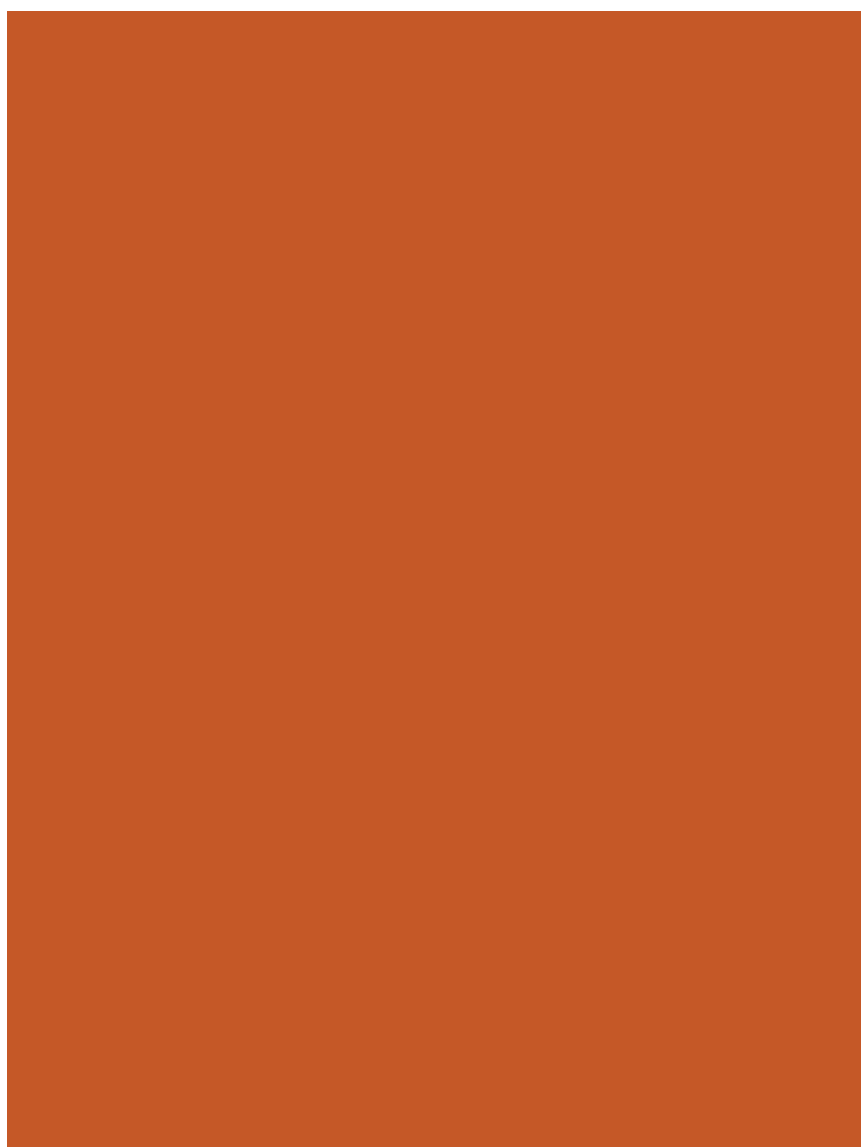




THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Audit pack: Evidence-based clinical guidelines for the diagnosis, assessment and physiotherapy management of

Shoulder Impingement Syndrome



Audit Pack: Shoulder Impingement Syndrome

1 Introduction	1
2 Guidance on undertaking the audit	2
3 Data collection form: Individual patient records	6
Part A: Physiotherapy assessment	6
Part B: Physiotherapy intervention	9
4 Patient identification record	13

1 Introduction

Clinical audit is 'a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change' (NICE, 2002). Put simply, it is a method of comparing what is actually happening in clinical practice with the recommendations in the guidelines.

This audit pack aims to assist services and individuals in implementing the recommendations in the Evidence-based guidelines for the diagnosis, assessment and management of Shoulder Impingement Syndrome (Hanchard et al, 2004) through clinical audit. These guidelines and a quick reference guide are available from The Chartered Society of Physiotherapy, www.csp.org.uk.

