ADHESIVE CAPSULITIS

NPTE STUDYCAST

WHAT IS IT?

- "Frozen shoulder"
- Pathology of GH joint- inflammatory process
- Restricted movement of GH joint
- Follows capsular pattern (internal rotation, external rotation, abduction)
- Differential diagnosis using capsular pattern

SIGNS AND SYMPTOMS

- Pain and decreased ROM
- Painful at rest but most likely exacerbated with overhead movements or reaching behind back
- Irritated most with ER, Abduction, flexion, IR

ANATOMY

- SITS- supraspinatus, infraspinatus, teres minor, subscapularis
- Inferior capsule- has the most laxity and involved the least
- Labrum- shock absorber that helps with congruency of humeral head on glenoid

SPECIAL TESTS

- Range of motion in capsular pattern
- Pain with AROM and PROM
- Capsular end-feel- empty end-feel

DIFFERENTIAL DIAGNOSES

- RTC tear, tendinitis, OA, gallbladder (refers to R shoulder)
- Impingement- Neer's/Hawkins Kennedy/Painful Arc
- RTC Complete Thickness Tear- Drop Arm Test
- SLAP- Biceps Load, Compression Rotation, Crank etc.

CAUSES

- 40-65 yrs old, insidious onset, repetitive overhead movements in work/athletics, secondary to trauma
- Coincidence with diabetes and thyroid disease, and patients who were recently immobilized
- Bones, ligaments and tendons of GHJ are encased in a capsule of connective tissue. This capsule thickens and tightens around the shoulder joint with adhesive capsulitis, restricting its movement

TREATMENT EXAMPLES

- Restore ROM
- NSAIDs and modalities; pain intervention
- Corticosteroid injections
- Non-compliance with HEP could result in manipulation under anesthesia
- Joint Mobilizations (improve ER: P→A glides, improve flexion & IR: A→P glides, improve flexion, abduction: inferior glides)

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