

Frozen shoulder - most patients don't need surgery

Hydrodilatation – a safe effective technique for the non-surgical management of frozen shoulder

Summary of a recent paper presented by Prof. Tony Kochhar at EFORT International Congress, London, June 2014

Summary

Frozen shoulder is a chronic fibrosing condition of the capsule of the shoulder joint, affecting women more than men and usually occurring during the fourth to sixth decades. Conservative treatments include oral analgesics, physiotherapy and steroid injections.

50 consecutive patients with adhesive capsulitis (MRI diagnosis) underwent an ultrasound guided glenohumeral hydrodilatation procedure followed by protocol-based specialist shoulder physiotherapy.

There were no complications. 42 patients out of 50 made a full recovery (mean time to full range of motion 4-6 weeks). 7 patients required surgery. 1 patient was lost to follow-up.

This audit correlates well with the literature that hydrodilatation is safe and effective as a non-surgical treatment for adhesive capsulitis of the shoulder in conjunction with specialist shoulder physiotherapy.

Results

Out of 50, 1 patient was lost to follow-up. There were 27 male and 23 female patients with a mean age of 50 (49.66).

2 patients were Type II Diabetic. Neither patient reported an effect on BMs from the procedure.

There were no complications.

7 patients did not make a full recovery and proceeded to surgery.

Post-procedure, pain scores settled rapidly with a mean pain score reducing from 7 to a score of 3 at 2-4 weeks postprocedure.

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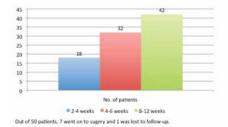
42 patients regained full abduction and external rotation by 8-12 weeks following a course of weekly sessions of shoulderspecific physio following the procedure.

The mean time to full range of motion was 4-6 weeks.

Conclusion

This audit correlates well with the literature that hydrodilatation is safe and effective as a non-surgical treatment for adhesive capsulitis of the shoulder in conjunction with specialist shoulder physiotherapy.

Time to full abduction post-procedure



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