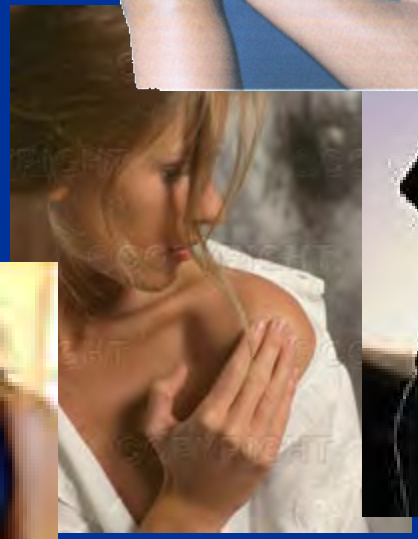
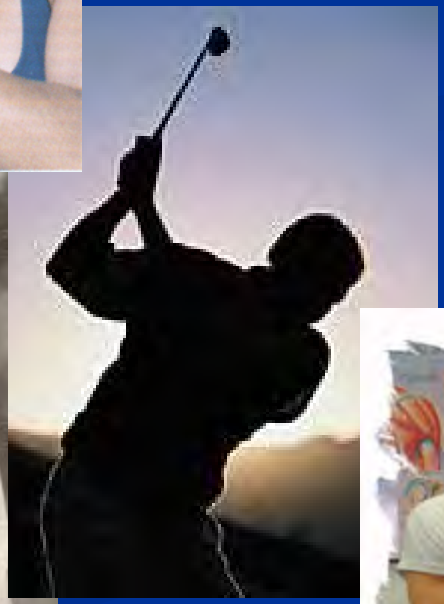
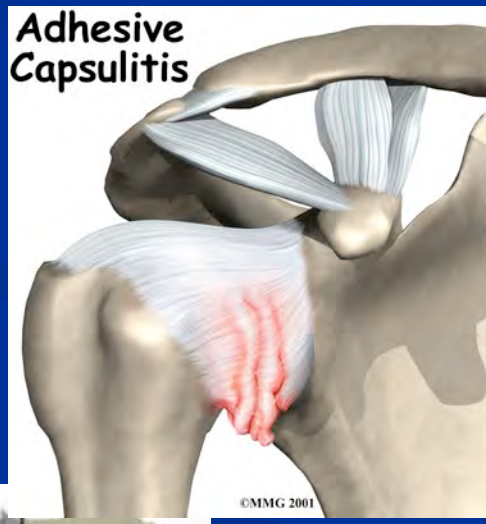
Adhesive Capsulitis

