

UK FROST

Structured Physiotherapy (SP) intervention

Treatment Logbook for:

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(participant ID)

Important

1. Please familiarize yourself with the SP Instructions (pages 3 - 4) before starting or taking over the patient's treatment.
2. Recommend, offer and provide a steroid injection at the first opportunity unless it is contraindicated or not indicated. If someone else will be giving the injection, please send a photocopy of the Steroid Injection Details Form (page 5) with the patient, then transcribe the details into the Logbook **and** securely attach the completed photocopy to the inside back cover of the Logbook.
3. The non-injection elements of SP must be given by a qualified physiotherapist (not a student or assistant) in a hospital setting.
4. **The full, standard course of SP is 12 sessions. If you and the patient are satisfied with their progress, you do not need to use all 12 sessions; but otherwise, please encourage them to attend the full, standard course, even if there is no progress.**
5. 12 SP Treatment Logs (corresponding to the full, standard course) are included in Section 3 of this Logbook (pages 6 - 17).
6. Space the sessions at your discretion over up to 12 weeks.
7. **Exceptionally**, you may decide that more than 12 sessions are needed. To allow for this possibility, we have included three extra SP Treatment Logs in the Appendix (pages 20 – 22).
8. Fill in the Completion of SP form (page 18) when you discharge the patient.
9. Refer to the Checklist (page 19) before returning the completed Logbook.
10. If you have any questions, please contact Nigel Hanchard, telephone: 01642 342770; email: n.hanchard@tees.ac.uk.

Thank you



Structured Physiotherapy (SP) intervention

Instructions

These Instructions have been developed from a combination of established good practice, best evidence and expert consensus to facilitate a uniform standard of care for patients receiving Structured Physiotherapy (SP) in UK FROST.

The steroid injection should be given by the most appropriate person. All other aspects of SP must be given by a qualified physiotherapist (not a student or assistant) in a hospital setting.

Steroid injection

As part of SP, recommend, offer and provide all patients an intra-articular steroid injection at the earliest opportunity unless:

- it is not indicated (e.g. the shoulder is stiff but painless and non-irritable);
or
- it is contraindicated (e.g. there is poorly controlled diabetes, or the patient has had three or more injections targeting the affected shoulder joint in the past year).

Local circumstances will determine who gives this injection. Where this is a physiotherapist, we anticipate that local protocols will govern details such as the steroid and dose, whether local anaesthetic is used, the route of the injection and whether imaging guidance is used. These variations are fully acceptable. However, some injection protocols for physiotherapists are very conservative, and may sometimes preclude injection even when one is indicated. In such situations, please liaise with a member of the surgical team.

If possible, the person who gives the injection (or decides against it) should complete the Steroid Injection Details Form. If the injector does not have access to the Logbook, please send them a photocopy of the Steroid Injection Details Form with the patient, and then transcribe the details into the Logbook and securely attach the completed photocopy to the inside back cover of the Logbook.

Other elements of SP

The full, standard course of SP is 12 sessions, spaced at your discretion over up to 12 weeks. If you and the patient are satisfied with their progress, you do not need to use all 12 sessions; but otherwise, please encourage them to attend the full, standard course, even if there is no progress. 12 SP Treatment Logs are provided in Section 3 of this Logbook (pages 6 – 17). An SP Treatment Log should be filled in as soon as possible after every session.

It is essential to decide before commencing each treatment whether pain or stiffness is the predominant problem. The decision will be based on the patient's report of whether their main problem today is "pain more than stiffness" (categorized as PAIN is PREDOMINANT), "pain and stiffness equally" (also categorized as PAIN is PREDOMINANT) or "stiffness more than pain" (STIFFNESS is PREDOMINANT). **Any treatments given should be recorded in the appropriate column. In either column, interventions marked ★★ must be given as part of the overall SP package (but not necessarily at every session) unless contraindicated. Interventions marked ★ are not essential but are encouraged.**

The other interventions that are specified in each column are optional. You are not limited to these, but do record any other intervention you give in the free text box provided and note the TREATMENTS THAT ARE NOT ALLOWED and TREATMENTS THAT ARE DISCOURAGED, listed in red text in the respective columns.

