Duke Sports Medicine

Patient Preferences on Treatment Decisions for Shoulder Dislocations

We want to thank all of our study participants - the research cannot be done without you!

What Was This Study?

From January 2016 through December 2016, we enrolled patients seeking treatment for anterior shoulder dislocation. We only enrolled patients who had a first-time dislocation. We wanted to compare the treatment decisions made by patients to whom we provided a preference-based decision tool with the treatment decisions made by those who received only traditional educational materials. For the general population, there is not a superior treatment for this injury, and recommendations will vary. We sought to find out if the decision tool we used in the study influenced patients to choose one option over the other.

Treatment option 1: Patients with this type of injury can choose to have surgery to stabilize the shoulder joint. Surgery has a longer recovery period, but this treatment is associated with a lower risk of reinjury and better long-term joint stability.

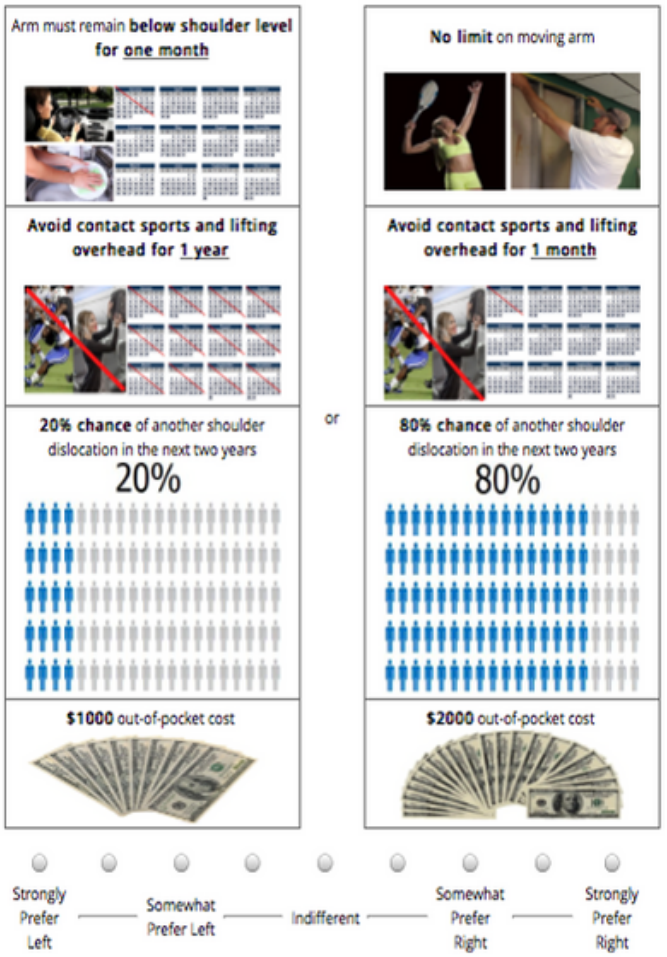
Treatment option 2: Patients can choose non-surgical methods, like immobilization, icing, and physical therapy. Generally, the injury heals more quickly compared to surgery, but these conservative methods are associated with a higher chance of reinjury and/or joint instability.

Who Joined This Study?

- All study participants were undergoing treatment for a first-time anterior shoulder dislocation or were at high risk for this injury.
- 200 patients were enrolled into the study.
- *77 men and 23 women were enrolled into each arm of the study (preference-based decision tool vs. traditional educational materials).
- All study participants were between the ages of 18 and 35, and the average age was 23.6 years old.

For a variety of factors, men are at higher risk of shoulder dislocation and sustain these injuries at a much higher rate than women, which accounts for the disparity in study enrollment.

The Preference-Based Decision Tool



When we talked to study staff and our participants, we found out that:

- The web-based, real-time preference-based decision tool was simple to use and liked by the patients to whom it was presented. It guided treatment decisions in a way consistent with medical evidence. However, it also increased patients' level of difficulty for making a choice between treatment options.
- Patients who used the preference-based decision tool were more likely to choose surgery compared to patients who received the traditional educational materials.
- The 2 factors that were most likely to influence a patient's treatment decision were the likelihood of another dislocation in the future and the out-of-pocket cost for treatment.

What Happens Next?

This study was just one "piece of the puzzle" to find the best practices for helping patients make treatment decisions. These results may not affect or apply to each person. We hope these findings will be complemented by new information from other studies being done now and in the future.

You can read more about this study on the Sage Journals website. For questions about Duke Orthopaedics research, contact the team at SportsMed_Research@dm.duke.edu