

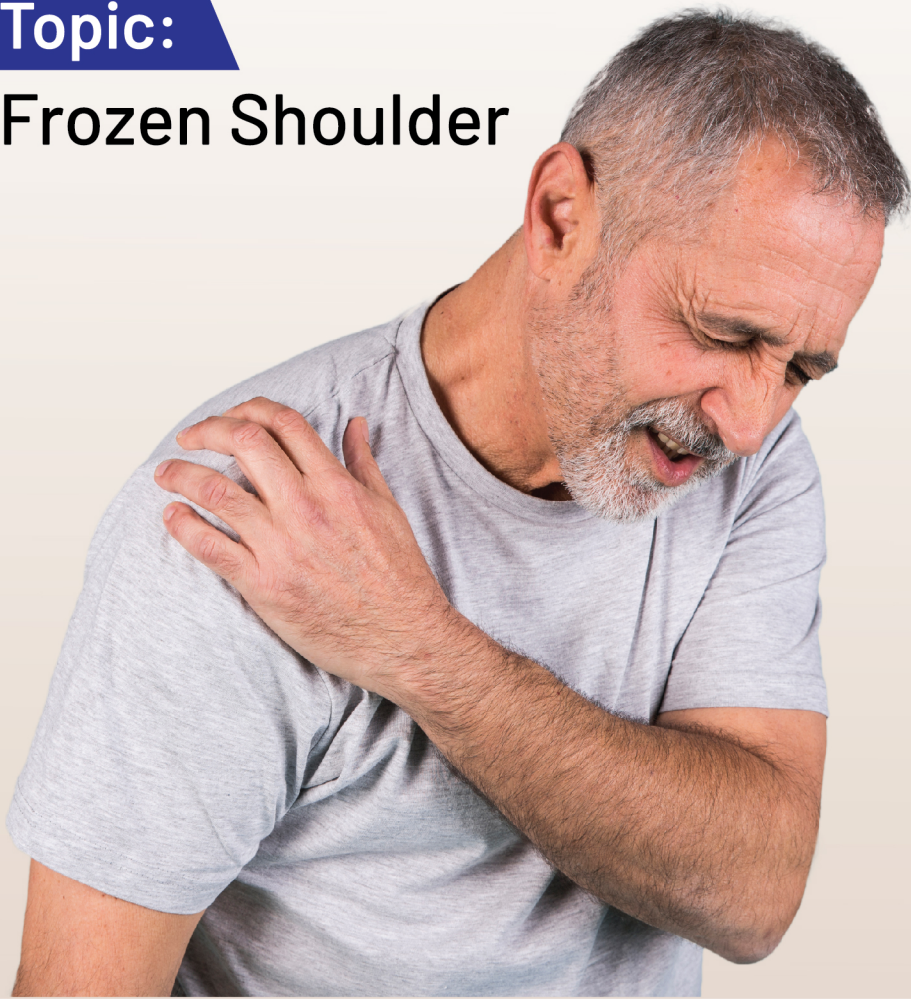


Solbion[®] presents

DISEASE Diary

Topic:

Frozen Shoulder



Case Presentation

A 45-year-old man was walking on a rainy morning when he slipped on a path and landed on his right shoulder. He developed a persistent severe aching in his shoulder and later attended the emergency department. Investigations including an X-ray showed no fracture and he was reassured. A few days later he is still having difficulty washing and dressing, although there is hardly any pain in his shoulder. He has a medical history of diabetes but is otherwise fit and well.

Examination

This man's shoulder area has no signs of obvious swelling or bruising. On palpation he has no tenderness or obvious deformity. He does, however, have a markedly reduced range of movement, particularly with external rotation. There are no associated neurological or vascular deficits. Radiographs of the shoulder are normal with no evidence of a fracture or avascular necrosis of the humeral head.

Questions

- ▶ **What is the likely diagnosis?**
- ▶ **What are the three stages of this disease?**
- ▶ **Who is at increased risk of developing this condition?**
- ▶ **How would you manage this patient?**

Case Discussion

The diagnosis is a 'frozen shoulder', characterized by a global reduction in the range of movement and normal X-rays. This term was introduced by Codman in 1934. He described a painful shoulder condition of insidious onset that was associated with stiffness and difficulty sleeping on the affected side. Codman also identified the marked reduction in forward elevation and external rotation that are the hallmarks of the disease. In 1945, Naviesar coined the term 'adhesive capsulitis'.

Frozen shoulder typically has three phases: the painful phase, the stiffening phase and the thawing phase. During the initial phase there is a gradual onset of diffuse shoulder pain

lasting from weeks to months. The stiffening phase is characterized by a progressive loss of motion that may last up to a year. The majority of patients lose glenohumeral external rotation, internal rotation and abduction during this phase. The final, thawing phase ranges from weeks to months and constitutes a period of gradual motion improvement. Once in this phase, the patient may require up to 9 months to regain a fully functional range of motion.

There is a higher incidence of frozen shoulder in patients with diabetes compared with the general population. The incidence among patients with insulin-dependent diabetes is even higher, with an increased frequency of bilateral frozen shoulder. Adhesive capsulitis has also been reported in patients with hyperthyroidism, ischaemic heart disease, and cervical spondylosis.

Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended in the initial treatment phase. On reducing the inflammation and pain, the patient should be able to tolerate physical therapy. A subgroup of patients with frozen shoulder syndrome often fail to improve despite conservative measures. In these cases, interventions such as manipulation, distension arthrography or open surgical release may be beneficial.

Key Points

- ▶ Frozen shoulder (adhesive capsulitis) is a painful shoulder condition of insidious onset with stiffness.
- ▶ There are three phases: painful, stiffening and thawing.
- ▶ The incidence is raised in diabetics.
- ▶ The majority of cases resolve with conservative management.



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