

ORTHOPAEDIC EVIDENCE

NEWSLETTER

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Controlled Trial Adhesive Capsulitis of the Shoulder: Randomized Mobilization Techniques in the Management of Comparison of High-Grade and Low-Grade

Phys Ther. 2006 Mar;86(3):355-68

100 patients undergoing treatment for unilateral adhesive capsulitis of the shoulder were randomized into 2 groups one receiving a low-grade (relatively light passive technique in the pain free range) and the other a high-grade (intense passive technique at the limit of the ROM) mobilization technique. Outcomes measured were shoulder ROM and disability at 3, 6 and 12 months.

Study Findings:

Patients in the high-grade mobilization group had better outcomes in both categories.

Conclusions:

More intense passive mobilization techniques at the end of the available ROM are more effective in restoring ROM and reducing disability in patients with adhesive capsulitis.

Physiotherapists frequently perform high-grade mobilization techniques as part of treatment for adhesive capsulitis as well as other conditions where lengthening/stretching of soft tissues is required.



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The Effect of Physiotherapy and Sustained Inferior Capsule Stretching on Frozen Shoulders

Clin Orthop Relat Res. 2014 Jul;472(7):2262-8

One group of patients received physiotherapy and the other physiotherapy plus an intervention consisting of a countertraction device designed to stretch the inferior capsule of the glenohumeral joint.

Study Findings:

Patients in both groups had similar improvements in shoulder flexion and abduction ROM and pain. Those in the countertraction group had better satisfactory joint function scores than the control group.

Conclusions:

The addition of countertraction for the purpose of inferior capsule stretching improved shoulder function compared to physiotherapy alone.

At West Side and Eastview Physiotherapy we have the ability to provide this type of countertraction technique and incorporate specific capsular stretching to all patients receiving physiotherapy for adhesive capsulitis.

Frozen Shoulder: Comparison of Exercise Class, Individual Physiotherapy and Home Exercise

J Shoulder Elbow Surg. 2014 Apr;23(4):500-7. doi: 10.1016/j.jse.2013.12.026.

75 patients with adhesive capsulitis were randomly placed in one of 3 groups. Group 1: a 6 week physiotherapist supervised exercise class plus home exercise, Group 2: individual multimodal physiotherapy (6 weeks) plus home exercise and Group 3: home exercise only. Patients were evaluated at 6 weeks, 6 months and one year.

Study Findings:

Scores rating ADL's, ROM, strength and pain were best in the exercise class group at all time intervals. Individual physiotherapy scored better than home exercise only at all time intervals.

ROM gains into flexion and external rotation were better in the exercise class and individual physiotherapy groups.

Conclusions:

Test scores were best in the exercise class group but individual physiotherapy was an effective alternative.

Attendance of a physiotherapy appointments may be beneficial for patient anxiety.

Physiotherapist supervised exercise and individual treatment sessions are both effective in the treatment of adhesive capsulitis.



By
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