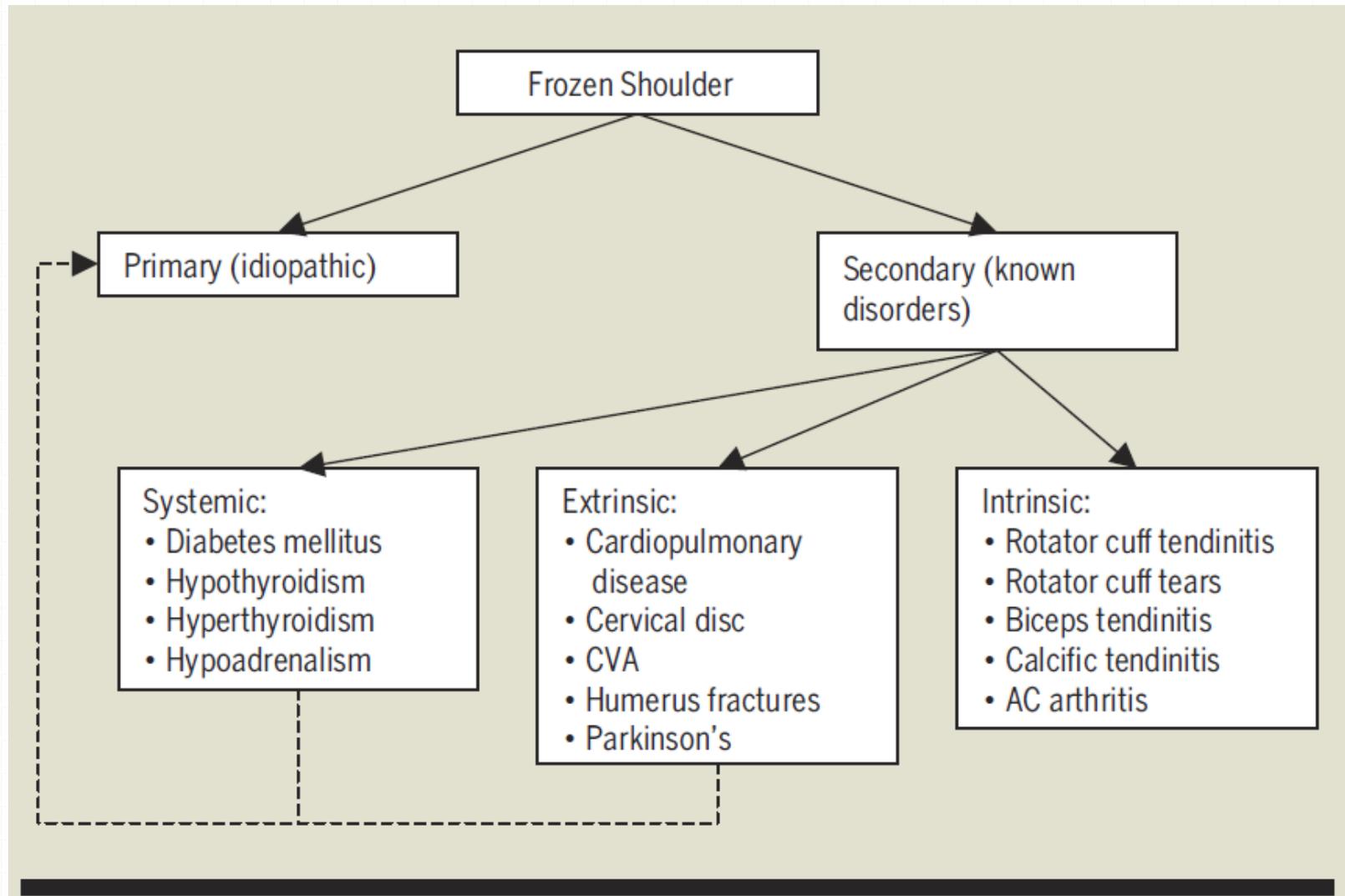
Refresh Search Results

Search ID#	Search Terms	Search Options
S2	( frozen shoulder* or adhesive capsulitis ) AND ( physiotherap* or physical therap* or rehab* or conservat* or non surg* or non operative or MH physical therapy modalities+ or MH physical therapy+ )	<p><b>Limiters</b> - Publication Type: Guideline, Meta-Analysis, Practice Guideline, Review; Publication Type: Meta Analysis, Practice Guidelines, Review, Systematic Review</p> <p><b>Search modes</b> - Boolean/Phrase</p>

