

Up-to-date information omitted

The article¹ on shoulder dislocation by Dr Harold Schubert is useful; however, some information does not seem up-to-date or quite correct. The suggestion that patients with dislocated shoulders should relax is very difficult to implement, even with biofeedback (which I have used). Administering medications by intravenous or intramuscular injection is painful and frightening for patients. Perhaps sublingual lorazepam would reduce anxiety and help patients relax, because it has a muscle-relaxing action as well.

The comments about nerve injury should probably be updated. The axillary nerve is actually responsible for supplying the deltoid muscle, which raises the arm to the side. Deltoid muscle dysfunction is quite different from a rotator cuff tear, as supraspinatus ruptures typically present as an inability to move the arm up, but the deltoid can still function. Nevertheless, these movements might be difficult to assess when patients are in pain and are unwilling or afraid to move their shoulders.

With medications or local anesthesia, testing is easier and more accurate. An ultrasound examination would show whether the rotator cuff was ruptured. Physiotherapy alone is insufficient for rotator cuff repair, which is more efficiently performed surgically. Surgery is especially useful if an injury is recent and is confirmed by an ultrasound examination or magnetic resonance imaging because surgery offers more efficient and faster treatment, which leads to better recovery.

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Reference

1. Schubert H. Reducing anterior shoulder dislocation. Easy is good [Emergency Case]. *Can Fam Physician* 2002;48:469-72.

Funding support for primary care research

I was pleased to see the excellent article¹ by Barbara Kermod-Scott on the Alberta Family Practice Research Network (AFPRN) outlining the significance and activities of the network.

I am writing to acknowledge the substantial support we have gratefully received from the Alberta Heritage Foundation for Medical Research. The article acknowledged the support of the Alberta College of Family Physicians, the University of Calgary, the University of Alberta, and *Family Health Magazine*. The Heritage Foundation has provided the network with infrastructure funding over the last 3 years, and we hope for future support from this source. It is important that the Heritage Foundation's

contribution to primary care initiatives is acknowledged.

At present, funding for research in Canada goes mainly to academic university centres. The research generated from this patient population is rarely meaningful or relevant to primary care in the community. Also, poor linkages between academic groups and primary care practitioners mean any useful answers obtained by this research are often lost. No mechanisms exist to disseminate research findings back into practice in an understandable, applicable, or meaningful way. An example of this would be the important research on islet cell transplants for diabetic patients. Very few diabetic patients would qualify for this procedure; few primary care physicians would know which of their diabetic patients, if any, would qualify. Hence though important, the effect on the overall health of Canadians is substantially less than some more common problems encountered in family physicians' offices.

There are innumerable examples of primary care research projects that affect the health of Canadians. Unfortunately these comparatively low-budget projects do not receive the recognition they deserve. An example is the Rural Alberta thrombolysis study.² The Alberta Family Practice Research Network helped develop a questionnaire that identified key barriers to treatment needed to improve survival and outcomes among patients experiencing heart attacks in rural Alberta. By identifying and overcoming those barriers to rapid treatment, many lives have been improved or saved.

As these examples illustrate, meaningful primary care research on outcomes has large effects compared with the funds invested. Networks can provide the required linkages between academic groups and community physicians so primary care physicians can

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