

Course Details

Course Title:	The Shoulder: <i>Theory and Practice</i> (10th edition)
Course Tutor:	Dr Jeremy Lewis PhD. MSc. FCSP. MMACP. Consultant Physiotherapist, Professor of Musculoskeletal Research, Sonographer and Independent Prescriber
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Course Tutor

Dr Jeremy Lewis is a Consultant Physiotherapist Independent Prescriber and Professor of Musculoskeletal Research. He was born in New Zealand and trained in Australia. He works in the UK National Health Service as well as working privately in central London (www.CHHP.com). He has been awarded a Fellowship of the Chartered Society of Physiotherapy, which is the highest award the Society can bestow on one of its members. He has been acknowledged as one of the 5 most eminent clinicians in his profession (UK DoH [Department of Health] National AHP Clinical Expert Database). Jeremy has a clinical interest in tendon problems including the rotator cuff, biceps and tennis elbow. Jeremy has also trained as a sonographer and performs ultrasound guided shoulder injections, (including intra-articular hydro-distension procedures for frozen shoulder) as part of the rehabilitation process if required and appropriate. He has also completed an MSc (Musculoskeletal Physiotherapy), and Postgraduate Diplomas in Sports Physiotherapy, and in Biomechanics, as well as MSc modules in injection therapy for soft tissues and joints. He also has a Postgraduate Certificate in Diagnostic Imaging (Ultrasound) (University of Leeds, UK). Since 1992, Jeremy has taught over 350 shoulder workshops internationally in the USA, Canada, Australia, New Zealand, the Cayman Islands, Brazil, Chile, Argentina, Peru, Japan, The Azores, Norway, Denmark, Sweden, Switzerland, the Middle East, Ireland, South Africa, India, extensively throughout Europe and throughout the UK. He has also been invited to present keynote lectures at many international conferences. His main areas of research interest are rotator cuff tendinopathy, frozen shoulder, shoulder pain syndromes and lateral epicondylopathy. In addition to his own research he supervises PhD and MSc students. Jeremy is an associate editor for the journals; *Shoulder & Elbow* and, *Physiotherapy*. He was a co-editor and author for *Grieve's Modern Musculoskeletal Physiotherapy* (4th ed).

Course Description

This evidence-based theoretical and practical course is based on extensive clinical experience in assessment, diagnosis and rehabilitation of shoulder pathology, as well as extensive reference to research publications from a variety of disciplines. Innovative models of shoulder assessment including the Shoulder Symptom Modification Procedure (Lewis 2009 *British Journal of Sports Medicine*) and methods for staging the assessment and treatment of rotator cuff tendinopathy will be presented and practiced. Emphasis will be placed on clinical reasoning to support management decisions. Participants completing this course will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated region of the body.

This course remains a 'work in progress' and is continually being updated with the emergence of new research and clinical understanding. As a result, many people have participated on two and some on three occasions. This course will be fun, thought provoking, and provide opportunity to discuss ideas and share experiences.

Learning Outcomes

1. To develop a better understanding and knowledge of the clinical anatomy and biomechanics of the shoulder girdle.
2. To develop a comprehensive subjective and physical evaluation strategy for the shoulder that considers local and referred sources of pain and directs the clinician to develop an appropriate management plan.
3. To develop greater confidence with the physical assessment of the shoulder region and a better understanding of the evidence for the use of the selected assessment techniques.
4. To gain proficiency in the Shoulder Symptom Modification Procedure.
5. To develop a greater understanding and knowledge of various pathologies of the shoulder girdle.
6. To develop greater competency in the management of patients with a variety of shoulder pathologies including; the acute shoulder, subacromial pain syndrome, rotator cuff, shoulder pain syndromes, and pain referred to the shoulder.
7. To review the research evidence relating to the influence of posture and muscle imbalance and its relationship with shoulder pathology.
8. To review the evidence underpinning the pathology, and the assessment and management of various shoulder conditions, especially rotator cuff and biceps tendinopathy.
9. To review the research evidence evaluating the use of diagnostic imaging as part of the management for musculoskeletal disorders of the shoulder.
10. To review the research evidence evaluating the use of injections as part of the management for musculoskeletal disorders of the shoulder.
11. To develop a greater confidence in the use of exercise therapy, hands on therapy and taping techniques for the shoulder and evaluation of the efficacy of the techniques, balanced against the evidence base for using these techniques.

