

Management of hemiplegic shoulder pain: A UK wide online survey of physiotherapy and occupational therapy practice

Praveen Kumar

University of West of England, Bristol, UK

Candy McCabe

University of West of England, Bristol, UK

Royal United Hospitals NHS Foundation Trust, Bath, UK

Ailie Turton

University of West of England, Bristol, UK

Mary Cramp

University of West of England, Bristol, UK

Mark Smith

NHS Lothian, Leith Community Treatment Centre, Edinburgh

Introduction:

Hemiplegic shoulder pain (HSP) is a common complication of stroke that can lead to reduced quality of life. The primary aim of the present study was to identify how HSP is assessed, diagnosed and managed in routine clinical practice by physiotherapists (PTs) and occupational therapists (OTs) in the UK. A secondary aim was to identify the challenges to services in the management of HSP.

Methods

A questionnaire was developed from similar surveys of musculoskeletal/neurological practice, a review of the literature and consultation with researchers and clinicians. The survey was distributed online to PT's and OT's working in stroke rehabilitation via professional bodies' interest groups.

Results: Sixty seven responses were received from PTs (60%) and OTs (40%). The respondents gained knowledge in HSP management through in-service training, clinical supervision and reading (80%). HSP was routinely checked (89%) and the mean time spent on assessment was 10 minutes. Commonly used assessments were glenohumeral subluxation (94%), strength (76%), range of movement (67%), spasticity (79%) and palpation (63%). Interventions included education, exercise and self-management. Patients were discharged when treatment options were exhausted (80%). Time constraints (62%); lack of diagnosis (54%) and training (60%) were the major challenges in providing appropriate care for HSP.

Conclusion: The results suggest that a wide range of approaches are utilised by clinicians and that patients are potentially receiving treatment irrespective of the underlying problem due to lack of accurate diagnosis of the cause of HSP. A comprehensive assessment tool and additional training specific to HSP are required to improve the patients' outcome.