



SOUTH TEES
**Academic Centre
for Surgery**

UK FROST Enhanced Dissemination Project

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UK FROST
Frozen Shoulder Trial

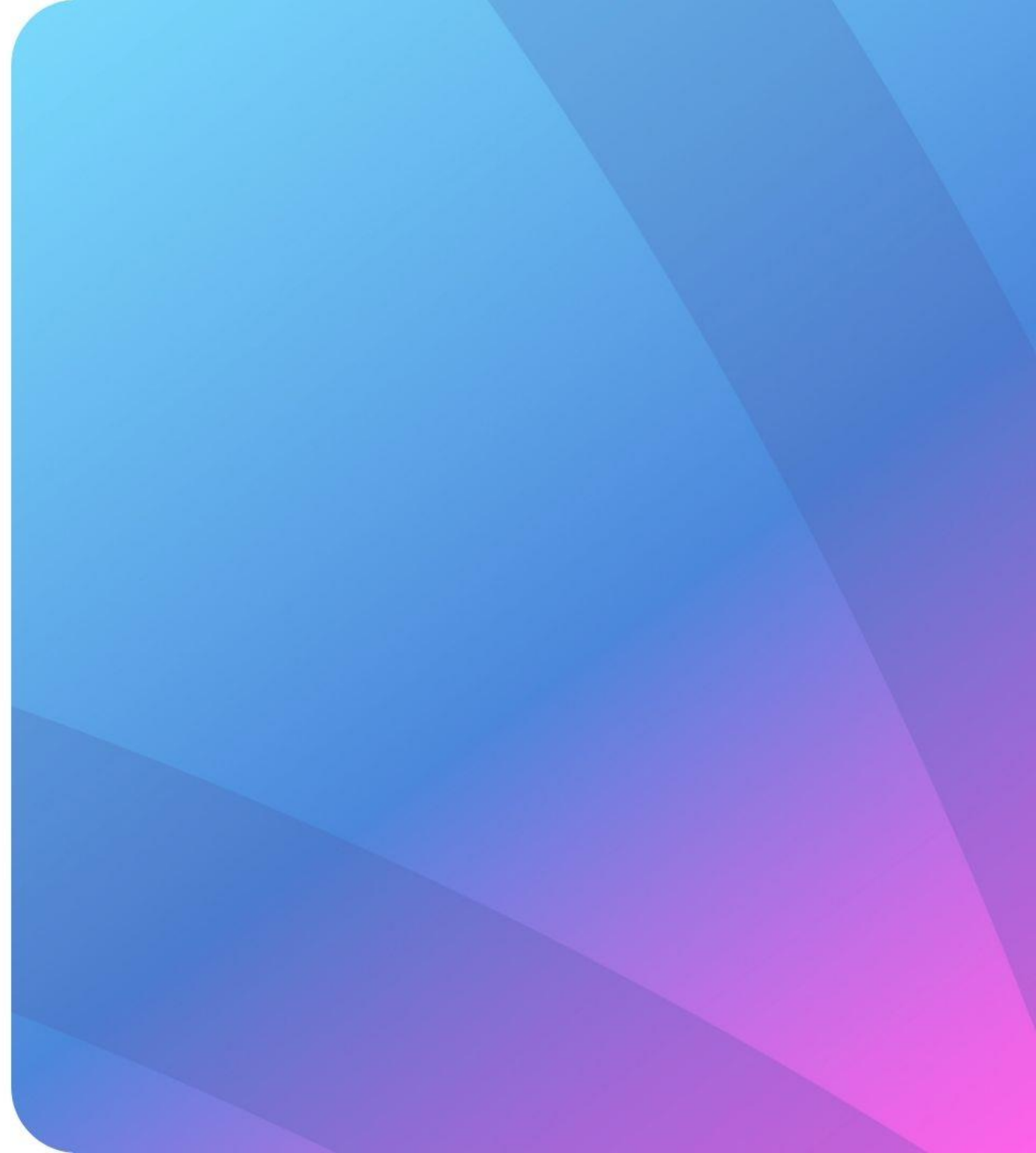
Funding: This pragmatic multi-centre randomised trial was supported by UK NIHR - Health Technology Assessment award 13/26/01

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Enhanced Dissemination Project



