

Course Details

Course Title: **The Shoulder: *Theory and Practice*** (7th edition)

Course Tutor: **Dr Jeremy Lewis PhD. MSc.** MCSP. MMACP.
Consultant Physiotherapist and Visiting Professor

Duration: 2 day programme. (9am to 5:00pm on each day)

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Course Tutor

Dr Jeremy Lewis is a New Zealand born, Australian trained physiotherapist who currently works as a Consultant Physiotherapist at St George's Hospital in London, UK. He is also the Research Lead for the Therapy Department at the Chelsea and Westminster Hospital in London, UK. He also treats patients with complex shoulder problems and performs ultrasound guided shoulder injections. Jeremy has conducted clinical, laboratory and cadaver research into various aspects of shoulder function and pathology, and has publications in a number of peer-reviewed journals. Jeremy also has a Master of Science in Manipulative Therapy, and Postgraduate Diplomas in Manipulative Physiotherapy (La Trobe University, Melbourne, Australia), Sports Physiotherapy (Curtin University, Perth, Western Australia), and in Biomechanics (Strathclyde University, Scotland). He has also completed MSc modules in injection therapy for soft tissues and joints, and imaging ultrasound for physiotherapists. Since 1992, Jeremy has taught over 250 shoulder workshops internationally to over 5000 health professionals in the USA, the Cayman Islands, the Middle East, Ireland, South Africa, India, extensively throughout Europe and throughout the UK. He has also lectured on the shoulder at many international conferences. He presented the keynote lecture at the 11th International Shoulder and Elbow Surgeons Conference in Edinburgh (2010) with a presentation entitled; *Subacromial Impingement Syndrome: a musculoskeletal condition or a medical illusion?* His main areas of research interest are rotator cuff tendinopathy and shoulder pain syndromes. He is currently supervising PhD and MSc students. Jeremy is an associate editor for the journal *Shoulder & Elbow*.

Course Description

This evidence-based theoretical and practical course is based on extensive clinical experience in assessment, diagnosis and rehabilitation of shoulder pathology, as well as extensive reference to research publications from a variety of disciplines. New models of shoulder assessment including the Shoulder Symptom Modification Procedure (Lewis JS (2009) *British Journal of Sports Medicine*) and a new model for staging the continuum of rotator cuff tendinopathy (Lewis JS (2010) *British Journal of Sports Medicine*) will be presented. Emphasis will be placed on clinical reasoning to support management decisions. Participants completing these courses will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated region of the body.

This course remains a 'work in progress' and is continually being updated with the emergence of new research and clinical understanding. As a result, many people have participated on two and some on three occasions. This course will be fun, thought provoking, and provide opportunity to discuss ideas and share experiences. From 2012, additional shoulder continuing professional development will be available online.

The Shoulder: *Theory and Practice* (7th edition)

Course Programme (2011)

Please note: The order of the programme, content, and timetable structure may vary

Day 1:

- 9:00-9:15** **Introduction and Epidemiology**
- 9:15-10:30** **Function**
This session reviews aspects of clinical and functional anatomy and biomechanics of the shoulder. Use is made of an individualised functional assessment approach to tailor treatment planning for a patient's individualised needs.
- 10:45-12:30** **Assessment and Management**
This clinically orientated session highlights the components of the subjective and physical examination of the shoulder that will assist the clinician in the clinical reasoning process. It will include the Shoulder Symptom Modification Procedure (SSMP) (British Journal of Sports Medicine 2009) which involves a structured algorithm to help the clinician determine what procedures should be used in patient management. The SSMP involves techniques to determine; the influence of scapular position on symptoms, scapular repositioning procedures, functional glenohumeral repositioning tests, techniques to determine the influence of the posture (including the thoracic region) on the shoulder symptoms and an assessment of the cervical and thoracic spine on shoulder symptoms.
- 12:30-1:15** **Lunch**
- 1:15-3:00** **Assessment and Management (cont.)**
Continuation of the earlier session. This theoretical and practical session critically appraises the evidence to support the use of imaging in helping to establish a diagnosis and critically reviews special orthopaedic tests used in the assessment of the shoulder.
- 3:00-3:15** **Coffee / Tea Break**
- 3:15-5:00** **Assessment and Management (cont.)**
Continuation of the earlier session. This final theoretical and practical session looks at manual therapy, soft tissue and taping techniques to reduce shoulder pain. A critical review of research evidence in the management of shoulder pain is presented.