It is intended that this audit will lead to service development and, therefore, improve the quality of patient care. To ensure that there is an improvement in the quality of care it is important that the audit process does not end once the data has been collected. The subsequent stages: evaluating the data; developing and implementing recommendations for change and finally undertaking a re-audit; complete the cycle or 'close the loop'. Completion of the audit cycle should result in an improvement in the standards of the service and should also assure its quality and effectiveness.

This pack contains specific guidance notes and data collection forms for the shoulder audit. The data collection forms closely follow the recommendations in the guidelines. Reference should be made to the guidelines for the grade of recommendation and the level of evidence that supports them.

To explore clinical practice and the service delivered fully, it is recommended that other methods of evaluation are used for example;

- Outcome measures <http://www.csp.org.uk/effectivepractice/outcomemeasures/onlinedatabase.cfm>
- Patient feedback form (CSP, 2005)
- Peer review (CSP, 2005)
- Reflective practice proforma (www.csp.org.uk then search using this subtitle)
- Skills for Health competence frameworks (www.skillsforhealth.org.uk/index.php)
- National Service Frameworks.

2 Guidance on undertaking the audit

This section is written in note form to support the shoulder audit. It provides specific information on carrying out the audit and addresses the collection of data. Further information on carrying out an audit project is available at www.csp.org.uk and in the guidance notes in the Stress Urinary Incontinence audit pack (CSP, 2003).

2.1 The audit project

Inclusion criteria

The inclusion criteria should reflect the scope of the guideline;

Shoulder impingement syndrome in adults aged 18 years and over, irrespective of their gender or race. The management of patients through initial assessment/diagnosis, physiotherapy management, evaluation of outcome, patient discharge to self-management and referral for orthopaedic opinion (if required).

Management of patients in the following categories should not be included in the audit:

- o Pain from causes other than shoulder impingement syndrome
- o Impingement in the hemiplegic shoulder
- o Peri- or post-operative management
- o Alternative therapies. Note: In the guidelines, acupuncture is considered an alternative therapy.

The section on physiotherapy intervention in the guideline specifically addresses the management of:

- o Shoulder impingement syndrome (SIS)
- o Shoulder impingement syndrome secondary to instability
- o Superior labrum anterior to posterior lesions (SLAP lesions)
- o Posterior superior glenoid impingement (PSGI).

If the clinical impression/ diagnosis does not specifically reflect this, the data collection form states that the section on physiotherapy intervention should not be completed.

However, if no diagnosis or clinical impression is given but the treatment plan includes the objectives: reduction of subacromial inflammation and pain management; improvement of posture or restoration of range; strength, stability and scapulohumeral rhythm; local services may decide to include these patients in the project. This should be stated in the inclusion criteria and agreed in the project plan.

Collecting the data

All questions require documentary evidence. It is possible that, due to local protocols, the information will not always be found in individual patient records. Information may be taken from:

- o Clinical notes
- o Documentation on service structure
- o Service policies
- o Service protocols
- o All formats of home exercise programmes
- o Information leaflets

- o Other written information provided to the patient
- o Integrated care pathways or other relevant documents which include the management of patients meeting the inclusion criteria

Further information may be gathered through (considering continued professional development), clinical discussion with physiotherapists, peer review or small group discussions. This may contribute to an individual's CPD.

Part A Shoulder impingement syndrome assessment

Que. 11 Palpation

Detail on optimal positions for accessing the rotator cuff are outlined in the guidelines. These may be discussed in peer review or during feedback of the results as it is not possible to effectively evaluate these in the data collection form.

Que. 12 Differential diagnosis

The guidelines include 2 tables; Differential diagnosis: a summary of shoulder symptoms and Differential diagnosis: a summary of movement, impingement and instability tests which link the symptoms or signs to individual conditions. The process of clinical reasoning cannot be evaluated effectively by the data collection form and should be evaluated by; peer review, reflective practice, clinical reasoning, in-service training or in feedback of the results.

2.2 The data collection form

There are two data collection forms, **Section 3 - Individual patient records**, and **Section 4 – Patient Identification Record**. All forms should remain anonymous. **The data collection forms may be photocopied.**

Section 3 Data collection form: Individual patient records

Section 3 contains the data collection form to audit the management of individual patients. Use one form to collect data from the records for each patient's episode of care. Allocate a code for each patient in the sample. Record this code on the data collection form and on the Patient Identification Record, Section 4. If an individual patient has a number of records from a number of locations or from a number of therapists the information from these should be included on a single form.