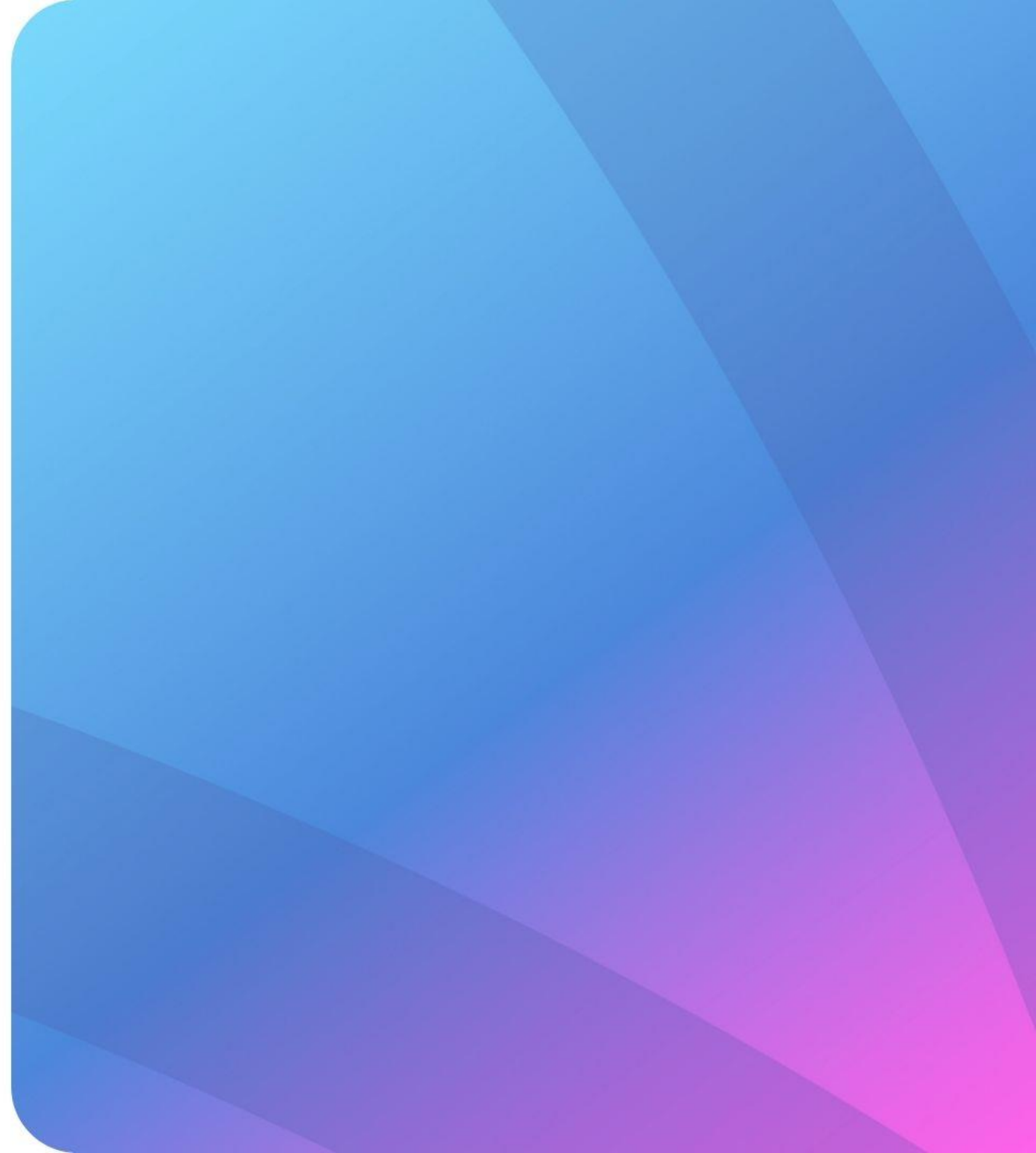
Objectives

1. Work with key stakeholders who deliver and commission frozen shoulder treatments across care settings, and patient and public representatives, to integrate evidence-based care in primary and secondary care settings
2. Improve the evidence-based decision making in the management of frozen shoulder
3. Explore how the evidence can be used to inform policy and clinical practice
4. Work in collaboration with NHS England's Evidence-Based Intervention (EBI) Programme

Outcomes

1. Publish and present the findings of stakeholder meetings, providing an example of best practice of how to disseminate and implement research findings into practice
2. Develop easily accessible materials and training resources to support the frozen shoulder pathway for patients and professionals
3. Provide the findings and recommendations of the stakeholder meetings to NHS England's EBI Programme, professional bodies and policymakers

