Shoulder Pain

For information on all types of injuries visit:
http://www.cssphysio.com.au/Doctors/fordoctors.html

Frozen Shoulder

A few years ago I attended a lecture on frozen shoulder (FS) where the speaker reported promising results with hydrodilitation as a treatment in the early stages of the condition. This surprised me, as see a lot of cases of FS, and knew little of this technique. It prompted me to explore the available literature, and subsequently to write a literature review on the subject. I subsequently did a wider review of all the available treatments for this condition. More recently, I was again surprised to rehab a patient who had undergone arthroscopic capsular release during Phase I / early stage FS. So I decided to update my review and see what new information had come to light over the past few years. An updated literature review can be accessed at:
http://www.cssphysio.com.au/pdfs/2-Literature-Review.pdf

Hydrodilitation

There has not been a change in findings since I last searched this topic. There is some thought that the procedure is poorly tolerated due to the peri-procedural pain involved (Uppel et al 2015). Several studies have found no benefit for hydrodilitation compared to intra-articular corticosteroid injection. With the greater patient acceptability of injection, on current evidence it would seem injection should be recommended over hydrodilitation. New evidence may come to light, as further studies are being conducted using this procedure. Its use for long-term recalcitrant FS has not been adequately investigated.

Capsular Release

According to Uppel et al (2015), arthroscopic capsular release is becoming an increasingly common procedure for FS. While there have been several studies claiming positive results, most were poor quality, and did not include a control group. A recent randomized controlled trial compared stretching only, to capsular release and post-operative stretching (Smitherman et al 2015). There were no differences in any of the variables measured. There are studies claiming improved outcomes for recalcitrant cases, but on current evidence there does not appear to be any benefit to this procedure during the natural course of FS.

Corticosteroid Injection & Physiotherapy

Several studies have shown that the intra-articular steroid injection, followed by physiotherapy, gives superior results to either treatment in isolation. Latest evidence, is that injection alone provides effective pain-relief, and improved function up to 12 weeks, but not beyond 26 weeks (Prestgaard et al 2015). However the pain-relief is welcomed by the patient, particularly as night pain is a consistent experience during Phase I of the disease. In my experience, not all patients respond to physiotherapy after injection. In these cases they are provided with a maintenance programme, and advised to return when the condition begins to resolve. Often, a rapid improvement can be achieved with guided stretching and mobilisation during Phase III (‘thawing’), and this is usually well tolerated by the patient.

For information for doctors on physiotherapy management of all types of injuries visit:
http://www.cssphysio.com.au/Doctors/fordoctors.html

Information for patients is at:
http://www.cssphysio.com.au/forpatients.html

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