Participants Comments

- *"Complete change to the way I think about shoulders. Best course I have ever done".*
- *"Many thanks again for an inspiring course. I loved it!"*
- *"Great explanations, very in-depth, great synthesis of research evidence".*
- *"Thank you, thank you, fantastic, great teaching style, great sense of humour".*
- *"Excellent rationale for phased rehabilitation". • "One of the best courses I have ever done".*
- *"100% useful. Very inspirational. Best shoulder course yet".*
- *"One of the best courses I have been on, all courses should aim to be this good".*
- *"What an amazing course. Have had an unbelievable result this week I also have to say that I have never been able to sit solidly at a course where there is a lot of theory and not zone out at some point. I think you talk so well and you're so interesting that I was gripped the whole time! That's a first for me and only been qualified 20 years!!*
- *"Excellent information with references to support course content".*
- *"Before I did this course the world was flat!"*
- *"Excellent, I have changed how I treat the upper limb and neck pain and have had excellent results". [from participant who had re-attended]*
- *"Brilliant presentation, extremely useful material and very appropriate for current practice"*
- *"Jeremy was relaxed and informative and gave us a lot of valuable information in a non-threatening way, the evidence base was excellent".*
- *"Excellent teacher". • "Inspirational course".*
- *"Probably one of the most useful and reassuring courses I have been on".*
- *"By far the most informative, research based and thought provoking course I have been on".*
- *"Course leader was excellent and the course was very stimulating and thought provoking".*
- *"The tutor had great depth of knowledge, great sense of humour, was very relaxed and very approachable".*
- *"The presentation was excellent and the evidence base brilliant and relevant to me as a clinician and provided me with great ideas for rehabilitation".*
- *"Excellent presentation style. Enjoyed lectures and practical sessions. Very impressed with depth and breadth of knowledge and how well it relates to clinical practice".*
- *"Up to date research, excellent techniques, enlightening, holistic, course should be compulsory".*

The Shoulder: *Theory & Practice* Course Program (10th Edition)

Dr Jeremy Lewis PhD FCSP

Consultant Physiotherapist | Professor of Musculoskeletal Research | Sonographer | Independent Prescriber

Please note: The order of the program, content, and timetable structure may vary
Download Program and Learning Objectives from www.LondonShoulderClinic.com

Day 1

9:00 - 9:30 **Introduction, Evidence Based Practice, Epidemiology and Outcomes**

9:30 -10:30 **Function**

This session reviews aspects of clinical and functional anatomy of the shoulder. Regional biomechanics together with the role of the entire body in shoulder function is discussed. Methods of assessing the whole of body in relation to shoulder function are presented.

10:30 - 10:45 **Morning Tea**

10:45 - 12:30 **Assessment and Management**

This clinically orientated and practical session highlights the components of the patient interview and physical examination that will assist the clinician in the clinical reasoning process. It will include the Shoulder Symptom Modification Procedure (SSMP) (Lewis 2009 *BJSM*) involving a structured algorithm to enable the clinician to determine what procedures should be used in patient management. The section includes in depth discussion on special orthopaedic tests and imaging. Patient scenarios and video are included.

12:30 - 1:15 **Lunch**

1:15 - 3:00 **Assessment and Management (cont.)**

3:00 - 3:15 **Afternoon Tea**

3:15 - 5:00 **Assessment and Management (cont.)**

Day 2

9:00 - 9:30 **Summary, Discussion, Questions, Review**

9:30 -10:30 **Subacromial Pain, Rotator Cuff and Biceps Tendinopathy**

This theoretical and practical session involves a very detailed and in-depth review of this multi-factorial problem. The current evidence based research across a number of professions evidence regarding the aetiology and pathology of this condition will be presented in detail. This session includes a critical appraisal of the use of injection therapy in the management of subacromial pain syndrome and critically compares outcomes between surgical and non-surgical intervention. Evidence based management is presented in detail. Patient scenarios and video are included.

