

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?



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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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