Section 4 Patient Identification Record

Each patient in the sample should be allocated a code. The code and the patient's identity should be recorded on the Patient Identification Record, which should be stored securely as with other patient records. If records are collected from more than one location, these should be recorded on the form. This allows the original patient records to be traced back if checking is required. If more than one service is audited, each service should be given a code and this should also be recorded on the identification record.

2.3 Gathering the information

If the data collector is not a physiotherapist, it may be helpful for the data or a sample of the data, to be collected in association with a physiotherapist.

Section 3 Data collection form: Individual patient records

Information to complete this section may be found in a number of places: an assessment proforma, screening tool, or in the service profile, patient pathways and patient information leaflets. Additional information may be gathered through discussions with patients either individually or in groups or through discussions with physiotherapists, and may be further supplemented by information gathered from a locally developed patient or staff questionnaire. The physiotherapists who piloted the audit pack commented that some items are frequently addressed but not explicitly documented in individual patient records. These questions may be addressed using the methods outlined above. Local services should then clarify which items need to be addressed or should develop a local proforma or check-list which can be signed and included with the patient records.

2.4 Analysing the data

The data collection forms intentionally include limited scope and space for comment, to encourage data analysis simply on the Yes/No criteria that reflect the guideline recommendations. Once the data has been collected and analysed, the subsequent discussions should further inform the results and the recommendations for change. Throughout this stage individuals are advised to refer closely to the guidelines for the levels of evidence and the grades of the recommendations upon which the individual audit questions were based.

A table format may be useful for the recommendations to include;

- o A statement of the recommendation
- o Who is responsible for each element
- o A timescale
- o Additional space for comments.

Acknowledgements

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- Elaine Hough, Consultant Physiotherapist, Whiston Hospital
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- Krishnan Prabhakaran, Extended Scope Practitioner, Glan Clwyd and Abergele Hospital, North Wales
- Manuela Stanciu, Physiotherapist, Colchester.

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Chartered Society of Physiotherapy (2003). Stress Urinary Incontinence audit pack. Clinical guidelines for the physiotherapy management of females aged 16-65 with Stress Urinary Incontinence. Chartered Society of Physiotherapy, London.

Chartered Society of Physiotherapy (2005). Standards of Physiotherapy Practice, Chartered Society of Physiotherapy, London.

Hanchard N, Cummins J and Jeffries C. (2004) Evidence-based clinical guidelines for the diagnosis, assessment and physiotherapy management of Shoulder Impingement Syndrome. Chartered Society of Physiotherapy, London

NICE (2002) Principles of Best Practice in Clinical Audit. Radcliffe Medical Press, Oxford.

3 Data collection form: Individual Patient Record

Shoulder impingement syndrome audit pack

Complete one form for each patient

Details of person completing this section:

Name

Job title

Department

Date form completed

Patient identification code

Part A – Shoulder impingement syndrome assessment

Subjective assessment

A1 History

Is there evidence that the history included:

	Yes	No
A1.1 The patient's age	<input type="checkbox"/>	<input type="checkbox"/>
A1.2 How the problem started	<input type="checkbox"/>	<input type="checkbox"/>
A1.3 Information on pain and other symptoms:		
A1.3.1 The location of the pain	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.2 The nature of the pain	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.3 The behaviour of the pain	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.4 24 hour pattern	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.5 Aggravating and easing factors	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.6 Clicking	<input type="checkbox"/>	<input type="checkbox"/>
A1.3.7 Crepitus.	<input type="checkbox"/>	<input type="checkbox"/>

A2 Outcome measures

Is there evidence that the following outcome measures were used?

	Yes	No
A2.1 The Visual Analogue Scale (VAS) or equivalent to evaluate the intensity of the pain	<input type="checkbox"/>	<input type="checkbox"/>
A2.2 An appropriate, validated tool e.g. Disabilities of the Arm Shoulder and Hand (DASH) to assess functional status.	<input type="checkbox"/>	<input type="checkbox"/>

Objective examination

A3 Observation

Is there evidence that the examination considered:

	Yes	No
A3.1 Head posture	<input type="checkbox"/>	<input type="checkbox"/>
A3.2 Thoracic kyphosis	<input type="checkbox"/>	<input type="checkbox"/>
A3.3 Muscle atrophy	<input type="checkbox"/>	<input type="checkbox"/>
A3.4 Bruising	<input type="checkbox"/>	<input type="checkbox"/>
A3.5 Static scapular posture	<input type="checkbox"/>	<input type="checkbox"/>
A3.6 Scapulohumeral rhythm.	<input type="checkbox"/>	<input type="checkbox"/>

