

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

10 Jun 2026

### To compare the effects of low-load resistance training with and without blood flow restriction on thickness, strength and pain of shoulder girdle muscles in individuals with shoulder impingement syndrome

#### Protocol summary

##### Study aim

Investigating the effects of low-load resistance training combined with blood flow restriction on the thickness and strength of the supraspinatus, infraspinatus, middle trapezius, and biceps muscles and its pain-reducing effects in individuals with shoulder impingement syndrome

##### Design

a pragmatic, parallel-group, single-blind (with blinded outcome assessment), randomized controlled trial (RCT)

##### Settings and conduct

This single-blind trial at Amir Alam Hospital randomly allocates patients with shoulder impingement to receive 12 sessions of low-load resistance training, either with real BFR or with a sham BFR cuff. Participants and outcome assessors are blinded to the allocation, while the treating therapist is not. All patients also receive standard passive physiotherapy in each session consisting of TENS, US and hotpack.

##### Participants/Inclusion and exclusion criteria

Inclusion Criteria Age range of 40 to 60 years Literacy in Persian Shoulder pain with a maximum duration of 3 months since onset Nighttime shoulder pain or pain during overhead activities with a VAS score  $\geq 3$  Positive Painful arc test and at least three of the following tests: • Neer • Hawkins-Kennedy • Empty can • Infraspinatus Exclusion Criteria Contraindications to the use of BFR Simultaneous pain in both shoulders Diagnosis of frozen shoulder Positive drop arm test indicating a complete rotator cuff tear History of surgery, fracture, or dislocation in the shoulder region Use of anti-inflammatory drugs during the daytime while undergoing the physiotherapy course

##### Intervention groups

Group 1: Low-load resistance training (at 20-40% of 1RM) with BFR (LLRT+BFR group) Group 2: Low-load resistance training (at 20-40% of 1RM) without BFR (LLRT group)

##### Main outcome variables

muscles thickness muscles strength pain (NRPS ) pain pressure threshold SPADI questionnaire

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20251202068202N1**

Registration date: **2025-12-10, 1404/09/19**

Registration timing: **prospective**

Last update: **2025-12-10, 1404/09/19**

Update count: **0**

##### Registration date

2025-12-10, 1404/09/19

##### Registrant information

##### Name

Bahram Tabatabaei

##### Name of organization / entity

##### Country

Iran (Islamic Republic of)

##### Phone

+98 915 655 1679

##### Email address

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##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2025-12-22, 1404/10/01

##### Expected recruitment end date

2026-03-01, 1404/12/10

##### Actual recruitment start date

empty

**Actual recruitment end date**

empty

**Trial completion date**

empty

**Scientific title**

To compare the effects of low-load resistance training with and without blood flow restriction on thickness, strength and pain of shoulder girdle muscles in individuals with shoulder impingement syndrome

**Public title**

Comparing the effects of low-load resistance training with and without BFR in shoulder impingement syndrome

**Purpose**

Treatment

**Inclusion/Exclusion criteria****Inclusion criteria:**

Age between 40 to 60 years Literacy in Persian experiencing shoulder pain for a maximum of 3 months Shoulder pain at night or during overhead activities greater than or equal to 3 based on VAS scale Positive Painful arc test and at least three of the following tests: Neer- Hawkins-kennedy- Empty can- infraspinatus

**Exclusion criteria:**

Contraindications for the use of BFR, including:• History of blood clots (DVT)• Blood pressure higher than 180 mmHg• Acute infection, peripheral vascular problems, varicose veins, or cancer. • History of hemorrhagic or thrombotic strokes. • History of arterial fibrillation Simultaneous pain in both shoulders Suffering from frozen shoulder Positive drop arm test indicating a complete rotator cuff tear History of surgery, fracture, or dislocation in the shoulder area Use of anti-inflammatory drugs during the day while undergoing the physiotherapy course

**Age**

From **40 years** old to **60 years** old

**Gender**

Both

**Phase**

N/A

**Groups that have been masked**

- Participant
- Outcome assessor

**Sample size**

Target sample size: **28**

**Randomization (investigator's opinion)**

Randomized

**Randomization description**

The method used is balanced block randomization with a block size of 4. The unit of randomization is the individual participant. The study did not employ stratified randomization, meaning no specific stratification variables (such as age or disease severity) were used to create subgroups before randomization. The primary tool for implementing randomization was sequentially numbered, sealed, opaque envelopes. The random sequence was built by an independent researcher prior to the study's commencement. This was done by listing all possible combinations that would result in 2

allocations to Group A (LLRT) and 2 allocations to Group B (LLRT+BFR) within each block of 4 participants. This sequence was transcribed and placed into the sealed envelopes.