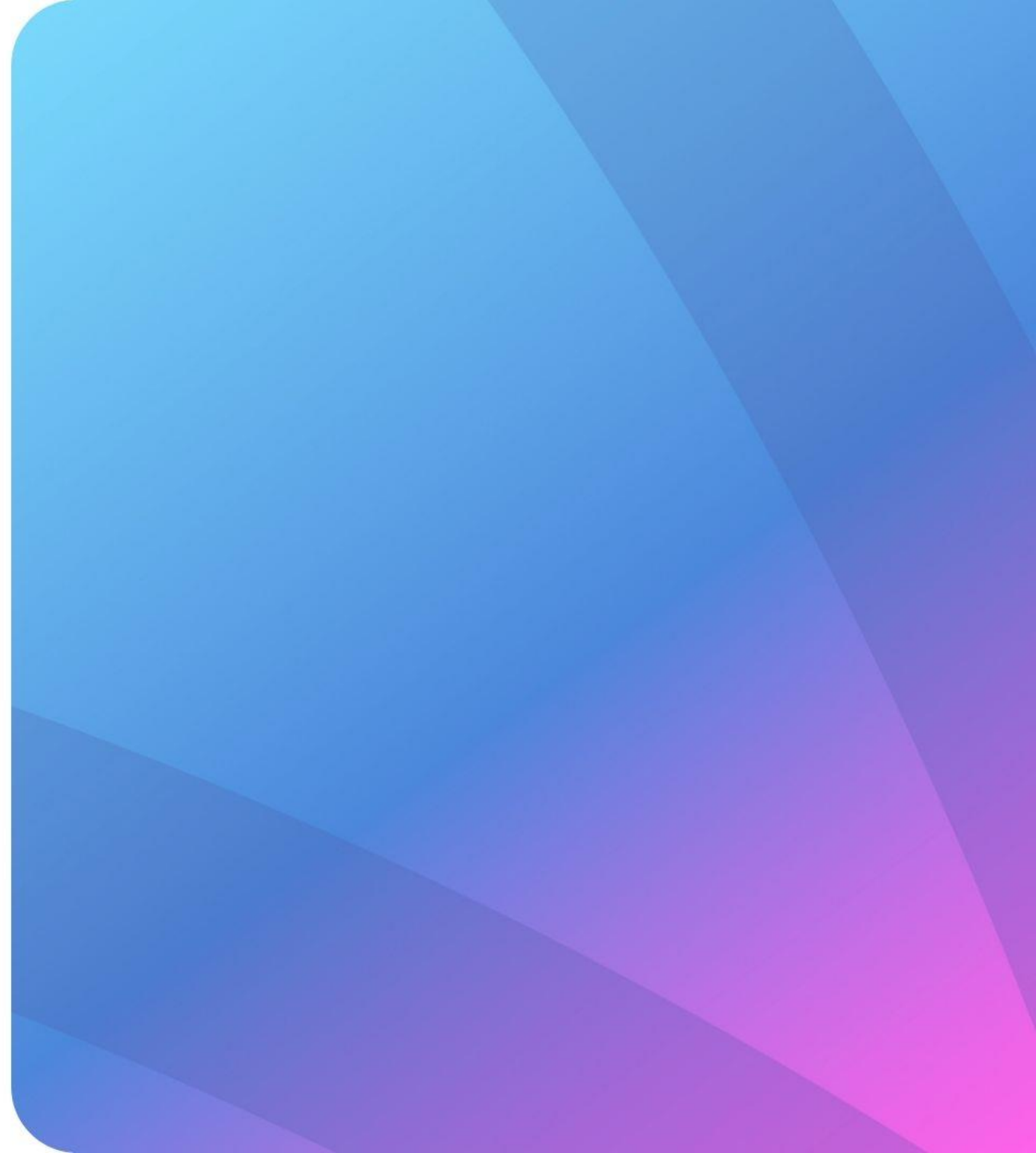
Stakeholder Meetings



Stakeholder Meetings & Findings

- November 2022 & January 2023
- 67 stakeholders across primary & secondary settings
 - Consultant Orthopaedic Surgeons, Patient Representatives, Physiotherapists, FCPs, Radiologists, GPs, Implementation Scientist, National Clinical Director MSK Conditions NHS England
- Discussed:
 1. Current pathways
 2. Evidence-based decision-making
 3. Materials and training resources
 4. Implementing the pathway into practice
- Consensus:
 1. Diagnosis
 2. Management
 3. Shared decision-making