10:30 - 10:45 **Morning Tea**

10:45 - 12:30 **Subacromial Pain, Rotator Cuff and Biceps Tendinopathy (cont.)**

12:30 - 1:15 **Lunch**

1:15 - 3:00 **Subacromial Pain, Rotator Cuff and Biceps Tendinopathy (cont.)**

3:00 - 3:15 **Afternoon Tea**

3:15 - 4:00 **Sensory-motor control**

Theoretical and practical session exploring the importance of incorporating sensory motor education in the management of all shoulder conditions.

4:00 – 5:00 **Patient Presentations, Case Studies, Summary**

Day 3

The 3 Day Course includes the same theoretical and practical content as the 2 Day Course. The 3 Day Course also includes real time patient assessment and management sessions (up to 4 patients) and additional information as organised prior to the course. Three (3) day courses are requested by host organisations.

Selected Publications

- Lewis, J (2015) Bloodletting for pneumonia, prolonged bed rest for low back pain, is subacromial decompression another clinical illusion? *British Journal of Sports Medicine*. (editorial)
- Lewis JS (2015) Frozen shoulder contracture syndrome – Aetiology, diagnosis and management. *Manual Therapy*. 20 (1): 2-9
DOI: <http://dx.doi.org/10.1016/j.math.2014.07.006>.
- Lewis J (2014) Management of rotator cuff tendinopathy. *In Touch PhysioFirst Journal*. 149. 12-17.
- Hegedus EJ, Cook C, Lewis JS, Wright A, Park J-Y (2014) Combining orthopaedic special tests to improve diagnosis of shoulder pathology. *Physical Therapy in Sport*. Aug 10. pii: S1466-853X(14)00065-0. doi:10.1016/j.ptsp.2014.08.001. [Epub ahead of print]
- McCreesh K, Adusumilli P, Evans T, Riley S, Davies A, Lewis J. Validation of ultrasound measurement of the subacromial space using a novel shoulder phantom model. *Ultrasound in Medicine & Biology*, 2014; 40(7):1729–1733.
- Navsaria R, Ryder DM, Lewis JS, Alexander CM (2013) The Elbow-EpiTrainer: a method of delivering graded resistance to the extensor carpi radialis brevis. Effectiveness of a prototype device in a healthy population. *British Journal of Sports Medicine*. doi:10.1136/bjsports-2013-092563
- Ratcliffe E, Pickering S, McLean S, Lewis J (2013) Is there a relationship between subacromial impingement syndrome and scapular orientation? A systematic review. *British Journal of Sports Medicine*. Published Online First: 30 October 2013 doi:10.1136/bjsports-2013-092389
- Barrett E, McCreesh K, Lewis JS (2014). Reliability and validity of non-radiographic methods of thoracic kyphosis measurement: A systematic review. *Manual Therapy*. 19 (1): 10-17.
- Barrett E, McCreesh K, Lewis JS (2013). Intrarater and interrater reliability of the flexicurve index, flexicurve angle and manual inclinometer for the measurement of thoracic kyphosis. *Rehabilitation Research and Practice*. <http://dx.doi.org/10.1155/2013/475870>
- MacRae CS, Lewis JS, Shortland AP, Morrissey MC and Critchley D (2013) Effectiveness of rocker sole shoes in the management of chronic low back pain. *Spine*. 38 (22): 1905-1912.
- Chester, R, Shepstone L, Lewis JS, Jerosch-Herold C (2013) Predicting responses to physiotherapy treatment for musculoskeletal shoulder pain: a systematic review. *BMC Musculoskeletal Disorders*. 14:203. <http://www.biomedcentral.com/1471-2474/14/203>