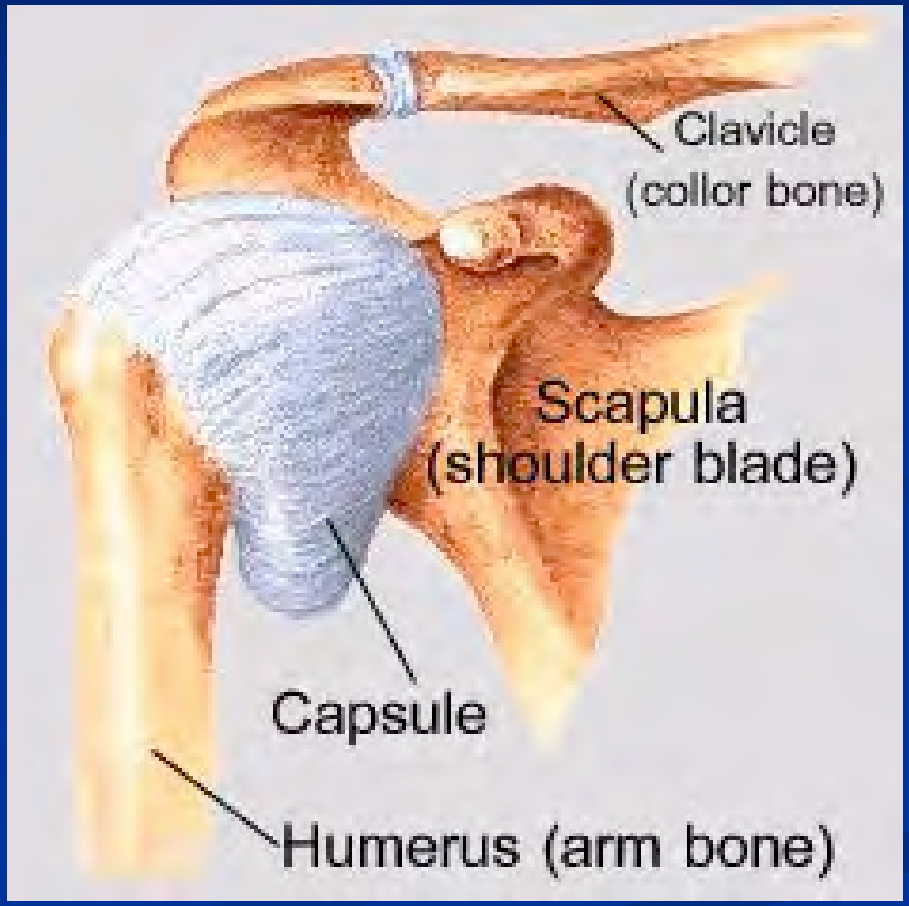






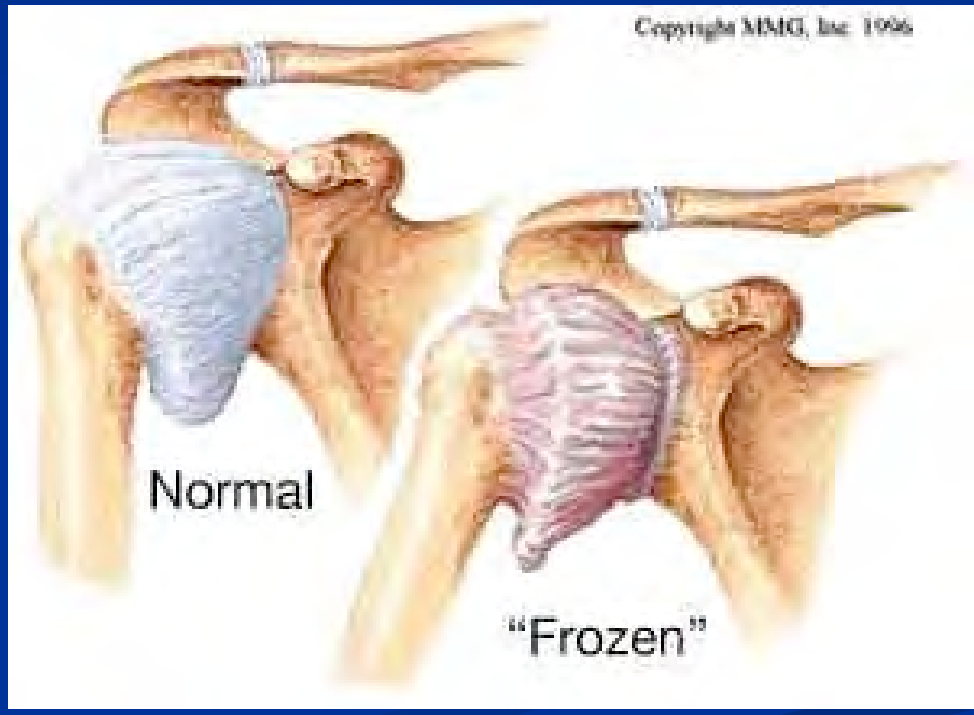
Anatomy

- Ligaments and Capsule
  - Surround the Humeral head and Glenoid
  - Normally, very elastic
  - Allow huge motion in raising and rotating arm



“Frozen Shoulder”

- Capsule becomes thickened and contracted resulting in fibrosis
- Restricts motion actively and passively



Who it affects…

- Unknown etiology
- 40-60 y.o.
- No racial predilection
- Women slightly more common
- prevalence 2 % in general population
- Diabetes, thyroid disorders and hypertryglyceridemia