Proposed Frozen Shoulder Pathway

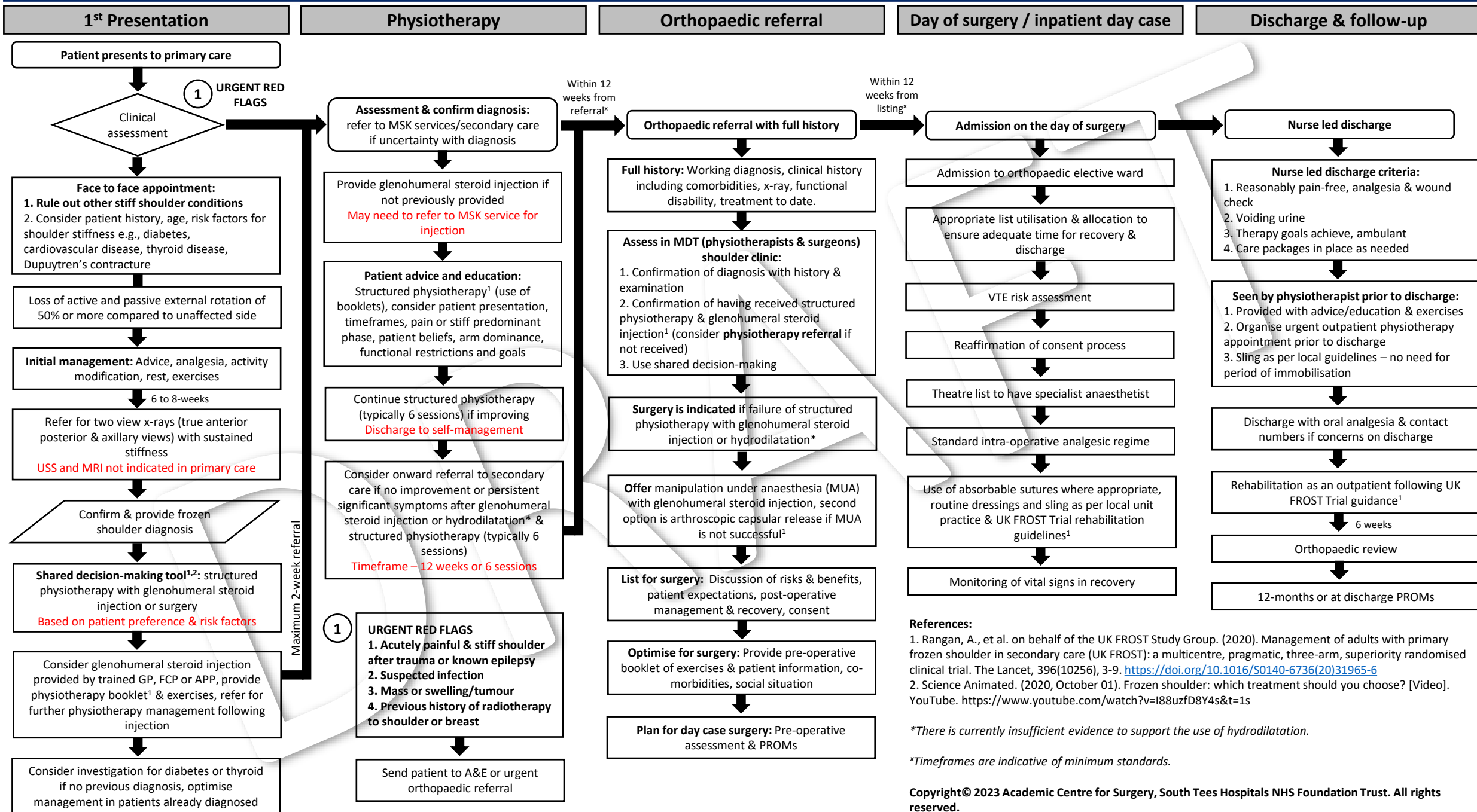


Stiff Shoulder Pathway

- Produce an overarching stiff shoulder pathway with GIRFT and NICE with the following conditions embedded:
 1. Osteoarthritis of the shoulder
 2. Posterior dislocation of the shoulder
 3. Malignancy
 4. **Frozen shoulder**



Orthopaedics: Stiff Shoulder Pathway - Frozen Shoulder



Early structured physiotherapy (ESP)

Use this column if PAIN IS PREDOMINANT

- Advice and education ★ ★
- Manual shoulder mobilization ★ ★
- Home exercises (instruction/review) ★ ★
- Acupuncture, TENS or trigger-point therapy
- Hydrotherapy
- Posture correction
- Relaxation techniques
- Spinal/scapulothoracic manual therapy
- Superficial heat
- Supervised exercises (function-based)
- Supervised exercises (gentle active/self-assisted)

TREATMENTS THAT ARE NOT ALLOWED:

Brace, craniosacral therapy, deep friction, laser.