View Results (108) View Details Edit

# Appraise

- o See Journal Club webinar recordings
  - o How to appraise an RCT
    - o Worksheet
    - o Tennis elbow, Achilles tendinopathy and exercise and LASER, osteoarthritis & knee joint mobs, hip protectors
  - o How to appraise a Systematic Review or meta-analysis
    - o Worksheet
    - o Ultrasound & Soft Tissue Shoulder Pathology: our inspiration for this session! Orthoses & patellofemoral pain syndrome



**FIGURE 1.** Classification system. Reprinted with permission from Coumo F. Diagnosis, classification, and management of the stiff shoulder. In Iannotti JP, Williams GR, eds. *Disorders of the Shoulder: Diagnosis and Management*. Philadelphia, PA: Lippincott, Williams & Wilkins; 1999.

**TABLE 3**

**CHARACTERISTIC OF PRIMARY  
FROZEN SHOULDER**

Patient age, 40-65 years

Insidious or minimal, event resulting in onset

Significant night pain

Significant limitations of active and passive shoulder motion in more than 1 plane

50% or greater than 30° loss of passive external rotation

All end ranges painful

Significant pain and/or weakness of the internal rotators

Kelley et al, 2009

At this stage, you might not be sure that it is evolving into a frozen shoulder

### **Stage 1**

Duration of symptoms: 0 to 3 months

Pain with active and passive ROM

Limitation of forward flexion, abduction, internal rotation, external rotation

Examination with the patient under anesthesia: normal or minimal loss of ROM

Arthroscopy: diffuse glenohumeral synovitis, often most pronounced in the anterosuperior capsule

Pathologic changes: hypertrophic, hypervascular synovitis, rare inflammatory cell infiltrates, normal underlying capsule

Kelley et al, 2009

## **Stage 2: Freezing Stage**

Duration of symptoms: 3 to 9 months

Chronic pain with active and passive ROM

Significant limitation of forward flexion, abduction, internal rotation, external rotation

Examination with the patient under anesthesia: ROM essentially identical to ROM when patient is awake

Arthroscopy: diffuse pedunculated synovitis (tight capsule with rubbery or dense feel on insertion of arthroscope)

Pathologic changes: hypertrophic, hypervascular synovitis with perivascular and subsynovial scar, fibroplasias and scar formation in the underlying capsule

Kelley et al, 2009

### **Stage 3: Frozen Stage**

Duration of symptoms: 9 to 15 months

Minimal pain except at end ROM

Significant limitation of ROM with rigid end feel

Examination with the patient under anesthesia: ROM identical to ROM when patient is awake

Arthroscopy: no hypervascularity seen, remnants of fibrotic synovium can be seen. The capsule feels thick in insertion of the arthroscope and there is a diminished capsular volume

Pathologic changes: “burned-out” synovitis without significant hypertrophy or hypervascularity. Underlying capsule shows dense scar formation