Clinical Presentation

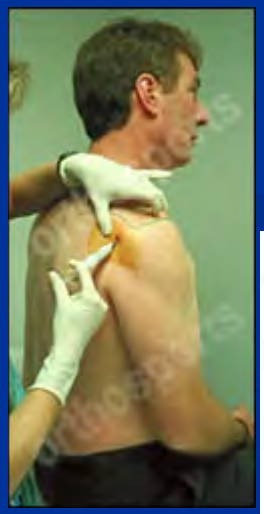
- Insidious onset of pain (Deltoid insertion)
  - Some attribute to injury
- Loss of active and passive ROM
- Pain at end range of motion
- Pain with activity
- Pain at night

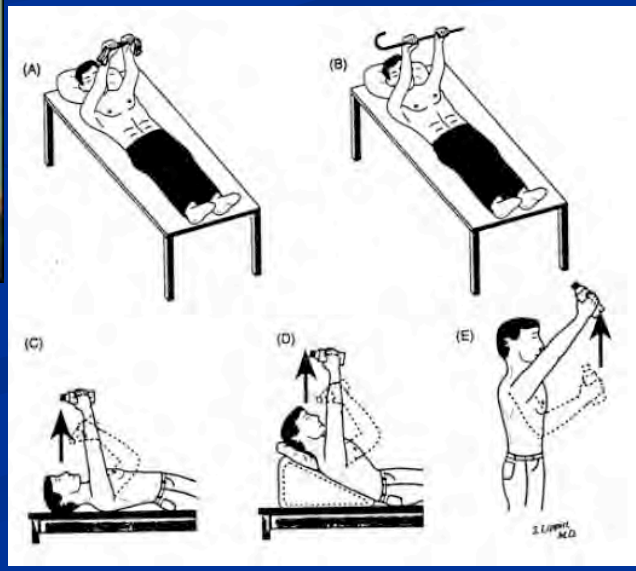
Common Complaints

- “My shoulder is stiffening up.”
- “I can’t reach over my head.”
- “I can’t reach back to fasten my bra.”
- “It’s getting harder to put on my coat.”
- “I can’t reach my wallet.”

Non-operative Treatment

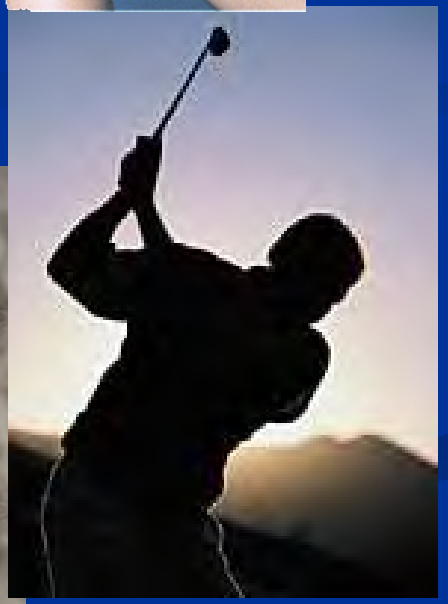
- Anti-inflammatory Medications
- Shoulder Stretches
- Moist Heat
- Cortisone Injections*
- Modification of activities
- >90% recover with nonoperative mangament
- Expected recovery in 24 months





When to consider surgery?

- Worsening symptoms or restrictions after 3 months
- Failure of conservative treatment after 6 months and still symptomatic