Exceptionally, you may decide that more than 12 sessions are required. For example, it may be that a diabetic patient starts to demonstrate improvement towards the end of their 12 sessions. To accommodate situations like this, we have provided three extra SP Treatment Logs in the Appendix to this booklet.

Advice and education

A standardized Patient Information booklet has been developed to supplement the advice and education you give. This explains frozen shoulder, gives reassurance, broadly outlines treatment approaches, and advises on pain management and use of the arm. It will have been given to the patient at baseline.

Manual shoulder mobilization

Manual shoulder mobilization should be in keeping with standard principles.

Home exercises

A booklet has been developed as an optional resource, to provide patients with an aide-memoire for their home exercises. The booklet requires you to select the most appropriate exercises and advise on frequency, repetitions and so on, and add notes and instructions accordingly. If you use the booklet, ask the patient to bring it to each session so that your notes and instructions can be updated.

You may choose not to use the booklet, or to supplement it with other exercises tailored to the patient's specific needs, but any exercises you give should be reinforced by written material that the patient can refer to at home.

Please note that the SP Treatment Logs ask you to say at each review whether you feel the patient has done their home exercises adequately. Inadequacy might reflect infrequent or incorrect performance of the exercises given.

Completion of SP

The Completion of SP Form should be filled in when you discharge the patient. Please refer to the Checklist before returning the completed Logbook.

Contact details

If you have any questions, please feel free to contact Nigel Hanchard, telephone: 01642 342770; email n.hanchard@tees.ac.uk.

Steroid Injection Details Form**Complete part 1) or part 2) as appropriate**

Part 1) Steroid injection

Date of injection / /
day month year

Name of person injecting
 (Please print clearly)

Job title
 (Please print clearly)

Steroid used (Please cross one box)

- Methylprednisolone acetate (Depo-Medrone)
 Triamcinilone acetonide (Adcortyl, Kenalog)
 Triamcinilone hexacetonide (Lederspan)
 Other (Please specify):

Was imaging guidance used?
(Please cross one box)

- No
 Yes: ultrasound guidance
 Yes: x-ray guidance

Dose of steroid used (Please cross one box)

- 20 mg 30 mg 40 mg
 Other (Please specify): mg

Did you also inject local anaesthetic? (Please cross one box)

- Yes No

Part 2) Reason for a steroid injection not being given

- Patient declined
 3 or more steroid injections targeting this joint in the past year
 Poorly controlled diabetes
 Stiff but painless, non-irritable shoulder
 Other (Please specify):



United Kingdom Frozen Shoulder Trial (UK FROST)
 A multi-centre randomised controlled trial funded by NHS R&D Health Technology Assessment Programme. (International Standardised Randomised Controlled Trial Number 48804508)

Section 3
Structured Physiotherapy (SP) Treatment Log

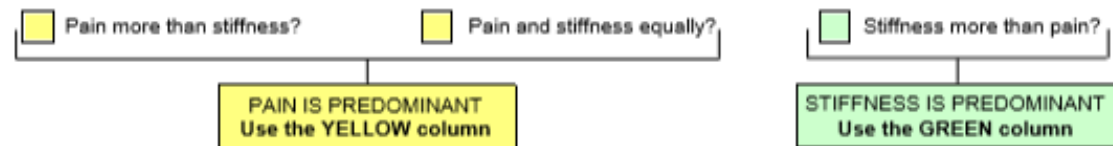
Please complete this form as soon as possible after each treatment session.