TREATMENTS THAT ARE DISCOURAGED:

Bowen therapy, shockwave therapy, ultrasound.

Use this column if STIFFNESS IS PREDOMINANT

- Advice and education ★ ★
- Manual shoulder mobilization ★ ★
- Home exercises (instruction/review) ★ ★
- Supervised exercises (function-based) ★
- Hydrotherapy
- Posture correction
- Soft-tissue techniques
- Spinal/scapulothoracic manual therapy
- Supervised exercises (active/self-assisted)
- Supervised exercises (strengthening)
- Supervised exercises (sustained stretching)

TREATMENTS THAT ARE NOT ALLOWED:

Brace, craniosacral therapy, deep friction, interferential, laser, shockwave therapy.

TREATMENTS THAT ARE DISCOURAGED:

Bowen therapy, graded motor imagery, mirror therapy, SWD, ultrasound.

Post-procedural physiotherapy (PPP)

Use this column if PAIN IS PREDOMINANT

- Advice and education ★ ★
- Home exercises (instruction/review) ★ ★
- Supervised exercises (gentle active/self-assisted) ★
- Supervised exercises (function-based)
- Hydrotherapy
- Relaxation techniques
- Manual shoulder mobilization
- Superficial cold
- TENS
- Trigger point therapy
- Posture correction

TREATMENTS THAT ARE NOT ALLOWED:

Brace, deep friction, laser, shockwave therapy.

TREATMENTS THAT ARE DISCOURAGED:

Craniosacral therapy, ultrasound.

Use this column if STIFFNESS IS PREDOMINANT

- Advice and education ★ ★
- Home exercises (instruction/review) ★ ★
- Supervised exercises (active/self-assisted) ★
- Supervised exercises (function-based) ★
- Supervised exercises (sustained stretching)
- Supervised exercises (strengthening)
- Manual shoulder mobilization
- Soft-tissue techniques
- PNF
- Spinal/scapulothoracic manual therapy
- Posture correction

TREATMENTS THAT ARE NOT ALLOWED:

Brace, craniosacral therapy, deep friction, interferential, laser, shockwave therapy

TREATMENTS THAT ARE DISCOURAGED:

Bowen therapy, electroacupuncture, graded motor imagery, mirror therapy, SWD, ultrasound.

Discussion 1: Pathway

In your groups, we would like you to review the different sections of the pathway (pages 4 to 6 in your booklet) and consider the following:

- Where does frozen shoulder fit into a stiff shoulder pathway?
- Do you think this pathway can be implemented across primary, intermediate and secondary care?
- What are the barriers? And how can we overcome these barriers?

In your groups, please note 3 main points to consider about the pathway

Pathway Barriers

Presentation, assessment & diagnosis	Physiotherapy & steroid injection	Referral for surgery, discharge & follow-up
Patients being dealt with over the telephone and cannot be assessed appropriately (e.g., external rotation)	Variation in who delivers the steroid injection and the setting - Some are not able to deliver steroid injection / training needs	Confirmation bias – finding it difficult to accept results of a trial and change your practice if it does not align with your beliefs
Current guidelines are contradictory e.g., NICE Shoulder Pain: “x-rays are not routinely necessary for frozen shoulder”	Referrals for physiotherapy should state frozen shoulder diagnosis & whether patient has received a glenohumeral steroid injection	MUA is not being taught as a primary intervention to trainees in some areas
Training needs for FCPs need to be consistent nationally	Physiotherapy waiting times can be long	The majority of patients are converting straight to ACR
Some professionals are unable to request x-rays	Patient motivation to self-deliver exercises	Physiotherapists are being asked to list patients for ACR



Discussion 2: Engaging

What is the best way to engage with professionals to continually evaluate this pathway in current practice?

Will there be any ongoing educational or training needs for professionals?

