tients 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."[2] Perhaps the "optimal management" is no treatment at all.

Perry J. Rush, MD
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References

1. Bamji AN, Erhardt CC, Price TR, Williams PL. The painful shoulder: Can consultants agree? *Br J Rheumatol* 1996;35: 1172-4.
2. Van der Heijden GJMG, van der Windt DAWM, de Winter AF. Physiotherapy for patients with soft tissue shoulder disorders: a systematic review of randomised clinical trials. *BMJ* 1997;315:25-30.

[One of the authors responds:]

Dr. Rush highlights areas of controversy in the diagnosis and treatment of shoulder problems. A recent systematic review[1] 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".[2] 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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References

1. Green S, Buchbinder R, Glazier R, Forbes A. Systematic review of randomised controlled trials of interventions for painful shoulder: selection criteria, outcome assessment, and efficacy. *BMJ* 1998;316: 354-60.
2. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: What it is and what it isn't [editorial]. *BMJ* 1996;312:71-2.

Conference organizers, please take note!

I applaud Dr. Kendall Ho and his coworkers for their initiative in providing day-care facilities during the March International Conference on Emergency Medicine, as described in Heather Kent's article "Emergency medicine's reach expands" (*CMAJ* 1998;158[9]:1123-4). But emergency medicine is not the only specialty that attracts young physicians who might need child-care assistance during conferences. My husband and I are family physicians working in James Bay and the parents of 2 (soon to be 3) young children. Our greatest challenge in attending conferences is trying to organize day-care services for our family so that we can both attend all the sessions.

It is ironic that in an effort to attract business, many hotels and holiday packages offer children's programs, day camps and babysitting services, yet our own meetings and educational programs lag desperately behind. I imagine that many other physicians would be as delighted as we to pay for the convenience of on-site day care at conferences.

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