Day 2:

- 9:00-10:30** **Subacromial Pain Syndrome (SPS) and Rotator Cuff Tendinopathy**
This practical and theoretical session involves a very detailed and in-depth review of this multifactorial problem. The current evidence based research across a number of professions evidence regarding the aetiology and pathology of this condition will be presented in detail.
- 10:30-10:45** **Coffee / Tea Break**
- 10:45-12:30** **SPS and Rotator Cuff Tendinopathy (cont.)**
Continuation of the earlier session. This practical and theoretical session will explore a model for the continuum of rotator cuff tendinopathy (BJSM 2010) including recommendations for EBP management. This session includes a critical appraisal of the evidence to support the use of injection therapy in the management of subacromial pain syndrome and critically compares outcome between surgical and non surgical intervention.
- 12:30-1:15** **Lunch**
- 1:15-2:30** **SPS and Rotator Cuff Tendinopathy (cont.)**
Continuation of the earlier session. Theoretical and practical session exploring multimodal management of the continuum of rotator cuff tendinopathy including recommendations for staged management and progression of sub optimally loaded, normal, reactive, disrepair and degenerated rotator cuff tendon. Research evidence will underpin recommendations.
- 2:30-3:00** **Sensory-motor control**
Theoretical and practical session exploring the importance of incorporating sensory motor education in the management of all shoulder conditions. Includes practice of techniques.
- 3:00-3:15** **Coffee / Tea Break**
- 3:15-4:45** **The Contracted Frozen Shoulder**
Theoretical and practical session including pathology, assessment and treatment techniques for the contracted frozen shoulder. This session involves the presentation and practice of specific assessment, management and treatment techniques.
- 4:45-5:00** **Discussion and Questions**

Learning Outcomes

- 1 To develop a better understanding and knowledge of the clinical anatomy and biomechanics of the shoulder girdle.
- 2 To develop a comprehensive subjective and physical evaluation strategy for the shoulder that considers local and referred (cervical and visceral) sources of pain and directs the clinician to develop an appropriate management plan.
- 3 To develop greater confidence with the 'hands-on' physical assessment of the shoulder region and a better understanding of the evidence for the use of the selected assessment techniques.
- 4 To develop a greater understanding and knowledge of various pathologies of the shoulder girdle.
- 5 To develop greater competency in the management of patients with a variety of shoulder pathologies including; the acute shoulder, subacromial pain syndrome, rotator cuff, the stiff and restricted shoulder, shoulder pain syndromes, and pain referred to the shoulder.
- 6 To review the research evidence relating to the influence of posture and muscle imbalance and its relationship with shoulder pathology.
- 7 To review the evidence underpinning the pathology, and the assessment and management of various shoulder conditions.
- 8 To review the research evidence evaluating the use of diagnostic imaging as part of the management for musculoskeletal disorders of the shoulder.
- 9 To review the research evidence evaluating the use of injections as part of the management for musculoskeletal disorders of the shoulder.
- 10 To develop a greater confidence in the use of taping techniques for the scapulothoracic and glenohumeral joints and evaluation of the efficacy of the techniques.

Participants Comments

- *"Complete change to the way I think about shoulders. Best course I have ever done".*
- *"Great explanations, very in-depth, great synthesis of research evidence".*
- *"Thank you, thank you, fantastic, great teaching style, great sense of humour".*
- *"Excellent rationale for phased rehabilitation". • "One of the best courses I have ever done".*
- *"100% useful. Very inspirational. Best shoulder course yet".*
- *"One of the best courses I have been on, all courses should aim to be this good".*
- *"Excellent information with references to support course content".*
- *"Before I did this course the world was flat!"*
- *"Excellent, I have changed how I treat the upper limb and neck pain and have had excellent results". [from participant who had re-attended]*
- *"Brilliant presentation, extremely useful material and very appropriate for current practice"*
- *"Jeremy was relaxed and informative and gave us a lot of valuable information in a non-threatening way, the evidence base was excellent".*
- *"Excellent teacher". • "Inspirational course".*
- *"Probably one of the most useful and reassuring courses I have been on".*
- *"By far the most informative, research based and thought provoking course I have been on".*
- *"Course leader was excellent and the course was very stimulating and thought provoking".*
- *"The tutor had great depth of knowledge, great sense of humour, was very relaxed and very approachable".*
- *"The presentation was excellent and the evidence base brilliant and relevant to me as a clinician and provided me with great ideas for rehabilitation".*
- *"Excellent presentation style. Enjoyed lectures and practical sessions. Very impressed with depth and breadth of knowledge and how well it relates to clinical practice".*
- *"Up to date research, excellent techniques, enlightening, holistic, course should be compulsory".*

Selected Publications

Maughan EF, Lewis JS (2010) Outcome measures in chronic low back pain. *European Spine Journal*. 19 (9):1484-1494.

