

## Upper Extremity

- Fair evidence (Grade B) for manual and manipulative therapy (MMT) alone or in combination with multimodal treatments for
  - Lateral epicondylopathy in short term ( $\leq 3-6$  months)<sup>1</sup>
  - Carpal tunnel syndrome in short term<sup>1</sup>
  - TMJ disorders in short term<sup>1</sup>
- Insufficient evidence (Grade I) for MMT and multimodal treatment for other wrist, hand and finger disorders in the short term<sup>1</sup>
- Multimodal treatments include manipulation, mobilization, exercise, strengthening and stretching, soft tissue therapies, mobilization or manipulation instruments, proprioceptive neuromuscular facilitation, splinting or orthoses, electrical and mechanical modalities and other myofascial, functional and soft tissue techniques<sup>1</sup>

## Shoulder:

- Fair evidence (Grade B) for MMT alone or in combination with multimodal treatments for
  - Rotator cuff injuries disease or disorder<sup>2</sup>
  - Shoulder complaints, disorders, dysfunction and/or pain<sup>2</sup>
  - Adhesive capsulitis (especially helpful was the inclusion of proprioceptive retraining)<sup>2</sup>
  - Soft tissue disorders (focus on soft tissue or myofascial treatments)<sup>2</sup>
- Limited evidence (Grade C) for cervical lateral glide mobilization and/or HVLA (including soft tissue release and exercise) for
  - Minor neurogenic shoulder pain (aka minor peripheral nerve injuries and/or disorders)<sup>2</sup>
- Insufficient level of evidence (Grade I) for MMT alone or in combination with multimodal treatments for
  - OA<sup>2</sup>

## References

1. Brantingham JW, Cassa TK, Bonnefin D, et al. [Manipulative and multimodal therapy for upper extremity and temporomandibular disorders: a systematic review](#). *J Manipulative Physiol Ther.* Mar-Apr 2013;36(3):143-201.
2. Brantingham JW, Cassa TK, Bonnefin D, et al. [Manipulative therapy for shoulder pain and disorders: expansion of a systematic review](#). *J Manipulative Physiol Ther.* Jun 2011;34(5):314-346.