Kelley et al, 2009

## **Stage 4: Thawing Phase**

Duration of symptoms: 15 to 24 months

Minimal pain

Progressive improvement in ROM

Examination under anesthesia data not available

Kelley et al, 2009

# What does the evidence tell us?

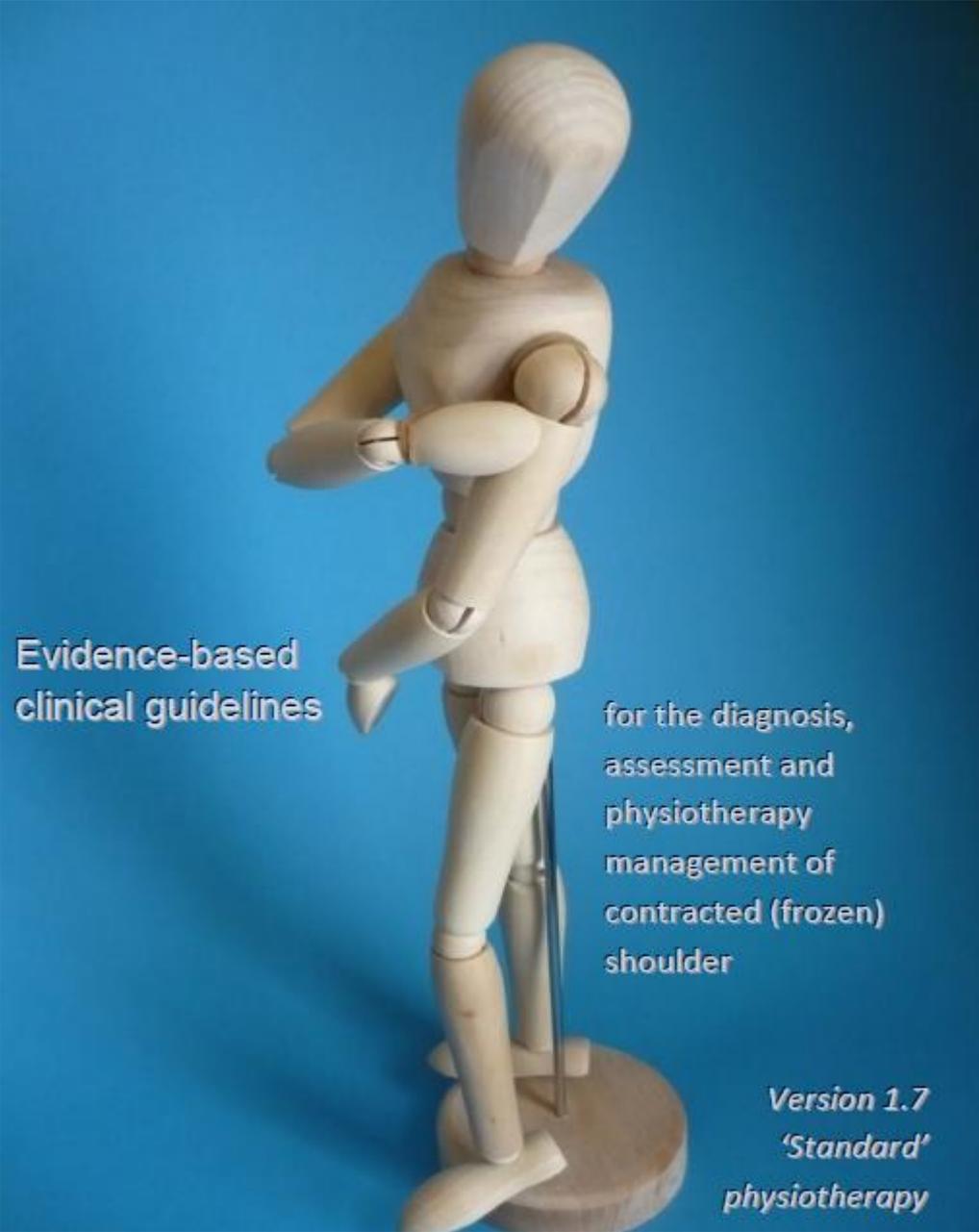


Physiotherapy 98 (2012) 117–120

Physiotherapy

Evidence-based clinical guidelines for the diagnosis, assessment and physiotherapy management of contracted (frozen) shoulder: quick reference summary

Nigel C.A. Hanchard<sup>a,\*</sup>, Lorna Goodchild<sup>b</sup>, Jackie Thompson<sup>c</sup>, Tracey O'Brien<sup>d</sup>,  
Dot Davison<sup>e</sup>, Chris Richardson<sup>e</sup>



Evidence-based  
clinical guidelines

for the diagnosis,  
assessment and  
physiotherapy  
management of  
contracted (frozen)  
shoulder

*Version 1.7*  
*'Standard'*  
*physiotherapy*

# CSP Guidelines

- o Developed by the 'Good Practice Panel of the Chartered Society of Physiotherapy'
- o Delphi
- o GRADE
- o Meta-analysis where possible, RR, CI, MCID
- o AGREE

# CSP GUIDELINES

- o Not intended for pain from causes other than contracted (frozen) shoulder; or shoulder pain or stiffness secondary to:
  - o stroke
  - o significant trauma e.g. fracture or dislocation
  - o Sx (except in relation to operations undertaken to treat contracted (frozen) shoulder, such as manipulation under anaesthetic)
  - o systemic inflammatory conditions e.g. RA

# CSP GUIDELINES

- o Part 1: Background, Dx, Ax and overview of strategies for managing
- o Part 2: SR and MA of Rx interventions
- o Part 3: Recommendations for management
- o Part 4: Recommendations for research
- o Part 5: Appendices

# CSP GUIDELINES

- o Primary care = community-based
- o Secondary care = hospital-based
- o Tertiary care = hospital-based but specialised consultative care

# Summary of CSP Guidelines

Hanchard et al, 2012

- o 1. **Key Dx test**: passive ER – painful & restricted
- o 2. **Corroborate ER test** with Hx, palpation, Xray
- o 3. Measure ER: define limited by what – ?onset of P
- o 4. Clarify **'pain' or 'stiffness'** predominant
- o 5. Use **validated OM** that is region specific eg. SPADI