A4 Examination

Is there evidence that the examination included:

A4.1 Examination of the cervical spine as a potential source of the symptoms	<input type="checkbox"/>	<input type="checkbox"/>
A4.2 Mobility of the thoracolumbar spine.	<input type="checkbox"/>	<input type="checkbox"/>

A5 Range of Movement

Is there evidence that the following active range of movement was assessed:

A5.1 Abduction	<input type="checkbox"/>	<input type="checkbox"/>
A5.2 Elevation	<input type="checkbox"/>	<input type="checkbox"/>
A5.3 Medial rotation	<input type="checkbox"/>	<input type="checkbox"/>
A5.4 Lateral rotation	<input type="checkbox"/>	<input type="checkbox"/>
A5.5 Horizontal adduction.	<input type="checkbox"/>	<input type="checkbox"/>

Is there evidence that the following passive range of movement was assessed:

	Yes	No
A5.6 Abduction	<input type="checkbox"/>	<input type="checkbox"/>
A5.7 Elevation	<input type="checkbox"/>	<input type="checkbox"/>
A5.8 Medial rotation	<input type="checkbox"/>	<input type="checkbox"/>
A5.9 Lateral rotation	<input type="checkbox"/>	<input type="checkbox"/>
A5.10 Horizontal adduction.	<input type="checkbox"/>	<input type="checkbox"/>

A6 Instability

Is there evidence that the following tests for instability were carried out:

A6.1 The load and shift manoeuvre	<input type="checkbox"/>	<input type="checkbox"/>
A6.2 Anterior apprehension test	<input type="checkbox"/>	<input type="checkbox"/>
A6.3 Relocation test for anterior instability	<input type="checkbox"/>	<input type="checkbox"/>
A6.4 Sulcus test.	<input type="checkbox"/>	<input type="checkbox"/>

A7 Contractile function

Is there evidence that contractile function was assessed during the following movements:

	Yes	No
A7.1 Abduction	<input type="checkbox"/>	<input type="checkbox"/>
A7.2 Adduction	<input type="checkbox"/>	<input type="checkbox"/>
A7.3 Lateral rotation	<input type="checkbox"/>	<input type="checkbox"/>
A7.4 Medial rotation	<input type="checkbox"/>	<input type="checkbox"/>
A7.5 Elbow flexion	<input type="checkbox"/>	<input type="checkbox"/>
A7.6 Elbow extension.	<input type="checkbox"/>	<input type="checkbox"/>

A8 Rotator cuff

Is there evidence that the following tests for contractile function of the rotator cuff were carried out:

A8.1 The 'full can' test for supraspinatus	<input type="checkbox"/>	<input type="checkbox"/>
A8.2 The 'Gerber push with force' test for subscapularis	<input type="checkbox"/>	<input type="checkbox"/>
A8.3 Resisted lateral rotation from 45 degrees medial rotation for infraspinatus	<input type="checkbox"/>	<input type="checkbox"/>
A8.4 Is there evidence that a rotator cuff tear was suspected.	<input type="checkbox"/>	<input type="checkbox"/>

If no, proceed to Question 9

Is there evidence that the following specific tests for a suspected cuff tear were carried out:

A8.5 Drop arm test	<input type="checkbox"/>	<input type="checkbox"/>
A8.6 Lift off test	<input type="checkbox"/>	<input type="checkbox"/>
A8.7 'Gerber's push with force test' performed without resistance.	<input type="checkbox"/>	<input type="checkbox"/>

A9 Biceps

	Yes	No
A9.1 Is there evidence that the function of biceps was evaluated?	<input type="checkbox"/>	<input type="checkbox"/>

Is there evidence that the following tests were used:

A9.2 Isometric flexion at 90 degree elbow flexion	<input type="checkbox"/>	<input type="checkbox"/>
A9.3 Yergason's test	<input type="checkbox"/>	<input type="checkbox"/>
A9.4 Speed's test.	<input type="checkbox"/>	<input type="checkbox"/>

A10 Impingement

Is there evidence that the following impingement tests were carried out:

A10.1 Painful arc	<input type="checkbox"/>	<input type="checkbox"/>
A10.2 Neer's test	<input type="checkbox"/>	<input type="checkbox"/>
A10.3 Hawkins-Kennedy test	<input type="checkbox"/>	<input type="checkbox"/>
A10.4 Internal rotation resistance strength test (IRRSST).	<input type="checkbox"/>	<input type="checkbox"/>

A11 Palpation

- | | Yes | No |
|---|--------------------------|--------------------------|
| A11.1 Is there evidence that palpation was carried out? | <input type="checkbox"/> | <input type="checkbox"/> |
| A11.2 Was local treatment considered? | <input type="checkbox"/> | <input type="checkbox"/> |

A12 Differential diagnosis

- | | | |
|--|--------------------------|--------------------------|
| A12.1 Was a diagnosis or clinical impression recorded? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, complete question A12.2 and then file this form for analysis. | | |
| A12.2 If no, was the reason given? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the patient experiencing: | | |
| A12.3 Shoulder impingement syndrome (SIS) | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.4 Shoulder impingement syndrome secondary to instability | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.5 Posterior superior glenoid impingement (PSGI) | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.6 Superior labrum anterior to posterior lesions (SLAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.7 Capsulitis | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.8 Acromio-clavicular Joint (ACJ) arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| A12.9 Other, please state | | |

Part B – Physiotherapy intervention**B1 Differential diagnosis**

- | | Yes | No |
|--|--------------------------|--------------------------|
| B1.1 Was the diagnosis or clinical impression that the patient was experiencing symptoms from Shoulder Impingement Syndrome (SIS), SIS secondary to instability or a superior labrum anterior to posterior (SLAP) lesion or Posterior superior glenoid impingement (PSGI)? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please do not complete this section as this guideline refers to the management of these conditions only. File this form for analysis.

B2 Aims and Objectives

- | | | |
|--|--------------------------|--------------------------|
| B2.1 Is there evidence of a treatment plan with aims and objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.2 Are the aims of physiotherapy intervention to: | | |
| B2.2.1 Minimise pain | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.2.2 Optimise function | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.2.3 Appropriately refer those who are unresponsive to physiotherapy. | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.3 Does the treatment plan include the following objectives: | | |
| B2.3.1 Reduction of subacromial inflammation and pain management | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.3.2 Improvement of posture | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.3.3 Restoration of range, strength, stability and scapulohumeral rhythm | <input type="checkbox"/> | <input type="checkbox"/> |

Objective: Reduction of subacromial inflammation and pain management

B3 Rest, avoidance of aggravating activities, and non-steroidal anti-inflammatory drugs

	Yes	No
Did physiotherapy intervention include the following advice:		
B3.1 Relative rest initially, in particular to avoid overhead or other aggravating activities	<input type="checkbox"/>	<input type="checkbox"/>
B3.2 To avoid absolute rest	<input type="checkbox"/>	<input type="checkbox"/>
B3.3 If a short (7-21 day) course of NSAIDs had not been prescribed, advice to discuss this with the appropriate medical practitioner.	<input type="checkbox"/>	<input type="checkbox"/>

B4 Cold therapy

B4.1 Did physiotherapy intervention include cold therapy?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 5		
B4.2 Is there evidence that cold packs were used to reduce the pain and inflammation of SIS?	<input type="checkbox"/>	<input type="checkbox"/>
B4.3 Is there evidence that cold packs were used to settle irritation post-exercise?	<input type="checkbox"/>	<input type="checkbox"/>
B4.4 Is there evidence that advice was given not to apply cold packs prior to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

B5 Heat therapy

B5.1 Did physiotherapy intervention include heat therapy?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 6		
B5.2 Was a rationale for this given?	<input type="checkbox"/>	<input type="checkbox"/>

B6 Pulsed electromagnetic fields (PEMF)

	Yes	No
B6.1 Is there evidence that physiotherapy intervention included PEMF?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 7		
B6.2 Had the patient been diagnosed with calcific tendinitis?	<input type="checkbox"/>	<input type="checkbox"/>
B6.3 If no, was a rationale for the use of PEMF given?	<input type="checkbox"/>	<input type="checkbox"/>
B6.4 If yes, is there evidence that intervention with PEMF in the short or medium-term included application for 30 minutes on six consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>

