**CO11-003-e**  
**Bracing for osteoarthritis**  
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Bracing for osteoarthritis involves the use of splint, tapes, sleeves, and unloading knee braces. It is part of recommended nonpharmacological treatments for thumb base and knee osteoarthritis. Evidence of splint effectiveness in patients with thumb base osteoarthritis is now provided. Splints for thumb base osteoarthritis improve pain and disability. Weaker evidence appears for knee bracing including taping, sleeves and unloading braces. Observance and safety results are to be considered before using unloading knee braces for knee osteoarthritis. Whatever it is, bracing has to be checked by a health professional to insure the suitability of the device. Patients using bracing should also be educated. Patient education includes knowledge of the aims and modalities of the treatment, and encouragement to contact the therapist if need of adjustment, side effect or question about the device.

**Disclosure of interest**  
The author has not supplied his/her declaration of conflict of interest.

**Keywords**  
Osteoarthritis; Braces; Disclosure of interest

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**CO11-004-e**  
**Evidence-based medicine in the diagnosis and management of hand osteoarthritis**  
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**Objective**  
To outline the Diagnosis and Management of HOA depending essentially on the recent Evidence-Based Recommendations (EBR) and literature.

**Method**  
EBR for the Diagnosis of HOA, according to: risk factors, clinical, subsets, differential diagnosis, images and laboratory tests, is mentioned in details with Levels of Evidence. Also EBR for the Management of HOA developed through three Delphi rounds, according to: general, non-pharmacological, pharmacological, invasive, surgical, with levels of evidence is given through the lecture.

**Results**  
The results of 3 Delphi rounds, for Diagnosis: 108, for Management of HOA: 309 literature depending on Evidence-Based Medicine and Hierarchy with Levels of Evidence is presented.

**Conclusion**  
Acute pain relief, restoration of function remain the primary treatment objectives. These are best achieved by a combination of pharmacological & nonpharmacological treatment especially by application of PRM procedures. Surgery remains the last resort for restoration of function if all else fails.

**Keywords**  
Evidence-based; Hand osteoarthritis; Disclosure of interest  
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**Further reading**


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**CO11-005-e**  
**Effectiveness of physiotherapeutic interventions for adhesive capsulitis of the shoulder**  
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Adhesive capsulitis; Physical treatment; Disclosure of interest

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**CO11-006-e**  
**Neer maneuver associated with a countertest in lateral rotation: A predictive test of response to dynamic humeral centering**  
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**Disclosure of interest**  
The authors have not supplied their declaration of conflict of interest.

**Objective**  
Dynamic humeral centering (DHC) is a physiotherapy modality that aims at preventing subacromial impingement. Clinical tests of subacromial impingement may be predictive of response to DHC in degenerative rotator cuff disorders (DRCD). The objective of the study was to assess the predictive value of Neer test and a countertest by passive antero-lateral elevation, the arm in lateral rotation (LR), with response to DHC as reference.

**Patients and method**  
Patients suffering from DRCD were prospectively included. Neer and RL tests were performed before RHD. Neer test was positive if painful (Neer +). LR maneuver was...