

Adhesive Capsulitis

Causes:

Diabetes

Thyroid Disease

Pulmonary disorders - TB, carcinoma

Cardiac Disease (MI)

Cerebrovascular accident

Shoulder Trauma

Recent surgery under anaesthetic

Labral Tear

Classifications

Impingement Syndrome

- Not a condition on it's own

- Caused by:

Subacromial Bone spurs/bursal hypertrophy

AC Joint arthrosis/bone spurs

Rotator cuff disease

Superior labral injury

GIRD

GH Instability

biceps tendinopathy

Scapular dyskinesis

Cx radiculopathy

- **Hx:** Dull, achy shoulder - worse with shoulder abduction , overhead activity/excessive use

Sudden onset of sharp pain in shoulder with tearing = rotator cuff tear

Exam: Pain on top of shoulder = AC joint arthritis

Pain over bicipital groove = bicipital tendonitis

Pain over lateral shoulder = supraspinatus tendinopathy

AROM = pain with shoulder abduction/flexion 8-120 degrees + shoulder hiking

PROM: WNL unless tendon is involved

RROM: Muscle weakness due to pain

SMR = WNL - rule out Cx radiculopathy/neurological

+ve impingement sign

+ve neer's sign

+ve Hawkins Kennedy

+ve Drops arm, Empty Can

DDx: Biceps tendonitis, rotator cuff injuries, Adhesive capsulitis, AC joint pathology, Glenoid Labral Tear, Subacromial Bursitis

Management: Education + reassurance , avoidance of aggravating activity, PRICE + NSAIDs, MF release, Manipulation of SC, AC, Cx,Tx, TENS, US

Rehab: Ice and rest shoulder after

PRFROM + Pendulum arm swings, stretching then PFAROM + mild resistance exercises



GH Instability

Types: Anterior inferior (common), Posterior, Multidirectional - congenital

- Trauma related - direct/overuse (overhead activities), intentional, atraumatic - congenital, bilateral, joint laxity

Hx: General shoulder pain, worse with activity/certain arm positions

Relieved by rest/heat

Hx of catching/locking with motion

Painful arc of motion (impingement)

Exam: Sulcus sign/redness

Trigger points + myospasm of rotator cuff

AROM/PROM shows repeatable clunk/apprehension with abduction + external rotation

+ve Load and shift

Anterior/posterior apprehension sign.

DDx: Labral Tear/GH OA

Biceps Tendinopathy

Rotator cuff tear

Shoulder Impingement

Subacromial Bursitis

Management: Correction of faulty movement patterns - strengthening of rotator cuffs + correction of muscle imbalances (PFROM then to mild resistance exercises), if not getting better, consider referral to GP for surgery

GH Dislocation

- Usually anterior

- Forced abduction + external rotation

- Severe pain, patient holds arm tightly against body

- Shoulder appears flattened laterally + prominent anteriorly. AC more prominent too

- X-rays in AP and Lateral scapula/axillary

- Posterior dislocation - axial loading of adducted, internally rotated arm. Seizure should be considered!

Management

- Rest - may need a sling for several days

- Cryotherapy

- NSAIDs

- GP for corticosteroid injections

- Can improve within 4-5 days of conservative care

Calcific Tendinitis

- HADD = Hydroxyapatite Deposition Disease

- Caused by trauma/overuse

- Intense pain in the shoulder, radiates down upper arm - starts suddenly and rapidly becomes worse

- Pain worse with ANY shoulder movements and restricted in ALL directions

- Clinical features + X-ray (soft tissue calcifications)



Management

- Cryotherapy
- Sling (48-72 hours) - decreases tension on supraspinatus tendon
- Mobility exercises
- NSAIDs
- Mobilisation/manipulation of GH, AC, SC and Scapular abnormalities

Subacromial Bursitis

- Caused by inflammation of supraspinatus and/or other structures around the bursa
- Pain and swelling = impingement
- Pain on active + passive ROM of the shoulder
- Focal warmth, swelling
- Pt shrugs shoulder to initiate abduction
- Ultrasound

Management

- 3 times a week (intensive) - No manipulation at initial stage
- Rest
- Pendular Exercises
- NSAID advice - pharmacists
- Cryotherapy
- US, IF
- Trigger points/bands of the shoulder girdle - upper traps
- Spencer Technique
- When acute episode is better, restore function - active exercises
- Mobilisation/manipulation
- PIR
- Resisted strengthening exercises - isometric (press against wall) in pain free range to isotonic (moving shoulders with weights)

