THE EFFECT OF EXERCISE THERAPY AND SURGERY ON MECHANICAL SYMPTOMS IN YOUNG PATIENTS WITH A MENISCAL TEAR

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Introduction A common treatment strategy to alleviate mechanical symptoms in young patients with meniscal tears is meniscal surgery, however, it is unknown whether this is superior to a non-surgical strategy. Therefore, we aimed to compare meniscal surgery to early exercise therapy and patient education.

Materials and Methods In a randomized controlled trial, 121 patients aged 18–40 years with a MRI-verified meniscal tear were randomized to surgery or 12-weeks supervised exercise and education. For this study 63 patients (33 and 30 patients in surgery and exercise groups, respectively) reporting baseline mechanical symptoms were included. Primary outcome was self-reported mechanical symptoms (yes/no) at 3, 6, and 12 months assessed using a single item from the Knee Injury and Osteoarthritis Outcome Score (KOOS). Secondary outcomes were KOOS4 and the 5 KOOS-subscales and the Western Ontario Meniscal Evaluation Tool (WOMET).

Results In total, 55/63 patients completed the 12-month follow-up. At 12 months 9/26 (35%) in the surgery group and 20/29 (69%) in the exercise group reported mechanical symptoms. The risk difference and relative risk at any time point was 28.7% (95% CI 8.6 to 48.8) and 1.83 (95% CI 0.98 to 2.70) of reporting mechanical symptoms in the exercise group compared with the surgery group. No between group differences were found in secondary outcomes.

Conclusion Surgery seems to be more effective for relieving self-reported mechanical symptoms, but not for improving pain, function and quality of life in young patients with a meniscal tear and mechanical symptoms compared with a strategy of exercise and education.

ARTHROSCOPIC CAPSULAR SHIFT SURGERY IN PATIENTS WITH ATRAUMATIC SHOULDER INSTABILITY: A RANDOMISED PLACEBO-CONTROLLED TRIAL

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Introduction Atraumatic shoulder instability (ASI) occurs in the absence of significant trauma and can impair shoulder function. Arthroscopic capsular shift (ACS) is recommended in persistent symptoms. The primary objective of this trial was to determine the effect of ACS in ASI.

Materials and Methods A single-centre, two-arm, randomized, placebo-controlled clinical trial incorporating concealed intervention assignment, blinded assessment, and analysis by intention-to-treat was conducted. Patients over 18 years, with low apprehension tests and evidence of capsulo-labral damage on arthroscopy, were eligible for inclusion. Participants were randomised to ACS or arthroscopy only. All patients received the same post-operative care.

The primary outcome was the Western Ontario Shoulder Instability Index (WOSI), a change of 10.4 points was considered to be clinically significant. Secondary outcomes included global perceived change and episodes of dislocations. Patients were followed up at 6, 12 and 24 months.

Results 68 patients, average age 25.6 (SD 6.4), 53 females (77.9%) were randomised into the trial. Complete primary outcome data were available for 61 (90%), 59 (87%) and 56 (82%) at 6, 12 and 24 months respectively.

Mean change on the WOSI scores at 6, 12 and 24 months were 5, 1 and 2 points respectively. Confidence intervals were narrow enough to rule out a clinically worthwhile beneficial effect of ACS at 6 months and the confidence intervals were nearly narrow enough to rule out clinically worthwhile effects at 12 and 24 months.

Conclusion The data suggest that ACS has no additional benefit in management of ASI compared to placebo.