

## Summary of Findings – Immobilisatie bij de nabehandeling

“What are the risks and benefits of postoperative immobilization compared to postoperative functional activity in patients with shoulder instability who were operatively treated?”

Population: patients with shoulder instability that was operatively treated

Intervention: postoperative functional activity

Controle: postoperative immobilization

Outcome	Study results and measurements	Absolute effect estimates Postoperative immobilization      Postoperative functional activity	Certainty of the Evidence (Quality of evidence)	Summary
Redislocation	Relative risk: - Based on data from 62 participants in 1 study	<b>0</b> per 1000 <b>0</b> per 1000	<b>Very low</b> Due to risk of bias and imprecision <sup>1</sup>	The evidence is very uncertain about the effect of postoperative functional activity compared to postoperative immobilization in patients with shoulder instability that was operatively treated.  (Kim, 2003)
Redislocation – positive apprehension test	Relative risk: 0.82 (CI 95% 0.12 - 5.48) Based on data from 62 participants in 1 study	<b>71</b> per 1000 <b>58</b> per 1000  Difference: <b>13 fewer per 1000</b> (CI 95% 62 fewer - 318 more)	<b>Very low</b> Due to risk of bias and imprecision <sup>1</sup>	The evidence is very uncertain about the effect of postoperative functional activity compared to postoperative immobilization in patients with shoulder instability that was operatively treated.  (Kim, 2003)
Range of motion	Measured by: forward elevation, external rotation at side, external rotation at 90 degrees	Range of motion was measured with: <i>forward elevation (MD -3.00, 95% CI -6.34 to 0.34), external rotation at side (MD -2.00, 95% CI -5.17 to 1.17), external rotation at 90 degrees abduction (MD -3.00 (95% CI - 5.17 to 1.17) and</i>	<b>Low</b> Due to risk of bias and imprecision <sup>2</sup>	Postoperative functional activity may not reduce or increase Range of Motion when compared with postoperative immobilization in patients with shoulder instability that was operatively treated.  (Kim, 2003)

	abduction and internal rotation behind back.  Based on data from 62 participants in 1 study	<i>internal rotation behind back (MD -0.20, 95% CI -1.01 to 0.61)</i>		
Return to activity	Measured by: visual analogue scale  High better  Based on data from 62 participants in 1 study	<b>83</b> Mean  <b>82</b> Mean  Difference: <b>MD 1 lower</b> (CI 95% 8.23 lower - 4.23 higher)	<b>Low</b>  Due to risk of bias and imprecision <sup>2</sup>	Postoperative functional activity may not reduce or increase return to activity when compared with postoperative immobilization in patients with shoulder instability that was operatively treated.  (Kim, 2003)
Consolidation of bone block after Latarjet			<b>No GRADE</b> (no evidence was found)	No evidence was found regarding the effect of postoperative functional activity when compared with postoperative immobilization in patients with shoulder instability that was operatively treated.

**Risk of Bias:** serious. Insufficient blinding of participants and researchers; Imprecision: very serious. Overlap of the lower and upper limit of the 95% confidence interval with the minimal clinically important difference.

**Risk of Bias:** serious. Insufficient blinding of participants and researchers; Imprecision: serious. Low number of cases and patients.