patients with shoulder disorders... [and] there is insufficient evidence to draw conclusions on the effectiveness of low level laser therapy, heat treatment, cold therapy, electrotherapy, exercises, and mobilisations.89 Perhaps the “optimal management” is no treatment at all.

Perry J. Rush, MD
Toronto, Ont.

References
1. Bamji AN, Erhardt CC, Price TR, Perry J. Rush, MD
Toronto, Ont.


[One of the authors responds:]

Dr. Rush highlights areas of controversy in the diagnosis and treatment of shoulder problems. A recent systematic review concluded that there is currently no uniformity in the way shoulder problems are labelled or defined. It also found little evidence to support or refute the efficacy of common interventions for shoulder pain. In the absence of evidence from randomized trials, it is appropriate to “follow the trail to the next best external evidence and work from there”. It is for this reason that we asked a multidisciplinary panel to help define a current standard of practice for common musculoskeletal problems.

Rush’s opinions about the utility of radiography and the efficacy of physiotherapy interventions for shoulder problems may be valid. However, without evidence to support or refute those opinions, it is difficult for us to endorse the notion that patients should undergo no investigation or treatment at all. Further clinical trials are needed to determine the optimal treatment strategies for shoulder pain.

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