

Shoulder Adhesive Capsulitis : Functional Results at 5 Years Follow-up

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Background

- The adhesive capsulitis is a painful, long and disabling pathology.

Neviaser : Evolution in 4 stages (30 months)

Phase 1: preadhesive

Deltoid pain, night, normal mobility under general anesthesia

Phase 2: acute

Acute night pain, light stiffness under general anesthesia

Phase 3: chronic

Pain in movement end, stiffness +++

Phase 4: recovery

Stiffness ++, minimal pain

Phase 1
an :
painful

Phase 2 :
recovery



Background

- The adhesive capsulitis is a painful, long and disabling pathology.
- Evolution in 4 stages (30 months) : *Neviaser 2010*
- The literature shows that at medium and long term, 50% of patients keep functional disability and painful shoulder
(*Schaffer 1992; Hand 2008*)

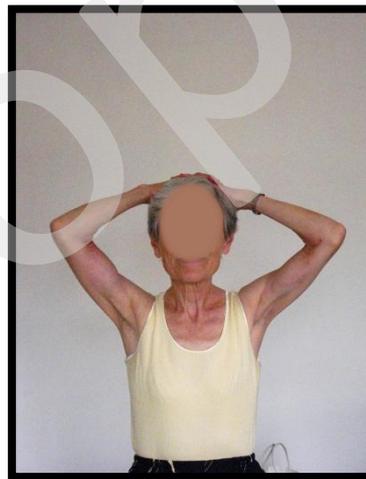
Aim of the study

- The aim of this study was to evaluate at medium term the functional status of patients rehabilitated by manual therapy according to a specific soft and pain-free method (CGE method).

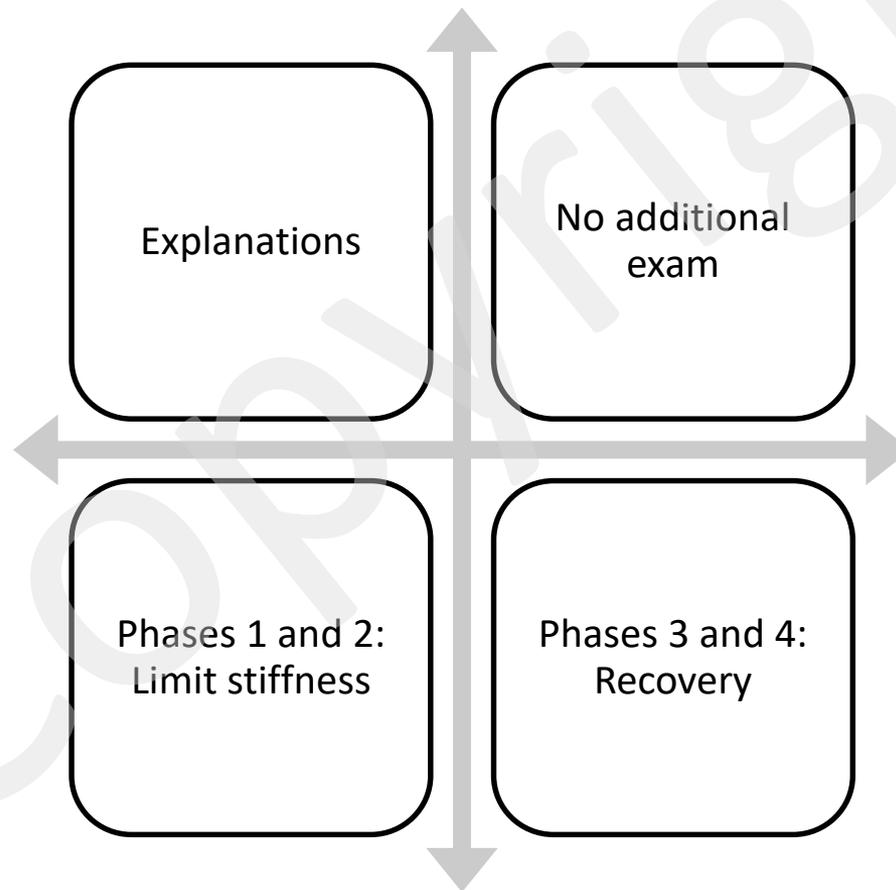


Patients

- 44 patients were reviewed 4.6 ± 2.3 years after the end of rehabilitation for a shoulder capsulitis (30 women / 58.4 ± 9.4 years at follow-up)
- Rehabilitation according to CGE method (14 ± 9 months):
 - Soft and pain-free mobilizations
 - Self-rehabilitation



How to behave with the patient ?