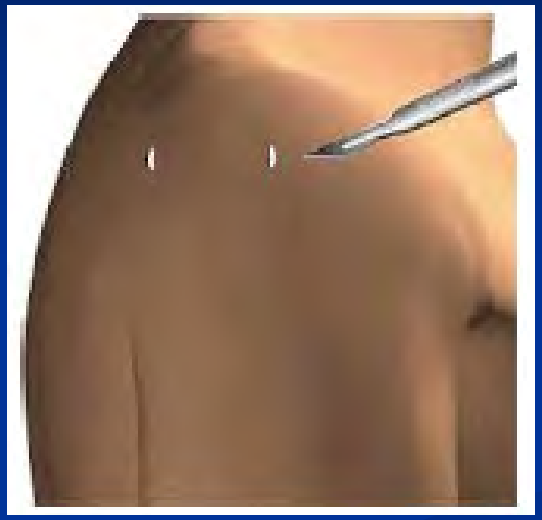


Surgical Treatment

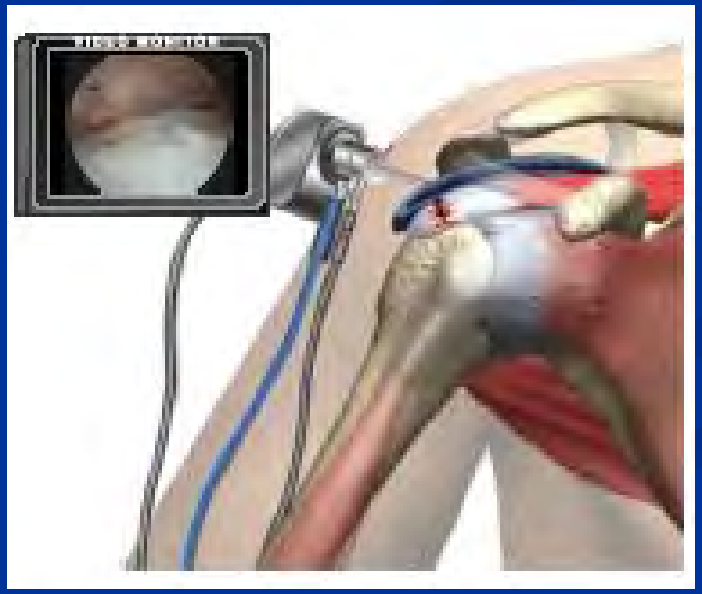
- Manipulation under anesthesia
  - Not as reliable
  - Risk of fracture
  - High recurrence in Diabetes
- Arthroscopic capsular release
  - >90% successful