Narrative Review

## Current concepts in the conservative management of the frozen shoulder

Rebecca Louise Foster, Marie-Luce O'Driscoll

### 2010 Physical Therapy Reviews

Narrative review \*but quite rigorous (multiple databases, assessed quality)  
5 papers

Mobilizations, with & without exercise, was effective (ROM & function)

High grade, end range mobilization or MWM (ie. Mulligan) best

Supervised neglect > intensive physiotherapy (\*at 24 months)

Deep heating with stretching > superficial heating & stretching or stretching alone

-

# Supervised Neglect

- **Intensive Physiotherapy** = exercise up to and beyond pain, passive stretching, GH joint mobs, and a home ex prog

- 63% of group achieved a Constant Murley Score of >80

Versus

- **Supervised neglect** = no exercise beyond the pain threshold but pendular and active ex within pain free range + resume all activities that were tolerated

- 89% of group achieved a Constant Murley Score of >80

- Thus, avoid aggressive stretching beyond the pain threshold especially in the early phase

- Diercks & Stevens cited in Kelley et al, 2009

CLINICAL RESEARCH

## The Natural History of Idiopathic Frozen Shoulder

### *A 2- to 27-year Followup Study*

Heidi Vastamäki MD, Jyrki Kettunen PT, PhD,  
Martti Vastamäki MD, PhD

Only idiopathic

15,000 charts; 231 fit criteria (1975-1998) & 'names '1999-2006

No or minor trauma

marked loss active & passive ROM

pain with extreme ROM

normal findings on Xray

no manipulation under anesthesia, surgical treatment, injection

no suspicion of rotator cuff tear at the first consultation

# Vastamaki et al, 2012

	Untreated	Non –operative	Manipulation
Duration	Avg 15 m (4-36)	Avg 20 (6-60)	
ROM at follow up (contralat level)	94%	91%	91%
Pain free (rest, night, exertion)	51%	44%	30%
Pain <3 VAS	94%	91%	90%
Constant Murley score (of normal age/gender score)	86%	77%	70%

# Predictors of Outcome After Nonoperative and Operative Treatment of Adhesive Capsulitis

AJSM 2011

Brian K. Rill,<sup>\*</sup> MD, Cassie M. Fleckenstein,<sup>†</sup> MS, Martin S. Levy,<sup>‡</sup> PhD, Vinutha Nagesh,<sup>‡</sup> MS, and Samer S. Hasan,<sup>†§</sup> MD, PhD

## Retrospective review

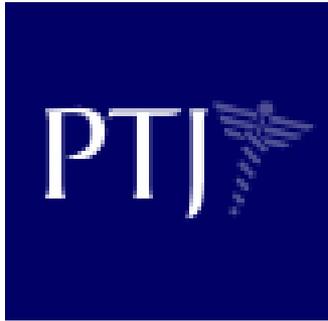
“A \*multimodal nonoperative Rx program is effective for most patients with adhesive capsulitis.

Pts who do not improve, including those with diabetes, respond well to manipulation & arthroscopic release.

Residual motion deficits at

DC from Rx do not appear to affect LT clinical outcome”.

supervised PT 9 wk avg (3-24), home ex prgm, NSAIDs/CSI



**Interventions Associated With an Increased or Decreased Likelihood of Pain Reduction and Improved Function in Patients With Adhesive Capsulitis: A Retrospective Cohort Study**  
Dianne V Jewell, Daniel L Riddle and Leroy R Thacker  
*PHYS THER.* 2009; 89:419-429.  
Originally published online March 8, 2009  
doi: 10.2522/ptj.20080250

2, 370 patients



Retrospective review of documentation

Nested logistic regression analysis

Factors which predicted  $\geq 50\%$  increase in:  
physical function, body pain, hybrid function

Physical Component Summary-12 is derived from SF-36

Hybrid function: see Table 3 p 423

# Jewell et al, 2009

- o 3,383 patients who received OP PT for signs/symptoms coded as 'adhesive capsulitis'
- o Exclusion: didn't complete care, scores were missing, invalid scoring variables
- o Interventions: PT completed at pt D/C a checklist of rx options provided

# Jewell et al, 2009

- o None of the patients achieved a 50% or greater improvement in PCS-12 scores.
- o Improvement in BP scores - more likely after **joint mobility** interventions (OR 1.35, 95% CI 1.10 –1.65). ie. 34% higher
- o Improvement in HF scores was more likely after **exercise** interventions (OR 1.50, 95% CI 1.03–2.17). ie. 50% higher
- o **Iontophoresis** and **phonophoresis**, **US**, or **massage** reduced the likelihood of improvement in these 3 outcome measures by 19% to 32%.

