Materials and methods

The course of adhesive capsulitis in physical medicine and rehabilitation

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Objective.– The aim of our study was to assess the contribution of different therapeutic modalities in Physical Medicine and Rehabilitation for rapid improvement of adhesive capsulitis

Materials and methods.– This is a retrospective study conducted during the period from January 2009 to March 2011 in the service of Physical Medicine and Rehabilitation in the Institute of Orthopedics Kassab. Twenty-one cases of adhesive capsulitis, primitive (two cases) or secondary (four cases after shoulder trauma, one case after surgery of the rotator cuff, 11 cases due to diabetes, one case post-stroke and two cases of post-injury cap rotators) were included. The management has consisted in an intensive program of rehabilitation for two weeks, usually associated with complementary therapy by capsular distension or articular injection of corticosteroid. Treatment efficacy was assessed by VAS pain and the degree of joint mobility of the shoulder.

Results.– It was found a significant improvement in VAS pain and range of motion particularly in abduction from 71° to 119° and external rotation of 29° to 43° between the beginning and end of hospitalization.

Discussion.– The natural history of adhesive capsulitis, whether idiopathic or secondary, is not always favorable. There are no international recommendations for the management of adhesive capsulitis. Intensive rehabilitation or not coupled with other treatment such as distension or infiltration of articular corticosteroid is an effective especially at the intermediate stage to increase joint mobility to limit the risk of sequelae, and reduce the duration of disease of adhesive capsulitis.