B7 Ultrasound

B7.1 Is there evidence that physiotherapy intervention included ultrasound?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 8		
B7.2 Had the patient been diagnosed with calcific tendinitis?	<input type="checkbox"/>	<input type="checkbox"/>
B7.3 If no, was a rationale for the use of ultrasound given?	<input type="checkbox"/>	<input type="checkbox"/>
B7.4 Is there evidence that high intensity (2.2 W/Cm ²), continuous ultrasound, was applied daily for three weeks, then on alternate days for three weeks?	<input type="checkbox"/>	<input type="checkbox"/>

B8 Laser and Transcutaneous Electrical Nerve Stimulation (TENS)

	Yes	No
B8.1 Is there evidence that physiotherapy intervention included Laser?	<input type="checkbox"/>	<input type="checkbox"/>
B8.2 Is there evidence that physiotherapy intervention included TENS?	<input type="checkbox"/>	<input type="checkbox"/>
B8.3 If yes, was a rationale for the use of laser or TENS given?	<input type="checkbox"/>	<input type="checkbox"/>

B9 Deep Transverse Friction Massage (DTFM)

B9.1 Is there evidence that physiotherapy intervention included Deep transverse friction massage (DTFM)?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 10		
B9.2 If yes, was a rationale for the use of DTFM given?	<input type="checkbox"/>	<input type="checkbox"/>

B10 Steroid injection

B10.1 Is there evidence that physiotherapy intervention included a steroid injection?	<input type="checkbox"/>	<input type="checkbox"/>
If no, proceed to Question 11		
B10.2 Was the steroid injection preceded by a several-week trial of more conservative therapy?	<input type="checkbox"/>	<input type="checkbox"/>
B10.3 Was resistive exercise withheld for two weeks following steroid injection?	<input type="checkbox"/>	<input type="checkbox"/>
B10.4 Had the same subacromial space been injected on more than three occasions?	<input type="checkbox"/>	<input type="checkbox"/>

Objective : Improvement of posture

B10.5 Is there evidence that physiotherapy intervention included an attempt to correct forward-head posture?	<input type="checkbox"/>	<input type="checkbox"/>
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Objective: Restoration of range, strength, stability and scapulohumeral rhythm**B11 Stretches, mobilisations and exercises**

	Yes	No
Is there evidence that physiotherapy intervention included:		
B11.1 Passive mobilisation of the upper quadrant	<input type="checkbox"/>	<input type="checkbox"/>
B11.2 A programme of exercises to restore:		
B11.2.1 Range	<input type="checkbox"/>	<input type="checkbox"/>
B11.2.2 Strength	<input type="checkbox"/>	<input type="checkbox"/>
B11.2.3 Stability	<input type="checkbox"/>	<input type="checkbox"/>
B11.2.4 Scapulohumeral rhythm	<input type="checkbox"/>	<input type="checkbox"/>
B11.3 The suggested 'core' set of exercises described in the guideline	<input type="checkbox"/>	<input type="checkbox"/>
B11.4 Scapulohumeral and scapulothoracic rhythmic stabilisation training from an early stage	<input type="checkbox"/>	<input type="checkbox"/>
B11.5 Strengthening exercises in the form of isotonic medial and lateral rotation of the shoulder	<input type="checkbox"/>	<input type="checkbox"/>
B11.6 Closed kinetic chain work in sitting, standing, in four-point kneeling, or using an exercise ball, to achieve control in progressively less stable positions	<input type="checkbox"/>	<input type="checkbox"/>
B11.7 Stretching exercises from an early stage	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
B11.8 Strengthening exercises to include an anterior and posterior capsular stretch	<input type="checkbox"/>	<input type="checkbox"/>
B11.9 When muscular stability had improved and as the shoulder became more comfortable, progression to more vigorous strengthening exercises such as those illustrated in the guidelines	<input type="checkbox"/>	<input type="checkbox"/>
B11.10 Elastic resistance band for those exercises which do not utilise body weight	<input type="checkbox"/>	<input type="checkbox"/>
B11.11 Is there evidence that physiotherapy intervention included checks and advice:		
B11.11.1 That all exercises should be painless	<input type="checkbox"/>	<input type="checkbox"/>
B11.11.2 To avoid scapular instability	<input type="checkbox"/>	<input type="checkbox"/>

