

EDITORIAL

Is radiofrequency the gold standard for chronic shoulder pain?

After low back pain shoulder pain is the most common musculoskeletal complaint. Its Prevalence in general population is 7-26 %. It 's estimated that 20 percent of the population will suffer shoulder pain during their lifetime.

Age and medical history of the patient are the most important initial considerations.

Conditions that result in chronic shoulder pain include rotator cuff disorders (tendinopathy, partial tears, and complete tears), shoulder arthritis (acromioclavicular osteoarthritis, glenohumeral osteoarthritis, etc.) adhesive capsulitis post-traumatic and post-operative pain and shoulder instability.

Age and medical history are of the patients are the most important initial considerations.

Adolescents and young adults are more likely to present sports injuries due to overuse, shoulder instability or mild rotator cuff disease (impingement, tendinopathy). Middle-aged patients: develop shoulder pain due to rotator cuff lesions such as supraspinatus tendinopathy and partial or full-thickness tendon tears. Frozen shoulder syndrome and symptomatic osteoarthritis are typical conditions of older patients

What about the treatment? if you do a search in the database, you will find that there are myriad of available therapies for patients with shoulder pain, which can be overwhelming to the physician.

To treat shoulder chronic pain there are different options, as intraarticular injections (steroids, platelets rich plasma and dextrose), single nerves blocks (suprascapular, axillary, and la-

¿Es la radiofrecuencia el gold standard para el dolor crónico de hombro?

teral pectoral nerve), and soft- tissue injections (bursa or trigger points).

Among these therapies radiofrequency (pulsed and ablative) is one of the most performed and its popularity has been increasing in recent years.

Other useful treatments are: photobiomodulation, laser therapy, ultrasound, pulsed electromagnetic, extracorporeal shock wave, exercise therapy and manual therapy.

But Is radiofrequency the gold standard for chronic shoulder pain?

The systematic reviews and metanalysis have compared this therapy with conventional medical management and the results showed that it is still unclear from the currently available publications whether pulsed radiofrequency (pRF) is superior to other techniques such as intra-articular corticosteroid injections (1).

No randomized control trials were available for ablative radiofrequency (aRF) (2), but all the case series and reports for this modality showed clinically notable improvements in analgesia and function. However, though aRF usually results in effective sensory denervation, lesioning nerves that carry non-pain-transmitting fibres is associated with non-desirable outcomes including motor loss, risk of neuritis and deafferentation pain (3).

These conclusions are probably the result of the lack of quality of many of the published studies. In fact, the quality of some the included studies was low. Higher methodological quality research is required in future. That way, we might be able to achieve more reliable results.

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