Discussion 3: Booklets

Is there anything that could be improved?

Is there anything missing?

Are these booklets user friendly?

Please note the QR code on the last page of the:

- **Physiotherapist & patient booklets is for anonymous feedback.**
- **Pathway development booklet is to register your details if you are interested in being further involved developing the physiotherapist & patient booklets.**



PHYSIOTHERAPIST BOOKLET

FROZEN SHOULDER

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PATIENT BOOKLET

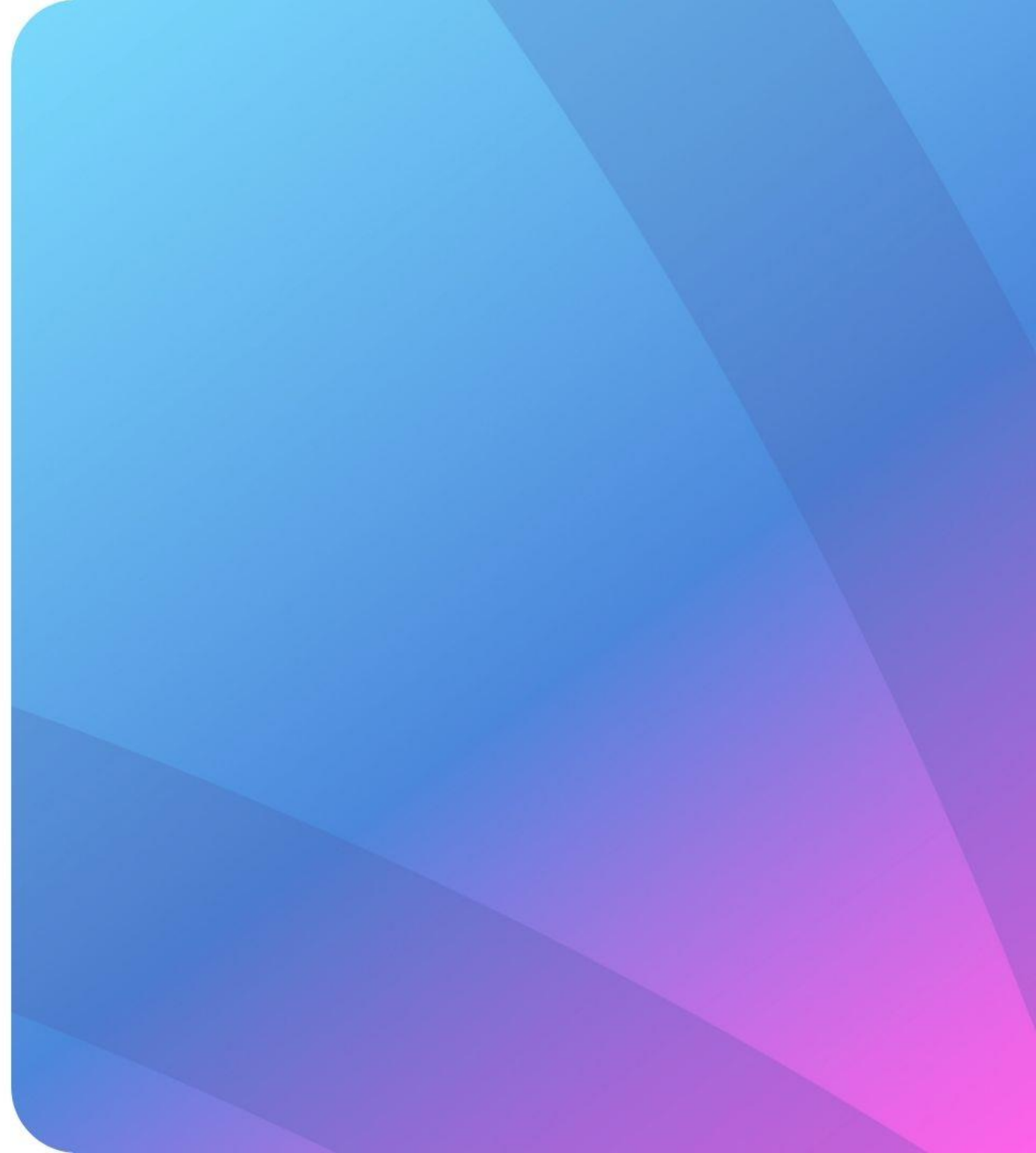
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**Any other
business?**



**Thank you for your time
today**

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