

Summary of Findings – Niet-operatieve behandeling

What is are the (un)favorable effects of exercise therapy (including neuromuscular training) in the conservative treatment of traumatic shoulder instability?

Population: Patients with traumatic shoulder instability

Intervention: Stability training/exercise therapy (especially neuromuscular training)

Comparison: Wait and see/ conservative policy/regular exercise therapy (without supervision/one-time instruction)

Outcome	Study results and measurements	Absolute effect estimates		Certainty of the Evidence (Quality of evidence)	Summary
		Control	Intervention		
Redislocation (crucial)	Results were not pooled Based on data of 538 participants in 2 studies	-	-	Very low Due to serious inconsistency and very serious imprecision ¹	The evidence is very uncertain about the effect of exercise therapy on redislocation when compared with other conservative policy in patients with traumatic shoulder instability. (Eshoj 2020, Kearney 2024)
PROMs (important)	Results were not pooled WOSI-score, Patient-Specific Functional Scale, QuickDASH, Oxford Shoulder Instability Score, UQYBT Based on data of 563 participants in 3 studies	On the WOSI-score, Oxford Shoulder Instability Score and UQYBT no clinically relevant difference were reported.		Low Due to serious risk of bias and serious imprecision ²	Exercise therapy may result in little to no difference in patient reported function when compared with other conservative policy in patients with traumatic shoulder instability. (Eshoj 2020, Kearney 2024, Pulido 2023)
Pain (important)	Measured by NRS Lower is better	Current pain and pain in the last 24 hours did not differ between groups. Pain over the last 24 hours increased more in the intervention group.		Very low Due to extremely serious imprecision ³	The evidence is very uncertain about the effect of exercise therapy on pain when compared with other conservative policy in patients with traumatic shoulder instability.

	Based on data of 56 participants in 1 study				(Eshoj 2020)
Range of motion (important)	Measured by CMS Lower is better	Mean CFB: -7.3 (95% CI -10.0 to -4.6)	Mean CFB: -3.5 (95% CI -6.2 to -0.8)	Very low Due to serious indirectness and very serious imprecision ⁵	The evidence is very uncertain about the effect of exercise therapy on range of motion when compared with conservative policy in patients with traumatic shoulder instability. (Eshoj 2020)
	Based on data of 56 participants in 1 study	Difference: 3.8 (95% CI -0.1 to 7.7)			

Abbreviations: NRS, numerical rating scale. CMS, Constant-Murley Score. CFB, change from baseline. WOSI, Western Ontario Shoulder Instability Index.

¹ Inconsistency: serious. Due to conflicting results.

Imprecision: very serious. Due to low number of participants and events and overlap of both limits of the 95% confidence interval with the minimal clinically important difference.

² Risk of bias: serious. Due to limitation in study designs.

Imprecision: serious. Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference.

³ Imprecision: extremely serious. Due to low number of participants in only one study and overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference.

⁴ Risk of bias: serious. Due to limitation in study designs.

Inconsistency: serious. Due to conflicting results.

Imprecision: serious. Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference.

⁵ Indirectness: serious. Due to indirect measurement of the outcome measure.

Imprecision: very serious. Due to low number of participants in only one study.