# Jewell et al, 2009

- o “The devil is in the details”
- o Favorable: joint mobilization & exercise
- o Unfavorable: US, massage, iontophoresis, phonophoresis
- o But, use caution in interpretation: reliance on coding, heterogeneous population (stage of pathology) & no standardization of intervention (\*EPA doses can be non-therapeutic or therapeutic), retrospective

# EPAs & Frozen Shoulder

MODALITY	Pain predominant stage	Stiffness predominant stage
TENS	+	(+)
HVPC	+	(+)
IFC	+	(+)
LLLT	+	-
US	? (mechanism ?)	? (sufficient heating ?)
SWD	Pulsed +	Continuous +
Hot pack	+ (caution re heating with superficial inflam)	+
Ice	+	-
Systemic exercise	+	+

- + plausible role (+) indirect effect
- unlikely role
- ? uncertain role

\*Evidence-informed opinion on this & next slide

# EPAs & Frozen Shoulder

	Pain predominant	Stiffness predominant
TENS	Conventional (80-150 Hz; ~60 microsec) Acupuncture-like (10 Hz; ~200 microsec)	Conventional Acupuncture-like ? To enable more aggressive stretch
HVPC	A/A	A/A
IFC	A/A	-
LLLT	*WALT guidelines: 904 nm 2 Joules	-
US	? 1 MHz Pulsed 1:4-1:2 0.5-0.8 W/cm <sup>2</sup> 10-20 minutes	? 1 MHz, continuous, 1.0-2.0 W/cm <sup>2</sup> 5-8 minutes (heating)
SWD	Pulsed (low freq; low intensity), ~20 min	Continuous, mod heat sensation, ~20 min
Hot pack	*caution re inflamm – mild heating sensation	Moist heat ~20 min
Ice	10-15 min	-
Systemic exercise	Borg 6/10 or Talk test ~ 10-20 min	Borg 6/10 or Talk test ~ 10-20 min

# EPAs & Frozen Shoulder

o \*For help with LLLT dose calculation see Achilles Tendinopathy Toolkit Appendix B

o Useful websites:

- [www.electrotherapy.org](http://www.electrotherapy.org)
- <http://waltza.co.za>

# Frozen Shoulder: Evidence and a Proposed Model Guiding Rehabilitation

**TABLE 1**

**IRRITABILITY CLASSIFICATION**

<b>High Irritability</b>	<b>Moderate Irritability</b>	<b>Low Irritability</b>
High pain ( $\geq 7/10$ )	Moderate pain (4-6/10)	Low pain ( $\leq 3/10$ )
Consistent night or resting pain	Intermittent night or resting pain	No resting or night pain
High disability on DASH, ASES, PSS	Moderate disability on DASH, ASES, PSS	Low disability on DASH, ASES, PSS
Pain prior to end ROM	Pain at end ROM	Minimal pain at end ROM with overpressure
AROM less than PROM, secondary to pain	AROM similar to PROM	AROM same as PROM

*Abbreviations: AAROM, active assisted range of motion; AROM, active range of motion; ASES, American Shoulder and Elbow Surgeons Score; DASH, Disabilities of the Arm, Shoulder and Hand Questionnaire; PROM, passive range of motion; PSS, Penn Shoulder Score; ROM, range of motion.*

**TABLE 4**

**TREATMENT STRATEGIES  
BASED ON IRRITABILITY LEVEL**

	<b>High Irritability</b>	<b>Moderate Irritability</b>	<b>Low Irritability</b>
Modalities	Heat/ice/electrical stimulation	Heat/ice/electrical stimulation	...
Activity modification	Yes	Yes	...
ROM/stretch	Short-duration (1-5 s), pain-free, passive AAROM	Short-duration (5-15 s), passive, AAROM to AROM	End range/overpressure, increased-duration, cyclic loading
Manual techniques	Low-grade mobilization	Low- to high-grade mobilization	High-grade mobilization/sustained hold
Strengthen	...	...	Low- to high-resistance end ranges
Functional activities	...	Basic	High demand
Patient education	+	+	+
Other	Intra-articular steroid injection	...	...