Lewis JS (2010) Rotator cuff tendinopathy: a model for the continuum of pathology and related management. *British Journal of Sports Medicine*. 44 (13):918-923

Firth BL, Dingley P, Davies ER, Lewis JS, Alexander CM. (2010) The effect of kinesio tape on function, pain and motoneuronal excitability in healthy people and people with Achilles tendinopathy: an experimental cohort design. *Clinical J Sport Med*. 20(6):416-21.

Lewis JS, Valentine RE (2010) Clinical measurement of the thoracic kyphosis. A study of the intra-rater reliability in subjects with and without shoulder pain. *BMC Musculoskeletal Disorders*. 11:39(1 March 2010).

Lewis JS, Raza SA, Pilcher J, Heron C, Poloniecki JD (2009) The prevalence of neovascularity in patients clinically diagnosed with rotator cuff tendinopathy *BMC Musculoskeletal Disorders*. 10:163.

Ainsworth R, Lewis J, Conboy V (2009) A prospective randomized placebo controlled clinical trial of a rehabilitation programme for patients with a diagnosis of massive rotator cuff tears of the shoulder. *Shoulder & Elbow*. 1(1):55-60.

Lewis JS (2009) Rotator cuff tendinopathy/ subacromial impingement syndrome: is it time for a new method of assessment? *British Journal of Sports Medicine*. 43 (4): 259-264.

Lewis JS (2009) Rotator cuff tendinopathy. *British Journal of Sports Medicine*. 43 (4): 236-241.

Lewis JS and Sandford F (2009) Rotator Cuff Tendinopathy: Is There a Role for Polyunsaturated Fatty Acids and Antioxidants? *Journal of Hand Therapy*. 22 (1): 49-56.

Lewis JS and Valentine R (2008) Intraobserver reliability of angular and linear measurements of scapular position in subjects with and without symptoms. *Archives of Physical Medicine and Rehabilitation*. 89: 1795-1802.

Miller CA, Forrester GA, Lewis JS (2008) The validity of the lag signs in diagnosing full-thickness tears of the rotator cuff: A preliminary investigation. *Archives of Physical Medicine and Rehabilitation*. 87: 1242-1249.

Lewis JS and Valentine RE (2007) The pectoralis minor length test: a study of the intra-rater reliability and diagnostic accuracy in subjects with and without shoulder symptoms. *BMC Musculoskeletal Disorders*. July 9; 8(1):64.

Ainsworth R and Lewis JS (2007) Exercise Therapy for the conservative management of full thickness tears of the rotator cuff: A systematic review. *British Journal of Sports Medicine*. 41: 200-210.

Valentine R and Lewis J (2006) Intraobserver reliability of 4 physiologic movements of the shoulder in subjects with and without shoulder symptoms. *Archives of Physical Medicine and Rehabilitation*. 87: 1242-1249.

Lewis J, Green A, Wright C. (2005) Subacromial impingement syndrome: The role of posture and muscle imbalance. *Journal of Shoulder and Elbow Surgery*. 14(4): 385-392.

Lewis J, Hewitt JS, Billington L, Cole S, Byng J, Karayiannis S. (2005) A randomized clinical trial comparing two physiotherapy interventions for chronic low back pain. *Spine*.30 (7): 711-721.

Lewis JS, Wright C, Green A (2005) Subacromial impingement syndrome: The effect of changing posture on shoulder range of movement. *Journal of Orthopaedic and Sports Physical Therapy*. 35(2):74-89.

Saranga J, Green A, Lewis J and Worsfold C (2003) Effect of a lateral glide on the upper limb neurodynamic test 1. *Physiotherapy*. 89 (11): 678-684.

Alexander CM, Stynes S, Thomas A, Lewis J and Harrison PJ (2003) Does tape facilitate or inhibit the lower fibres of trapezius? *Manual Therapy*. 8 (1): 37-41.

Lewis J, Green A, Reichard, Z and Wright C (2002) Scapular position: the validity of skin surface palpation. *Manual Therapy*. 7 (1): 26-30.

Lewis JS, Green A and Dekel S (2001) The aetiology of subacromial impingement syndrome. *Physiotherapy*. 87 (9): 458-469.

Lewis J, Yizhat Z, Green A, Pennington D. (2001) Subacromial impingement syndrome: Has evolution failed us? *Physiotherapy*. 87 (4): 191-198.

Lewis J and Tehan P (1999) A blinded study investigating the use of diagnostic ultrasound for detecting active myofascial trigger points. *Pain*. 79(1): 39-44.