Date / / Session No Duration of session (mins)

Name of physiotherapist Staff grade (Please cross one box only) 5 6 7 >8

How many non-surgical frozen shoulders do you treat in a typical month? (Please place a cross in one box only) 0 - 1 2 - 3 4 or more

Ask the patient which of the following is their main problem today. (Please place a cross in one box only and proceed as indicated.)



IMPORTANT! Interventions marked ★★ **must** be given as part of the overall SP package (but not necessarily at every session) unless contraindicated. Interventions marked ★ are not essential but are encouraged.

Please place a cross in the box beside any treatments given in this session. To record any treatments that are not listed, please use the free-text box provided.

Use this column if PAIN IS PREDOMINANT	Use this column if STIFFNESS IS PREDOMINANT
<input type="checkbox"/> Advice and education ★★ <input type="checkbox"/> Manual shoulder mobilization ★★ <input type="checkbox"/> Home exercises (instruction/review) ★★ <input type="checkbox"/> Acupuncture, TENS or trigger-point therapy <input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Posture correction <input type="checkbox"/> Relaxation techniques <input type="checkbox"/> Spinal/scapulothoracic manual therapy <input type="checkbox"/> Superficial heat <input type="checkbox"/> Supervised exercises (function-based) <input type="checkbox"/> Supervised exercises (gentle active/self-assisted)	<input type="checkbox"/> Advice and education ★★ <input type="checkbox"/> Manual shoulder mobilization ★★ <input type="checkbox"/> Home exercises (instruction/review) ★★ <input type="checkbox"/> Supervised exercises (function-based) ★ <input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Posture correction <input type="checkbox"/> Soft-tissue techniques <input type="checkbox"/> Spinal/scapulothoracic manual therapy <input type="checkbox"/> Supervised exercises (active/self-assisted) <input type="checkbox"/> Supervised exercises (strengthening) <input type="checkbox"/> Supervised exercises (sustained stretching)
<p>TREATMENTS THAT ARE NOT ALLOWED: Brace, craniosacral therapy, deep friction, laser.</p> <p>TREATMENTS THAT ARE DISCOURAGED: Bowen therapy, shockwave therapy, ultrasound.</p>	<p>TREATMENTS THAT ARE NOT ALLOWED: Brace, craniosacral therapy, deep friction, interferential, laser, shockwave therapy.</p> <p>TREATMENTS THAT ARE DISCOURAGED: Bowen therapy, graded motor imagery, mirror therapy, SWD, ultrasound.</p>

Please record any other treatments given
(e.g. gym class, neural dynamics, referral to another speciality such as Occupational Therapy).

Do you feel the patient has done his /her home exercises adequately? Yes No Comments:

Please record any serious adverse effects of treatment (e.g. joint infection) and notify the Research Nurse:

Please record and give reasons for any substantial deviation from the UK FROST SP Instructions (in terms of treatments given/not given, or number of sessions) and notify the Research Nurse:

Section 4
Completion of SP Form

Please complete all parts of this form.

Part 1) How many treatment sessions did the patient attend? *(Please place a cross in one box only)*

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2) Why was the patient discharged? *(Please place a cross in one box only)*

- Both you and the patient were satisfied with their progress and agreed that further treatment was not needed.
- The patient declined to attend for further treatment because they were satisfied with:
- their progress;
 - their ability to manage independently;
 - both of the above.
- The patient declined to attend for further treatment because they were not satisfied with their progress.
- The allocated sessions had all been used.
- The patient stopped attending for treatment without giving a reason.
- Another problem intervened.
- The SP programme was not started.

Part 3) Does the patient need any further treatment for their shoulder problem? *(Please place a cross in one box only)*

Yes No Don't know

Part 4) Overall, how would you rate the patient's adherence to the SP programme (including treatment sessions, home exercises and advice)? *(Please place a cross in one box only)*

Adequate Not adequate

Part 5) Compared to when the patient started SP, how would you rate their shoulder now? *(Please place a cross in one box only)*

Much worse	Somewhat worse	About the same	Somewhat better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>