*Abbreviations: AAROM, active assisted range of motion; AROM, active range of motion.*

# Maximizing Total End Range Time is Safe and Effective for the Conservative Treatment of Frozen Shoulder Patients

Dempsey et al, 2011 AJSM

Based on level of **irritability** (Kelley)

**Maximize Total End Range Time (TERT)**



Same TERT program for Low Irritability & Medium/High Irritability

Stretch, intensity near, but not above, pain  
\*especially impt in early phases

Both groups had similar improvements  
thus TERT safe even with higher irritability

\*How did they motivate HI pts to return?

\*Did they pay?

# Frequency of Rx

- o Based on pt's within session & btwn session response to Rx
- o MI or HI: pain reduction and within Rx ROM changes of >10-15 deg -> see 2X/wk
- o LI: pain reduction but now minimal changes in motion -> once every week or twice monthly; emphasize home program
  - o Kelley et al, 2009

However, consider supervised neglect if diligent with home program

# When to DC

## o DC

- o Significant pain reduction
- o Stagnant motion gains between sessions
- o Improved functional motion
- o Improved satisfaction (Kelley et al, 2009)
  
- o When would you refer?

# OUTCOME MEASURES

- [www.orthopaedicscores.com](http://www.orthopaedicscores.com)
- DASH
- Simple Shoulder Test (SST)
- ASES Standardized Shoulder Assessment Form
- SPADI
- Constant Shoulder Score
- Constant Murley Score
  - Difference btwn normal and affected sides
- Patient specific outcome measure
  - Reaching up a door frame (\*not stressing anterior capsule)
  - Distance of wrist from floor in Abdn/ER when in supine

no personal details required.

The **Free** Information and Calculation Service, Designed for Orthopaedic Surgeons, Physicians, Physical Therapists, Osteopaths, Chiropractors and Patients.

score is calculated automatically.

Use for study and research.

Print scores for your records.

Save scores as CSV file.

click on the Score you want to use.

REGION	Clinician completed	Patient completed
Hip	Harris Hip Score	Oxford Hip Score
		HOOS (Hip disability and Osteoarthritis Outcome)
		WOMAC Score
Knee (Osteo Arthritis)	Knee Society Score (KSS)	Oxford Knee Score
		KOOS (Knee Injury & Osteoarthritis Outcome)
		WOMAC Score
		IKDC
Knee (Anterior Cruciate Ligament)	Modified Cincinatti Rating system	KOOS (Knee Injury & Osteoarthritis Outcome)
	Tegner Lysholm Knee Scoring Scale	Modified Cincinatti Rating system
		Tegner Lysholm Knee Scoring Scale
Foot/Ankle	American Foot & Ankle Score	Foot & Ankle Disability Index
Shoulder	Constant Shoulder Score	Oxford Shoulder Score
		<b>NEW</b> ASES
	UCLA Shoulder rating scale	DASH (Disabilities of arm, shoulder & hand) Score
		Quick-DASH Score
Shoulder (Instability)	Rowe Score for Instability	Oxford Instability Score
		WOSI (Western Ontario Shoulder Instability Index)

### The Disabilities of the Arm, Shoulder and Hand Score(QuickDash)

Clinician's name (or ref) .....

Patient's name (or ref) .....

**INSTRUCTIONS:** This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer *every question*, based on your condition in the **last week**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on you ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week.

1. Open a tight or new jar	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
2. Do heavy household chores (eg wash walls, wash floors)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
3. Carry a shopping bag or briefcase	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
4. Wash your back	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
5. Use a knife to cut food	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
7. During the past week, to <i>what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	<input type="radio"/> Not at all	<input type="radio"/> Slightly	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	<input type="radio"/> Not limited at all	<input type="radio"/> Slightly limited	<input type="radio"/> Moderately limited	<input type="radio"/> Very limited	<input type="radio"/> Unable

Please rate the severity of the following symptoms in the last week

9. Arm, shoulder or hand pain	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Extreme
10. Tingling (pins and needles) in your arm, shoulder or hand	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Extreme
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> So much difficulty I can't sleep

Thank you very much for completing all the questions in this questionnaire.

Print page

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Reset

The Disabilities of the Arm, Shoulder and Hand (quickdash) Score

To save this data please print or

( NB. A DASH score may not be calculated if there are greater than 1 missing items.)

There are two further small sections to this score. They are both optional. Just click below to select

**WORK MODULE**

**SPORTS/PERFORMING ARTS MODULE**

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG)

Am J Med. 1996 Jun;100(6):622-8. Epub 2006 Sep 20;100(6):622-8.

# THE END