- Chester, R, Shepstone L, Lewis JS, Jerosch-Herold C (2013) Predicting responses to physiotherapy treatment for musculoskeletal shoulder pain: protocol for a longitudinal cohort study. *BMC Musculoskeletal Disorders*. 14:192. <http://www.biomedcentral.com/1471-2474/14/192>
- McCreesh KM, Lewis JS (2013) Continuum model of tendon pathology - where are we now? *International Journal of Experimental Pathology*. 94: 242-247.
- McCreesh KM, Crotty JM, Lewis JS (2013) Acromiohumeral distance measurement in rotator cuff tendinopathy: is there a reliable, clinically applicable method? *British Journal of Sports Medicine*. Online first, doi:10.1136/bjsports-2012-092063 <http://bism.bmj.com/content/early/2013/07/01/bjsports-2012-092063.full>
- Lewis JS (2013) Subacromial Impingement Syndrome and Rotator Cuff Tendinopathy. Dilemma of diagnosis. Fysioterapeuten. 9/13. *Norwegian Journal of Physiotherapy*. epub ahead of print : <http://fysioterapeuten.no/Fag-og-vitenskap/Fagartikler/Subacromial-impingement-syndrome-and-rotator-cuff-tendinopathy-The-dilemma-of-diagnosis>
- Van Blommestein, AS, Lewis JS, Morrissey, MC, MacRae S (2012) Reliability of measuring thoracic kyphosis angle, lumbar lordosis angle and straight leg raise with an inclinometer. *The Open Spine Journal*. 4: 10-15.
- Dollings, H, Sandford, F, O'Conaire E, Lewis, JS (2012) Shoulder strength testing: the intra- and inter-tester reliability of routine clinical tests, using the PowerTrack™ II Commander. *Shoulder & Elbow*. 4(2): 131-140.
- Lewis, JS (2011) Subacromial impingement syndrome: A musculoskeletal condition or a clinical illusion? *Physical Therapy Reviews*. 16(5): 388-398.
- Wilde BWM, Havill A, Priestley L, Lewis J, Kitchen S (2011) The efficacy of sclerosing injections in the treatment of painful tendinopathy: A systematic review. *Physical Therapy Reviews*. 16(4):244-260.
- Lewis JS (2010) Rotator cuff tendinopathy: a model for the continuum of pathology and related management. *British Journal of Sports Medicine*. 44 (13):918–923.
- Lewis JS, Valentine RE (2010) Clinical measurement of the thoracic kyphosis. A study of the intra-rater reliability in subjects with and without shoulder pain. *BMC Musculoskeletal Disorders*. 11:39(1 March 2010).
- Lewis JS, Raza SA, Pilcher J, Heron C, Poloniecki JD (2009) The prevalence of neovascularity in patients clinically diagnosed with rotator cuff tendinopathy *BMC Musculoskeletal Disorders*. 10:163.
- Ainsworth R, Lewis J, Conboy V (2009) A prospective randomized placebo controlled clinical trial of a rehabilitation programme for patients with a diagnosis of massive rotator cuff tears of the shoulder. *Shoulder & Elbow*. 1(1):55-60.
- Lewis JS (2009) Rotator cuff tendinopathy/ subacromial impingement syndrome: is it time for a new method of assessment? *British Journal of Sports Medicine*. 43 (4): 259-264.
- Lewis JS (2009) Rotator cuff tendinopathy. *British Journal of Sports Medicine*. 43 (4): 236-241.
- Lewis JS and Sandford F (2009) Rotator Cuff Tendinopathy: Is There a Role for Polyunsaturated Fatty Acids and Antioxidants? *Journal of Hand Therapy*. 22 (1): 49-56.
- Lewis J, Green A, Wright C (2005) Subacromial impingement syndrome: The role of posture and muscle imbalance. *Journal of Shoulder and Elbow Surgery*. 14(4): 385-392.
- Lewis JS, Wright C, Green A (2005) Subacromial impingement syndrome: The effect of changing posture on shoulder range of movement. *Journal of Orthopaedic and Sports Physical Therapy*. 35(2):74-89.