



James Lind Alliance

Priority Setting Partnerships

SURGERY FOR COMMON SHOULDER PROBLEMS

This NETSCC approved JLA PSP has been completed.

The final 10 'Research Priorities' as announced at BESS 2015

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The James Lind Alliance in partnership with the British Elbow and Shoulder Society, the British Orthopaedic Association, the National Institute for Health Research and the Oxford Biomedical Research Unit and Biomedical Research Centre have funded and now completed a priority setting partnership.

The process will identify unanswered 'Research Priorities' about the surgical treatment of shoulder problems that are important to patients and clinicians.

The aim is to ensure that those who fund health research are made aware of what matters to BOTH patients and clinicians.

PSP Steering Group.

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Thank you to BESS members, patients and all other health professionals that contributed their questions to this PSP.

Research Priorities for Surgery for Common Shoulder Problems.

For the main shoulder conditions of arthritis, frozen shoulder, impingement, rotator cuff tears and instability, can you predict which patients will do well with surgery to help them decide on whether to have surgery or not?

In patients with 3 and 4 part proximal humeral fractures what is the long term outcome of reverse total shoulder replacement compared to hemiarthroplasty?

Does arthroscopic (keyhole) subacromial decompression surgery in patients with degenerative rotator cuff tendon problems improve outcome and prevent further tendon degeneration and tears compared to patients with no surgical intervention?

Does early mobilisation and physiotherapy after shoulder surgery improve patient outcome compared to standard immobilisation and physiotherapy?

In patients with shoulder arthritis is a hemiarthroplasty (half shoulder replacement) or a total shoulder replacement or a reverse (ball on shoulder socket and socket on arm bone) replacement most effective?

Are patients (including older age groups) with rotator cuff tendon tears in their shoulder best treated with surgery or physiotherapy?

How can we ensure the patients see the right doctors and clinicians promptly and correctly, and does this lead to better outcomes (results)?

In patients with Frozen Shoulder, does early surgery improve outcome compared to non-surgery treatments such as injection and dilatation?

In patients with newly diagnosed calcific tendinitis (calcium in a shoulder tendon), is early surgical intervention more clinically effective than non-operative treatments?

Do patients with partial thickness rotator cuff tendon tears benefit more from a surgical repair compared to a decompression and debridement (cleaning up operation) alone?

This BESS/BOA/NIHR partnership have produced the top 10 Research Priorities for [Surgery for Common Shoulder Problems](#) and these will now appear in the NICE UK DUETs database and be disseminated widely to funders.

The UK Database of Uncertainties about the Effects of Treatments (UK DUETs) is provided by NICE (www.library.nhs.uk/duets)



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Excellence through knowledge

Oxford Biomedical Research Unit
Oxford Biomedical Research Centre

NHS
National Institute for Health Research



British Orthopaedic Association