Rehabilitation : CGE method with mobilizations used



1. Correction of antero-superior translation
2 minutes



2. Passive cross body mobilization
30 seconds



3. Integration of assisted elevation pattern
30 seconds



4. Posterior stretching
If 110-120° of pain free abduction : 3 maneuvers



Experimental group only

5. Spin correction
30 seconds



6. Passive mobilization in LR1
1 minute



7. Passive mobilization In abduction
30 seconds



8. Posterior tilt of the scapula
30 seconds



9. Acromio-clavicular mobilization
30 seconds



10. Scapulo-thoracic mobilization
30 seconds



11. Flexion with upward rotation of the scapula
30 seconds



12. Pectoralis minor contracture release
If residual contraction : 4 maneuvers on each bundle



13. Joint compression
If pain free elevation ROM : 5 maneuvers, 3 times



Measurements

- For both shoulders :
 - scapulohumeral range of motion (SH-ROM) :
 - flexion
 - abduction
 - passive lateral rotation (LR1)
 - active lateral rotation (LR1, LR2)
 - shoulder active flexion and abduction.
- Constant score at the beginning, the end of rehabilitation, and at follow-up.
- Follow-up questionnaire

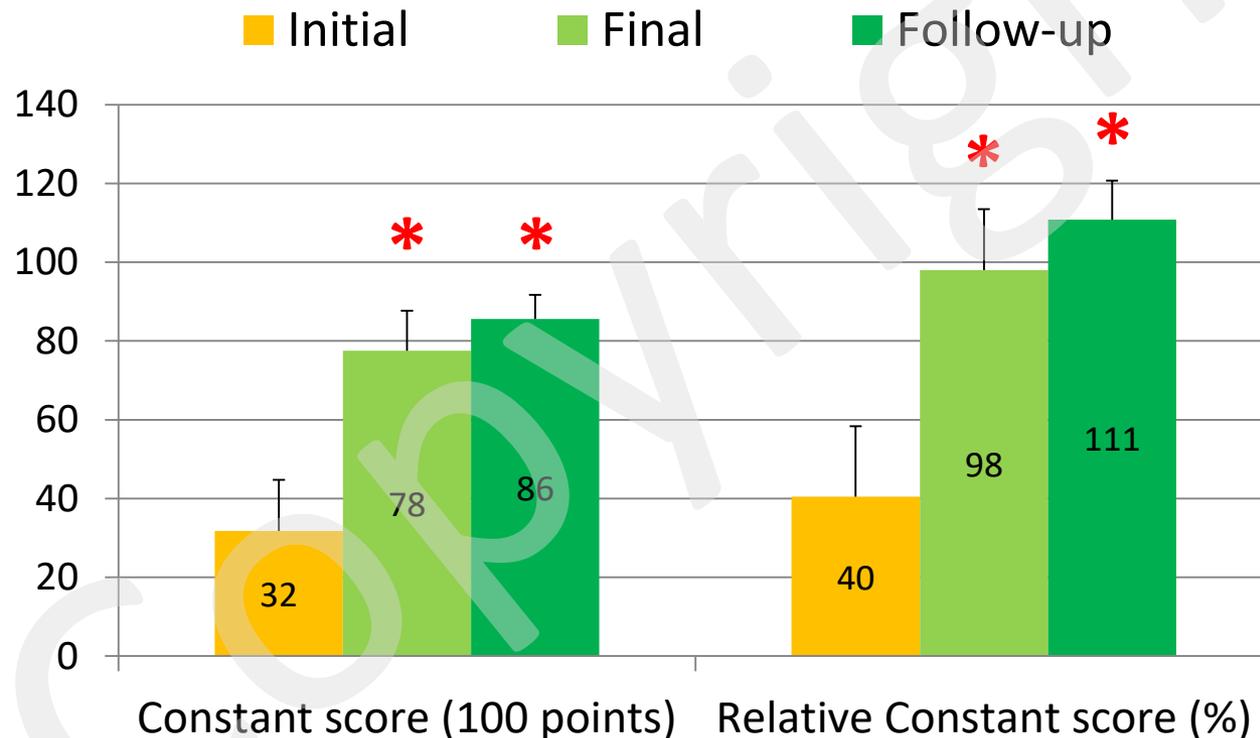
SH flexion



SH abduction



Results : 44 patients treated for shoulder capsulitis

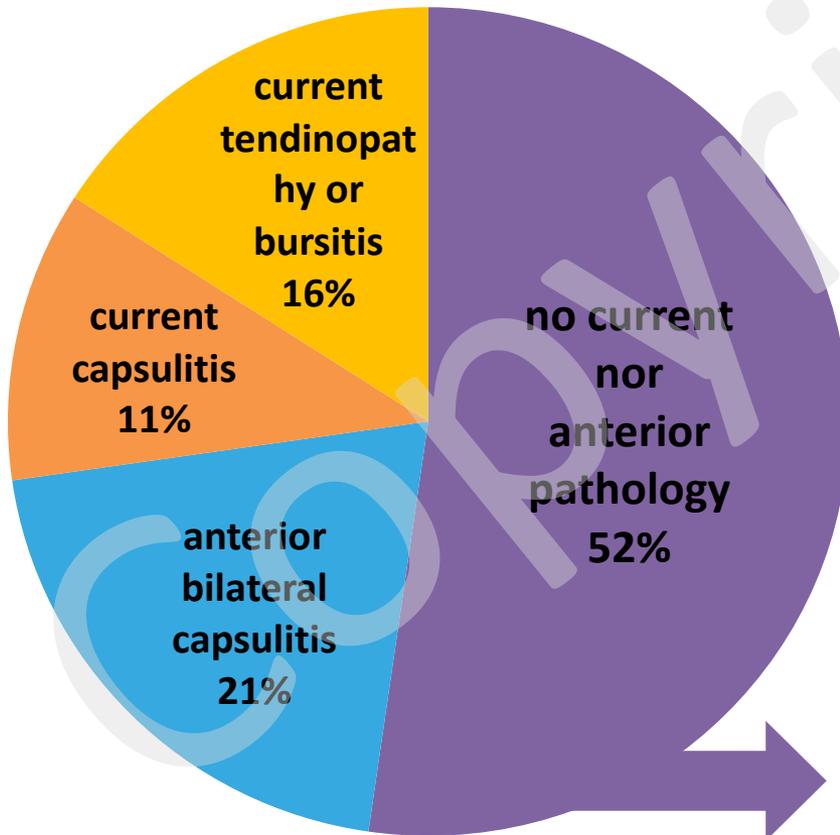


* Significant increase from the initial Constant score, $p < 0.05$



Results : 44 patients

State of contralateral shoulder

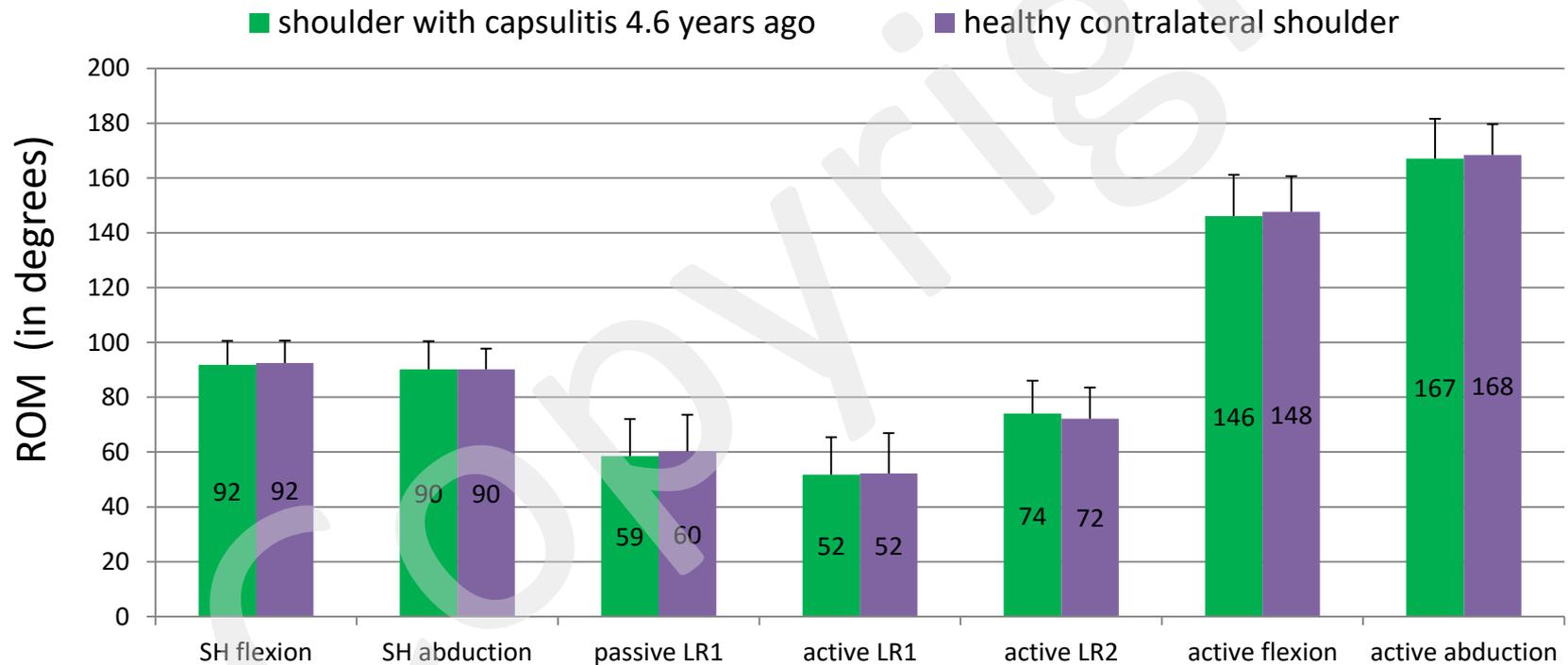


Normal contralateral
shoulder = 23 patients



Results : comparison with healthy contralateral shoulder

23 patients



At follow-up, Constant score : **85 ± 6** vs. **87 ± 6**
Capsulitis before **Healthy**

No significant difference between both shoulders 4.6 years after the end of rehabilitation

Conclusion

Our soft and pain-free manual therapy techniques (CGE method) have resulted in satisfactory functional results 5 years after the adhesive capsulitis treatment, equivalent to those of healthy contralateral shoulders.

Contralateral shoulder pain in 27% of patients indicates that it is necessary to establish a prevention and follow-up program.

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