Arthroscopic Capsular Release

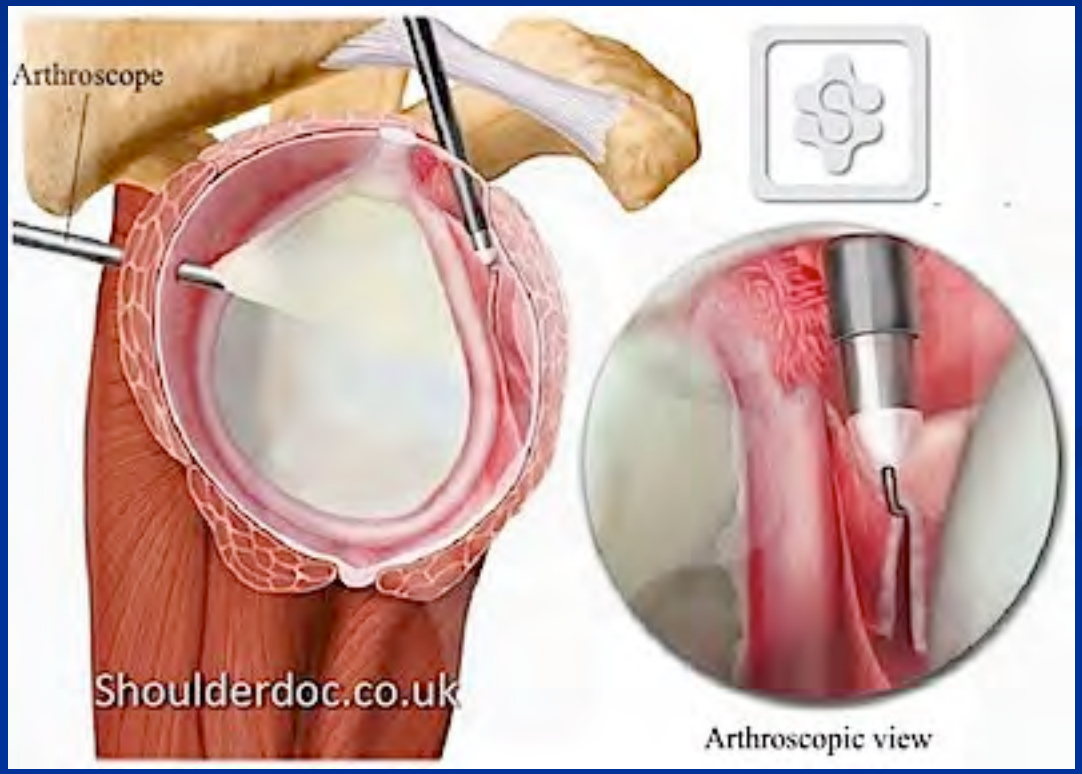
- Small incisions

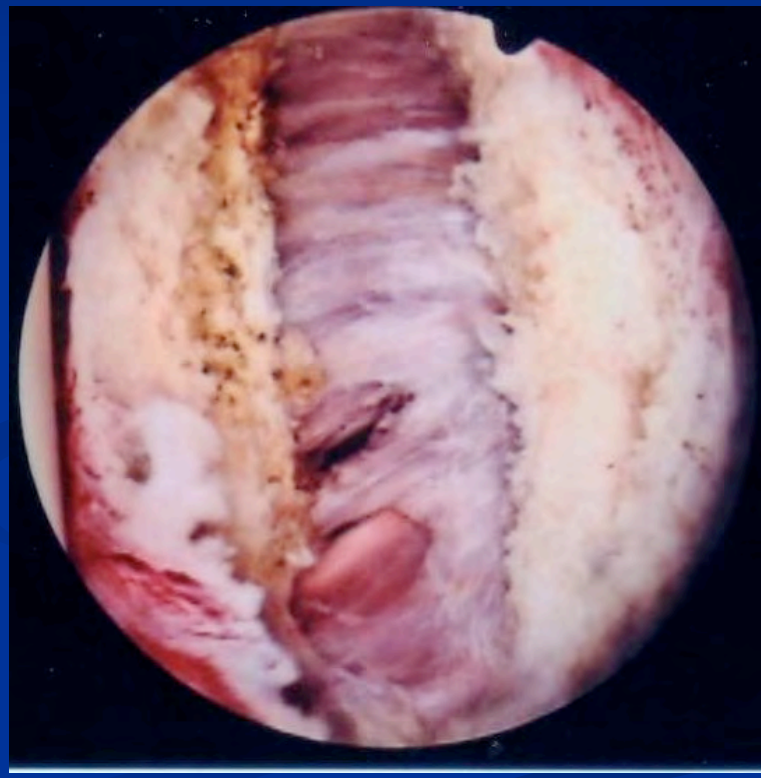


- Arthroscope
  - Under Water



Capsular Release



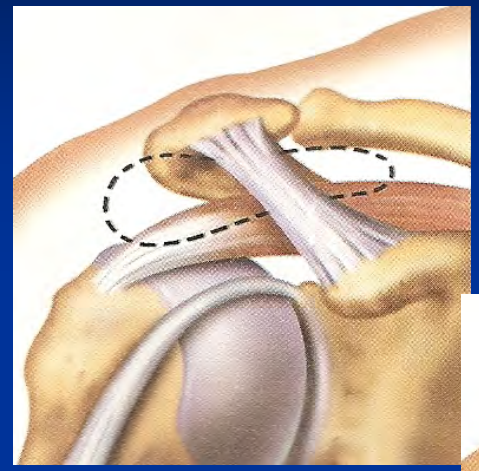


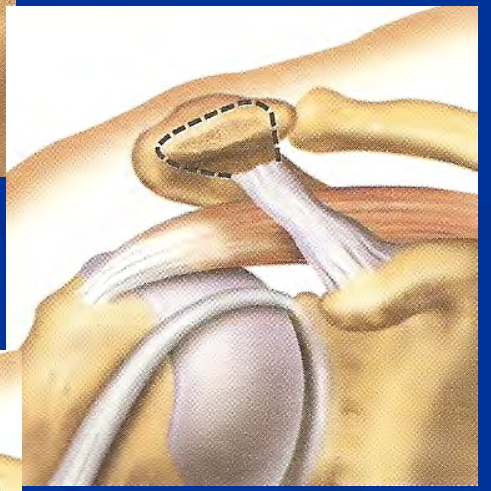
Address other pathologies as indicated:

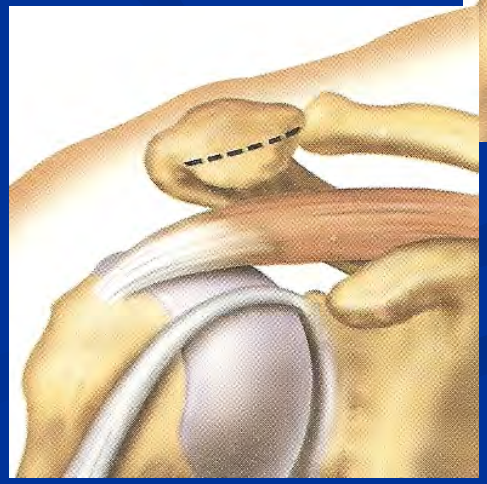
biceps, decompression, debridement, rotator cuff

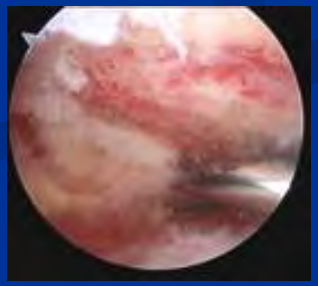
Arthroscopic Decompression

- Inflamed bursa removed.
- Removal of acromial bone spur.