DOES NOT RECUR IN THE SAME SHOULDER WHEN BETTER

- Spencer: 7 stages
1. GH Flexion + elbow extension
 2. GH Extension + elbow flexion
 3. Circumduction + traction
 4. Circumduction + compression
 5. Externally rotate + adduct (combing hair)
 6. Internally rotate + abduction and extension (wiping bum)
 7. Milking - scoop up
- 4-5 repetitions on every step. Slow movements



S&S

Onset usually >40 yo, mean age 60yo

F > M

Unilateral (But can be bilateral - rare)

Increasing pain and stiffness

3 Phases:

Painful phase: Insidious onset - shoulder pain + ache on movement in upper traps. Increasing during the night

Adhesive: After several months - pain becomes less severe, but pain during movement remains. Shoulder movement more restricted

Resolution: Pain less severe, restriction is worse. ROM slowly improved

- To differentiate between rotator cuff tendinitis, Adhesive capsulitis has global restriction of passive movement, traps tenderness and early movement of scapula on abduction

Causes of Shoulder Pain

- Myofascial pain syndrome

- Cx Dysfunction with referred pain

- Cx Radiculopathy

- Supraspinatus Tendinosis

- Adhesive Capsulitis

- Subacromial impingement syndrome

- Supraspinatus tendon tear/rupture

- Acute Bursitis

- Calcific Tendinitis

- GH Arthrosis

- TOS

- AC joint osteoarthritis

- Bicep Tendinitis

- Visceral Referred Pain



In Elderly

- PMR
- Supraspinatus Tear+ Persistent tendinitis
- Other Rotator Cuff Disorder
- Stiff Shoulder due to Adhesive Capsulitis
- OA of AC + GH joints
- Cx manipulable lesion with referred pain
- AVN of the humeral Head

In children

- Septic Arthritis/osteomyelitis
- Swimmer's Shoulder

Investigations

- ESR/CRP (PMR, Infection, Inflammatory)
- RF
- Serum Uric acid (Gout)
- X-ray
- Bone Scan
- US
- MRI

Further Questions

Injury - even very minor when the pain started?

Does the pain keep you up at night?

Pain/Stiffness in neck?

Pain/restriction when clipping/handling your bra or touching you shoulder blades (limited internal rotation)

Trouble with combing hair? (External rotation)

Pain on walking/some stressful activity?

Pain worse when waking in the morning?

Is it both sides? Do you have it in your hips too?

Pain associated with sporting activity, housework, dressing?



Hx	
Age	<40yo: Instability, rotator cuff tendinopathy >40yo: Rotator Cuff tears, Adhesive Capsulitis, GH OA
Diabetes/Thyroid disorders	Adhesive capsulitis
Hx of trauma	<40 yo: Shoulder Dislocation/subluxation >40 yo: rotator cuff tears
Loss of ROM	Adhesive Capsulitis, GH OA
Night Pain	Rotator Cuff Disorders, adhesive capsulitis
Paraesthesia and arm pain past elbow	Cx Spine
Pain Location	Anterior- Superior shoulder pain = AC joint Diffuse shoulder pain in deltoid = rotator cuff, adhesive capsulitis, GH OA
Pain with overhead activity	Impingement, rotator cuff disorders
Sports	Instability - overhead sports and collision sports
Weakness	Rotator Cuff disorders, GH OA

Hx	
- Duration	
- Onset - Night pain when leaning + Hx of trauma, >65 yo = rotator cuff tear	
- Activity/mechanism at the time of onset - Overhead work = impingement syndrome (60-120 degrees)	
- Activities that relieve/exacerbate	
- Patient's age - <30 = biomechanical/inflammatory (atraumatic instability, tendinosis and arthropathies) >45 = Complete rotator cuff tears	
- Past Hx of trauma/injury	
- Past Hx of shoulder/arm surgery	
- Treatment attempted - not getting better	
- Other medical conditions (Diabetes, Thyroid disease, Coronary Artery disease, Alcohol abuse + use of corticosteroids)	

Referral	
- Persisting night pain with shoulder joint stiffness	
- Persisting supraspinatus teninitis - Rotator cuff tear/degeneration	
- Confirmed/suspected shoulder dislocation	
- Confirmed/suspected recurrent subluxation/AVN	
- Children with shoulder instability	



Pitfalls

- Referred sources of shoulder pain: Cx spondylosis, Cx arthritis, Cx disc disease, MI, CRPS, Diaphragmatic irritation, TOS, Gallbladder Disease
- PMR (>60 yo, bilateral, inflammatory shoulder girdle pain)
- Posterior dislocation of the shoulder joint
- Recurrent subluxation of shoulder joint
- AVN of humeral head
- Rotator cuff tear/degeneration

Serious Disorders

- Malignancy
- Septic Infection
- Carcinoma of the lung
- MI



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