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Letters ❖ Correspondance

Up-to-date information omitted

The article[1] 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.

—Z. (Marc) Marciniak, MD
Toronto, Ont
by mail

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Funding support for primary care research

I was pleased to see the excellent article[1] by Barbara Kermode-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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find solutions to the problems they encounter in their practices. Linkages can be established so that academic and community family physicians work together in mutual respect. Meaningful questions generated by family physicians can be developed into research projects with the needed support, resources, skills, and expertise of academic groups. Because the questions generated are relevant to primary care, the answers can be disseminated to family physicians in a form that will make a positive difference in their practices. Networks can revitalize family physicians and improve the care they provide to their patients through organized curiosity.

The United Kingdom, Australia, and the United States have all recently recognized the importance of primary care and the need for research in this area. In each of these countries, the national level of funding for primary care researchers has been increased. This is not yet the case in Canada. I hope, with the support and recognition of organizations providing support to primary care research, this will happen.

—Donna Manca, MD, CCFP
Edmonton, Alta
by e-mail

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Cochrane reviews not so useful

Shea and colleagues[1] hit the mark in acknowledging the potential contribution of family practice researchers to the work of the Cochrane Collaboration. But wait a minute! Is the Cochrane Library "one of the most useful tools for clinicians making decisions…" as they and others have suggested?[1,2]

In a recent survey, physicians ranked Cochrane reviews 22 out of 24 possible sources of evidence for use in daily management of patients (unpublished manuscript by Landry R, et al. *The uptake of health research by Canadian physicians*; 2001). Last year, eight colleagues evaluated mobile access to *InfoRetriever*,[3] a database for family practice containing multiple sources of evidence, including all abstracts from the Cochrane database of systematic reviews.

In a 6-month trial with *InfoRetriever* on hand-held computers, Cochrane reviews or their abstracts were not perceived as very useful sources of information for clinical practice. For only one participant did mobile access to *InfoRetriever* potentially influence frequency of reading Cochrane reviews (unpublished observations by Grad RM and Goldstein H entitled "Can we bring evidence closer to the point of care? A pilot study to evaluate *Inforetriever* software on handheld computers in primary care"). These findings tell us that we need better methods for adapting the results of Cochrane reviews for use in family practice, an issue that has already started to receive some attention.[4]

There is no single reason FPs do not yet make substantial use of Cochrane reviews in clinical practice. Quality of information does not seem to be a big issue. Cochrane reviews are about as good, on average, as systematic reviews published in printed journals.[5]

Like any source of information, the Cochrane Library must be so useful to FPs that they will consult it in preference to books, colleagues, or other secondary databases.[6] The true effect of the Cochrane Library on decision-making in clinical practice awaits better methods of translating research into practice.

—Roland Grad, MD, CM, MSC, CCFP
McGill University's
Site Representative to the
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by e-mail

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Preceptors set good examples

Thank you for your July 2002 issue devoted to maternity care. Of particular interest to me were the two editorials[1,2] and the Reflections article.[3] They were written by my former preceptors during residency training at the Jewish General Hospital in Montreal, Que.

Dr Cheryl Levitt and Dr Michael Klein were among the leaders in my residency in advocating for more obstetrics experience for family practice residents. Dr Perle Feldman taught me how to enjoy obstetrics and appreciate the family component of a delivery, as her Reflections article[3] aptly describes. These three doctors made obstetrics seem less technically complicated and more down-to-earth. I still have good feelings about my obstetrics training and always will.

—Samuel N. Grief, MD
Chicago, Ill
by e-mail

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