**Blinding (investigator's opinion)**

Double blinded

**Blinding description**

This trial implements a structured blinding protocol where participants are blinded to their group assignment through allocation concealment using sequentially numbered, sealed, opaque envelopes, coupled with a sham procedure for the control group to mimic the sensory experience of the BFR cuff. The treating physiotherapist administering the interventions cannot be blinded due to the necessary application of the BFR technique. The principal investigator overseeing the trial remains blinded to group allocation during active data collection and analysis to prevent bias. Crucially, all outcome assessors are blinded: a clinical assessor, separate from the treating therapist, conducts all physical and questionnaire-based evaluations without knowledge of the assignment, and a radiologist performs all ultrasound measurements independently with no information on the participant's group.

**Placebo**

Used

**Assignment**

Parallel

**Other design features****Secondary Ids**

empty

**Ethics committees****1****Ethics committee****Name of ethics committee**

Research Ethics Committees of Amir A'lam Hospital Complex

**Street address**

Amiralam Hospital- Beginning of Saadi Street- Enghelab Street (Dorvaze Dolat)-Tehran

**City**

Tehran

**Province**

Tehran

**Postal code**

1145765111

**Approval date**

2025-05-20, 1404/02/30

**Ethics committee reference number**

IR.TUMS.AMIRALAM.REC.1404.008

**Health conditions studied****1****Description of health condition studied**

shoulder impingement syndrome

**ICD-10 code**

M75.4

**ICD-10 code description**

Impingement syndrome of shoulder

**Primary outcomes****1****Description**

isometric muscle strength of the rotator cuff muscles (supraspinatus)

**Timepoint**

pre and post intervention

**Method of measurement**

hand-held, fixed dynamometer

**Secondary outcomes****1****Description**

Thickness of supraspinatus, infraspinatus, middle trapezius, and biceps muscles at rest

**Timepoint**

pre and post intervention

**Method of measurement**

B-mode ultrasonography (model: Supersonic MACH30)

**2****Description**

night pain and pain while elevating the shoulder

**Timepoint**

pre and post intervention

**Method of measurement**

Numeric pain rating scale

**3****Description**

Pain pressure threshold on 2 points (end of supraspinatus muscle and thenar area of the affected side)

**Timepoint**

pre and post intervention

**Method of measurement**

digital algometer

**4****Description**

functional pain and disability

**Timepoint**

pre and post intervention

**Method of measurement**

Shoulder Pain and Disability Index questionnaire

**Intervention groups****1****Description**

Intervention group: Low-load resistance training (LLRT) with Blood Flow Restriction (BFR). Participants in this group will perform exercises at 20-40% of 1RM. An active BFR cuff will be applied to the proximal arm and inflated to a pressure set at 50% of the individual's pre-determined Limb Occlusion Pressure (LOP) to partially restrict arterial inflow and venous return during exercise. This group will also receive standard passive physiotherapy (hot pack, TENS, ultrasound).

**Category**

Treatment - Other

**2****Description**

Control group: Low-load resistance training (LLRT) with sham Blood Flow Restriction (BFR). Participants in this group will perform exercises at 20-40% of 1RM. A sham BFR cuff will be applied to the proximal arm; it will be inflated to a minimal, non-therapeutic pressure to provide the sensory experience without creating meaningful blood flow restriction. This group will also receive standard passive physiotherapy (hot pack, TENS, ultrasound).

**Category**

Treatment - Other

**Recruitment centers****1****Recruitment center****Name of recruitment center**

Amir A'lam Hospital

**Full name of responsible person**

Dr. Mostafa Rahimi

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Enghelab Street (Dorvaze Dolat) - Saadi Street

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**Sponsors / Funding sources****1****Sponsor****Name of organization / entity**

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**Full name of responsible person**

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**Grant name**

**Grant code / Reference number**

**Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Tehran University of Medical Sciences

**Proportion provided by this source**

100

**Public or private sector**

Public

**Domestic or foreign origin**

Domestic

**Category of foreign source of funding**

*empty*

**Country of origin**

**Type of organization providing the funding**

Academic

## Person responsible for general inquiries

**Contact**

**Name of organization / entity**

Tehran University of Medical Sciences

**Full name of responsible person**

Bahram Tabatabaei

**Position**

MSc student

**Latest degree**

Bachelor

**Other areas of specialty/work**

Physiotherapy

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## Person responsible for scientific inquiries

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## Person responsible for updating data

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**Latest degree**

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**Other areas of specialty/work**

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## Sharing plan

**Deidentified Individual Participant Data Set (IPD)**

Undecided - It is not yet known if there will be a plan to  
make this available

**Study Protocol**

Undecided - It is not yet known if there will be a plan to

make this available

**Statistical Analysis Plan**

Undecided - It is not yet known if there will be a plan to make this available

**Informed Consent Form**

Undecided - It is not yet known if there will be a plan to make this available

**Clinical Study Report**

Undecided - It is not yet known if there will be a plan to make this available

**Analytic Code**

Undecided - It is not yet known if there will be a plan to make this available

**Data Dictionary**

Undecided - It is not yet known if there will be a plan to make this available