Introduction.– The physiotherapist belongs to the multidisciplinary team which carry out the postoperative pain after heavy surgery (low back). The massage belongs to the methods available to get an analgesic effect [1]. The massage’s effectiveness hasn’t been really validate by scientific works, but is recommended as an adjuvant therapy in the decrease of low back pain intensity [2,3]. The aim of our randomized and controlled prospective trial was to compare the evolution of pain intensity in a short term: 3 days after surgery. The study was based on a 14-patient population (mean age 55.5 years), divided into two groups: seven in a control group (group A) and seven in a massage group (group B).

Materials and methods.– The study took place in Marseilles, France, at the hospital Conception in the orthopaedic and vertebral surgery department. Patients from the control group were subjected to a mobilisation of their legs during 15 minutes. Patients from the massage group received a massage of their legs during the same time. The data for pain intensity, wellbeing and anxiety have been measured with a visual analog scale from 0 to 100 mm.

Results.– There were no significant differences in the rates of pain intensity decrease between both of the groups. However, the decrease of pain intensity was significative in the massage group from the second day (P = 0.01) and third day (P = 0.007). The anxiety has significantly decreased in the control group (P = 0.04) and there were no significative differences according to the wellbeing.

Discussion.– Massage is an adjuvant therapy which can be efficiently used in the decrease of low back pain intensity from the second postoperative day after a low back surgery.

References

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Kinesiotaping and shoulder pathology: Literature review
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Keywords: Kinesiotaping; Shoulder; Literature review

Objective.– Kinesiotaping (KT) is a new therapeutic approach developed in Japan. Since 2008, it was used in sport’s physiotherapy. Indications for use are numerous but no scientific guidelines helps therapist for application of KT. In shoulder pathology, control of pain and muscular stabilization are the keys of rehabilitation and are the targets of KT. The aim of this work was to make a literature review among KT and shoulder pathology.

Material and methods.– An exhaustive bibliographic research was made with data bases: Medline, Cochrane library, Scopus and Physiotherapy Evidence Database (PEDro). We used different keywords kinesio/kine, elastic, proprioceptive/neuromuscular; taping/tape/stap; shoulder. A methodological analysis of article’s quality was made with the PEDro scale which is a very appropriate and pertinent tool [1].

Results.– Ten articles were found, only six were about KT and were analyzed. Only one study had a very good methodological quality [2] and was a randomized double blind study. This study showed no significative effect of KT. Two other studies [3,4] had a limited methodological quality. The last three articles had a very weak scientific interest.

Discussion.– Currently, studies about KT and its use in shoulder pathology, are less numerous and with a weak methodological quality. Good quality studies are necessary to support the use of KT in general and in shoulder pathology. At the present day, no proof of the KT effectiveness could be found in the literature. We do not recommend its use.
Effect of dynamic humeral centering on painful active elevation of the arm in subacromial impingement syndrome: A randomized trial

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Keywords: Degenerative rotator cuff disease; Subacromial impingement; Dynamic humeral centering

Aim.– The physiotherapy dynamic humeral centering aims to prevent subacromial impingement of rotator cuff tendons during elevation of the arm. In this study we aim to determine whether dynamic humeral centering acts via an effect on subacromial impingement mechanism by assessing its effect on painful elevation of the arm in subacromial impingement syndrome.

Patients and method.– Patients with degenerative rotator cuff disease and subacromial impingement syndrome were prospectively included in a randomized controlled trial. Patients and the assessor were blinded to the study hypothesis and treatment, respectively. Patients underwent dynamic humeral centering or nonspecific mobilisation as a control for 6 weeks in 15 supervised individual outpatient sessions with home exercises. Outcomes were pain-free range of motion (0 = 0° to 10 = 150° and more, mean [extremes]) and painful arc of the shoulder (number [5%] of patients with painful arc), both in active forward and lateral elevations of the arm at 3 months.

Results.– Sixty-nine patients were included: 34 in the dynamic humeral centering group (age 58 ± 11, ratio F/M 21/13) and 35 in the control group (age 59 ± 10, ratio F/M 26/9). At 3 months, pain-free range of motion, both forward (7.9 [4–10] vs 6.4 [4–10], P < 0.01) and lateral (7.5 [4–10] vs 6.1 [4–10], P < 0.04) elevation, was greater in the dynamic humeral centering than control group. The number of patients with painful arc during forward elevation was decreased in the dynamic humeral centering group (2 [7%] vs 13 [41%], P = 0.002).

Discussion.– Dynamic humeral centering improves painful active elevation of the arm in patients with degenerative rotator cuff disease and impingement syndrome. We therefore indicate that dynamic humeral centering is effective and acts via a specific effect on subacromial impingement mechanism.