Summary of Findings – Terugkeer naar functie en sport

"What are the risks and benefits of exercise therapy with added modules, compared to regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment?"
Population: Patients with traumatic shoulder instability who had surgical treatment
Intervention: Exercise therapy with added modules (chain therapy, strength, anxiety, neuromuscular training, apprehension)
Comparison: Regular exercise therapy

Outcome	**Study results and measurements**	**Absolute effect estimates**	**Certainty of the Evidence** (Quality of evidence)	**Summary**
Return to daily activity (crucial)	Based on data of 0 participants in 0 studies	-	**No GRADE**	No evidence was found regarding the effect of exercise therapy with added modules on return to daily activity when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.
Redislocation (crucial)	Based on data of 0 participants in 0 studies	-	**No GRADE**	No evidence was found regarding the effect of exercise therapy with added modules on redislocation when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.
Return to sport (crucial)	Based on data of 0 participants in 0 studies	-	**No GRADE**	No evidence was found regarding the effect of exercise therapy with added modules on return to sport when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.
Range of motion (important)	Based on data of 45 participants in 1 studies	There we no statistical significant differences between groups.	**Very low** Due to risk of bias, serious and very serious imprecision[1]	The evidence is very uncertain about the effect of exercise therapy with added modules on range of motion when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment. *(Multanen 2020)*
Pain (important)	Measured with VAS score Lower is better	Pain score was decreased after the intervention.	**Very low**	The evidence is very uncertain about the effect of exercise therapy with added modules on pain when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.

	Based on data of 45 participants in 1 studies		Due to risk of bias, serious and very serious imprecision[2]	*(Multanen 2020)*
	Measured with Bodily pain domain of SF-36 Higher is better Based on data of 45 participants in 1 studies	No difference in mean change from baseline between groups.		
Fear for redislocation (important)	Based on data of 0 participants in 0 studies	-	**No GRADE**	No evidence was found regarding the effect of exercise therapy with added modules on fear for redislocation when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.
Apprehension (important)	Based on data of 0 participants in 0 studies	-	**No GRADE**	No evidence was found regarding the effect of exercise therapy with added modules on apprehension when compared with regular exercise therapy in patients with traumatic shoulder instability who had surgical treatment.

[1] **Risk of bias**: serious. Due to limitations in study design.
Imprecision: very serious. Due to low number of participants in only one study.
[2] **Risk of bias**: serious. Due to limitations in study design.
Imprecision: very serious. Due to low number of participants in only one study.