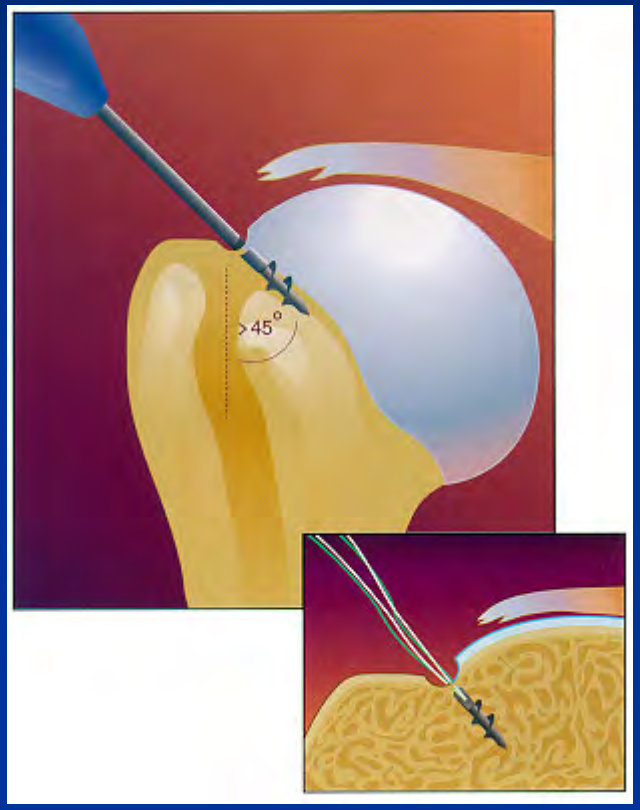


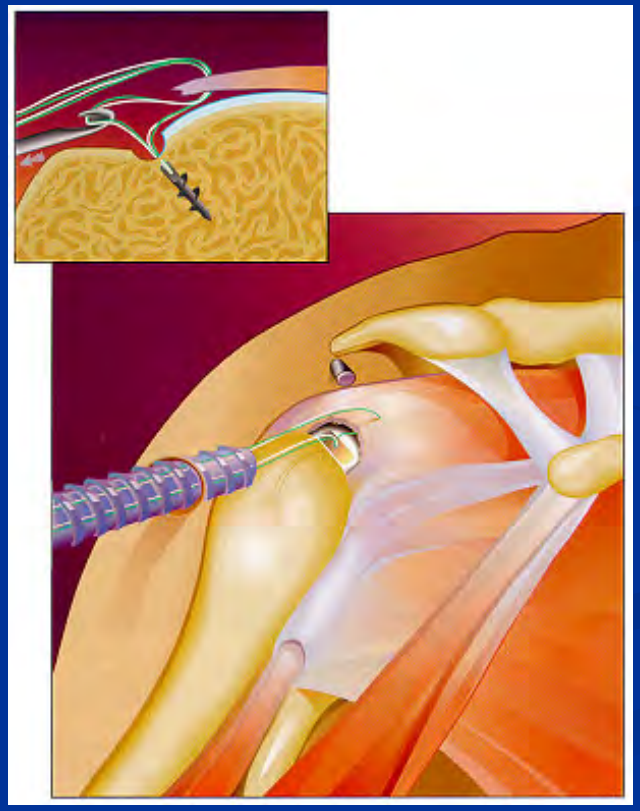


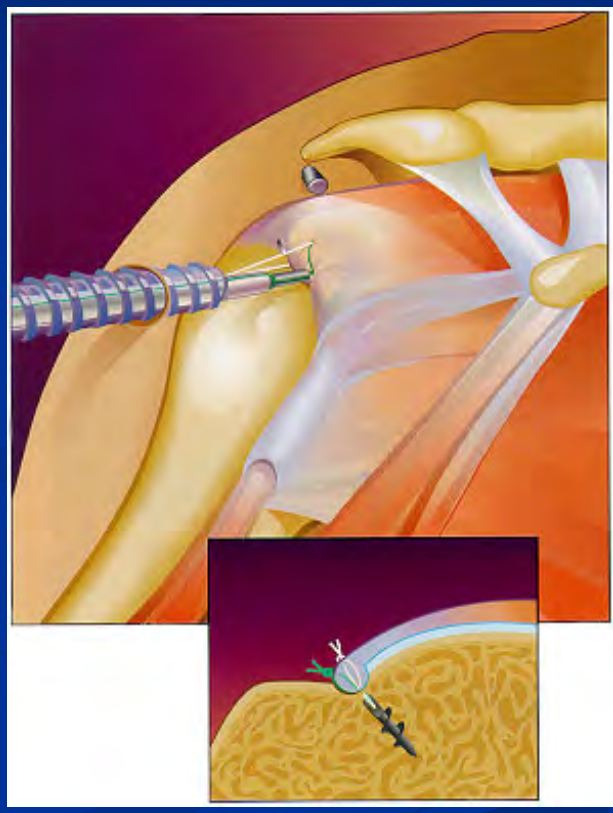




Arthroscopic Repair

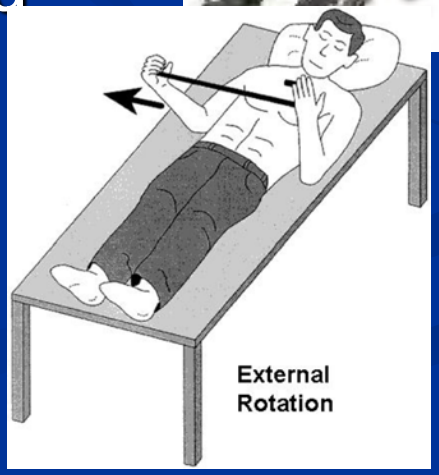






Post-operative Rehabilitation

- Phase 1 (0-3 weeks)
  - Begin physical therapy within 24 hrs
  - Continuous passive motion (CPM) machine
  - Maintain motion gained from surgery



Post-operative Rehabilitation

- Phase 2 (3 weeks +)
  - Activity as tolerated

Complications

- Recurrence (rare)
- Contralateral shoulder
  - Up to 30%
- Infection
- Arthritis
- Nerve Injury
- Fracture (with MUA)
- Anesthesia risks

Appointments

- Pre-operative Visit
- Post-operative Visit (1 week)
- 1st Follow-up (6 weeks)
- 2nd Follow-up (12 weeks)
- 3rd Follow-up (6 months)
- 4th Follow-up (1 year)