

Optimal Treatment for Adhesive Capsulitis: Corticosteroid Injections with Manual Therapy Interventions

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MISSION STATEMENT

The mission of the MU DPT Program is to graduate ethical, compassionate, autonomous doctors of physical therapy who are competent to practice in diverse settings. Graduates will be life-long learners informed by evidence-based practice who exemplify the values of Messiah University and the physical therapy profession.

INTRODUCTION / PURPOSE

Adhesive capsulitis, also known as frozen shoulder, is defined by the restriction of active and passive glenohumeral motion in all planes that is also accompanied by shoulder pain. It is most common in women between the ages of 40-60 and presents as symptoms of pain and decreased shoulder range of motion which progressively worsen over time. With the lack of knowledge by researchers regarding the etiology of adhesive capsulitis, it raises many unanswered questions including, "Which treatment approach is best?" Different treatment approaches for this condition may include local anesthetics, nonsteroidal anti-inflammatory drugs (NSAIDs), oral steroids, steroid injections, arthroscopic surgery, suprascapular nerve block, mobilization under anesthesia, and physical therapy. This poster outlines the research associated with determining the effectiveness of two different interventions used together: corticosteroid injections and glenohumeral joint manipulations in physical therapy.

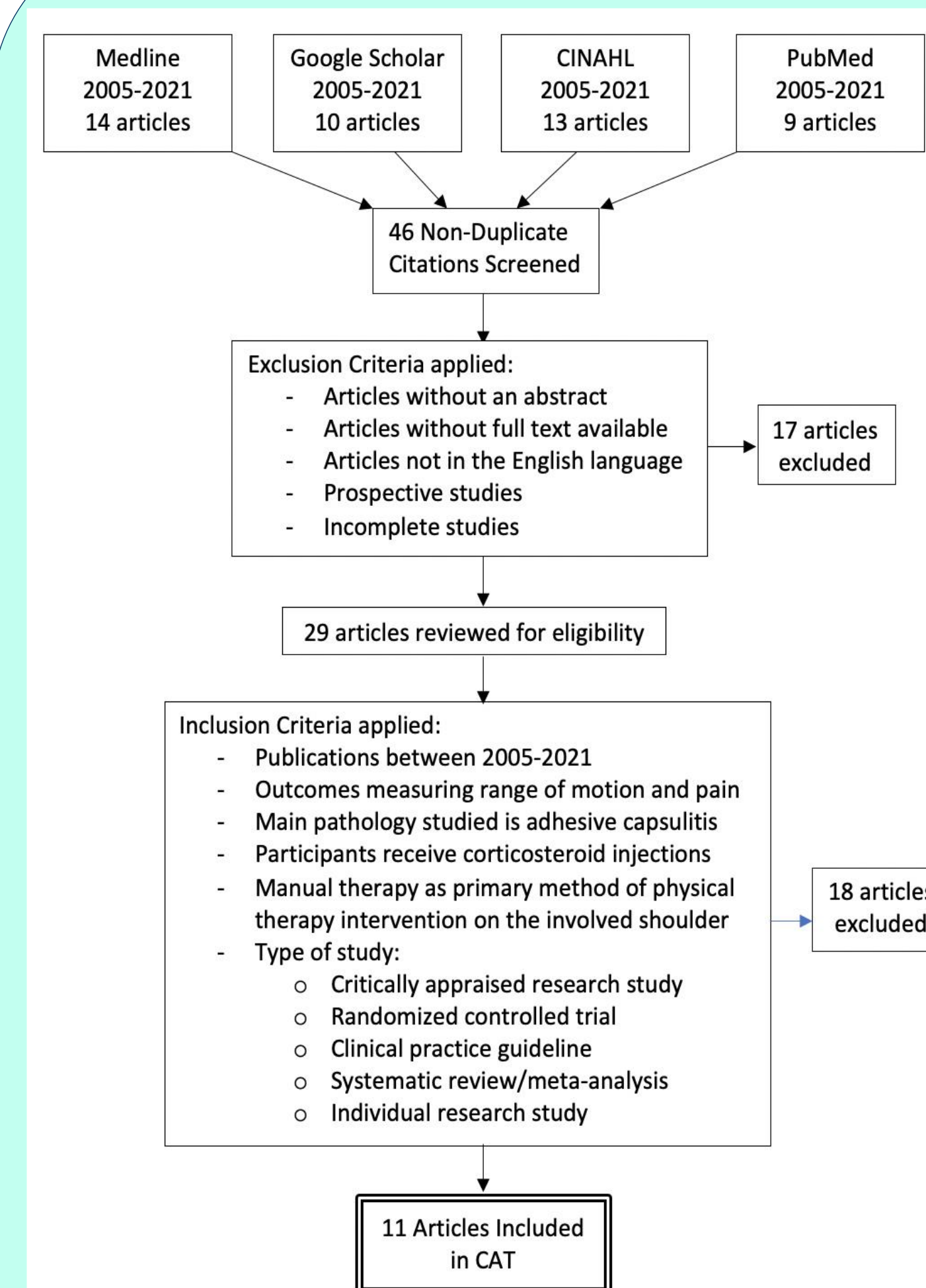
METHODS

Inclusion criteria:

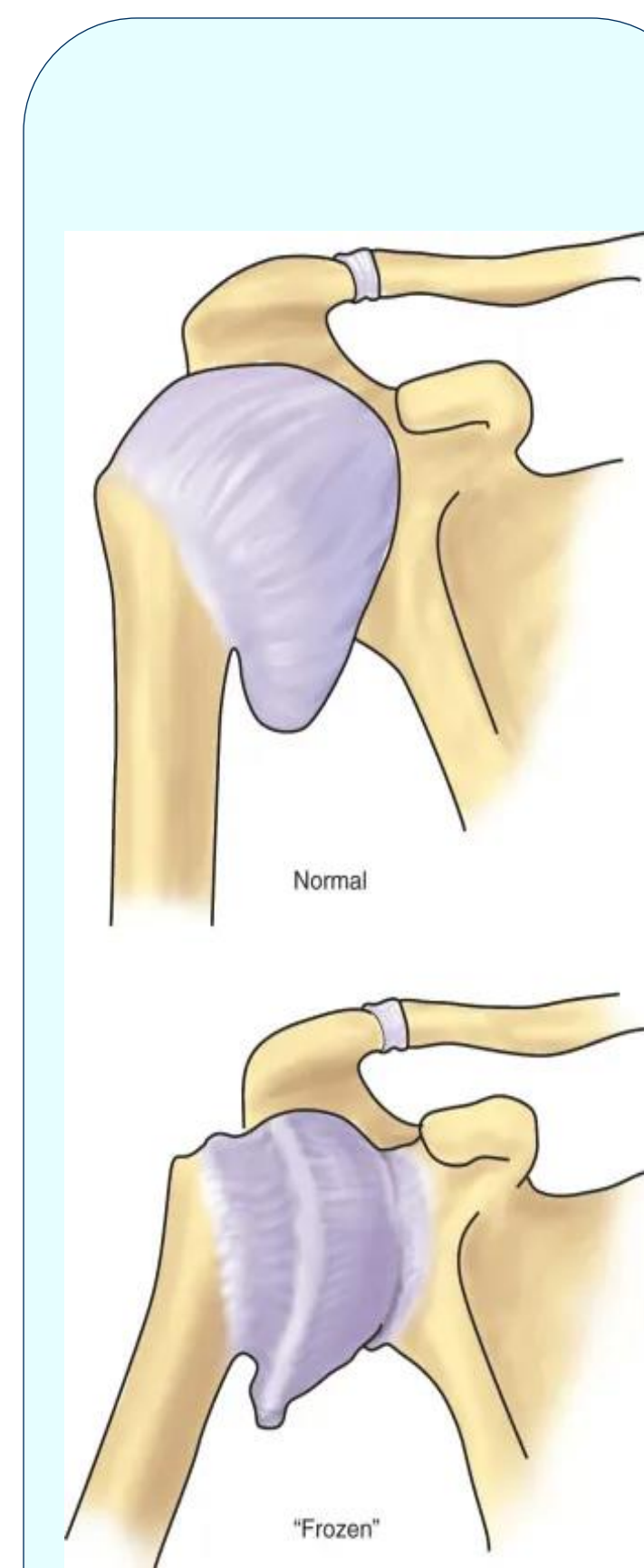
- 2005-2021
- Outcomes: ROM, pain, adhesive capsulitis as pathology; receiving corticosteroid injections; manual therapy as primary PT intervention on involved shoulder
- Type of study: CAT, RCT, CPG, systematic review/meta-analysis, or individual research study

Exclusion criteria:

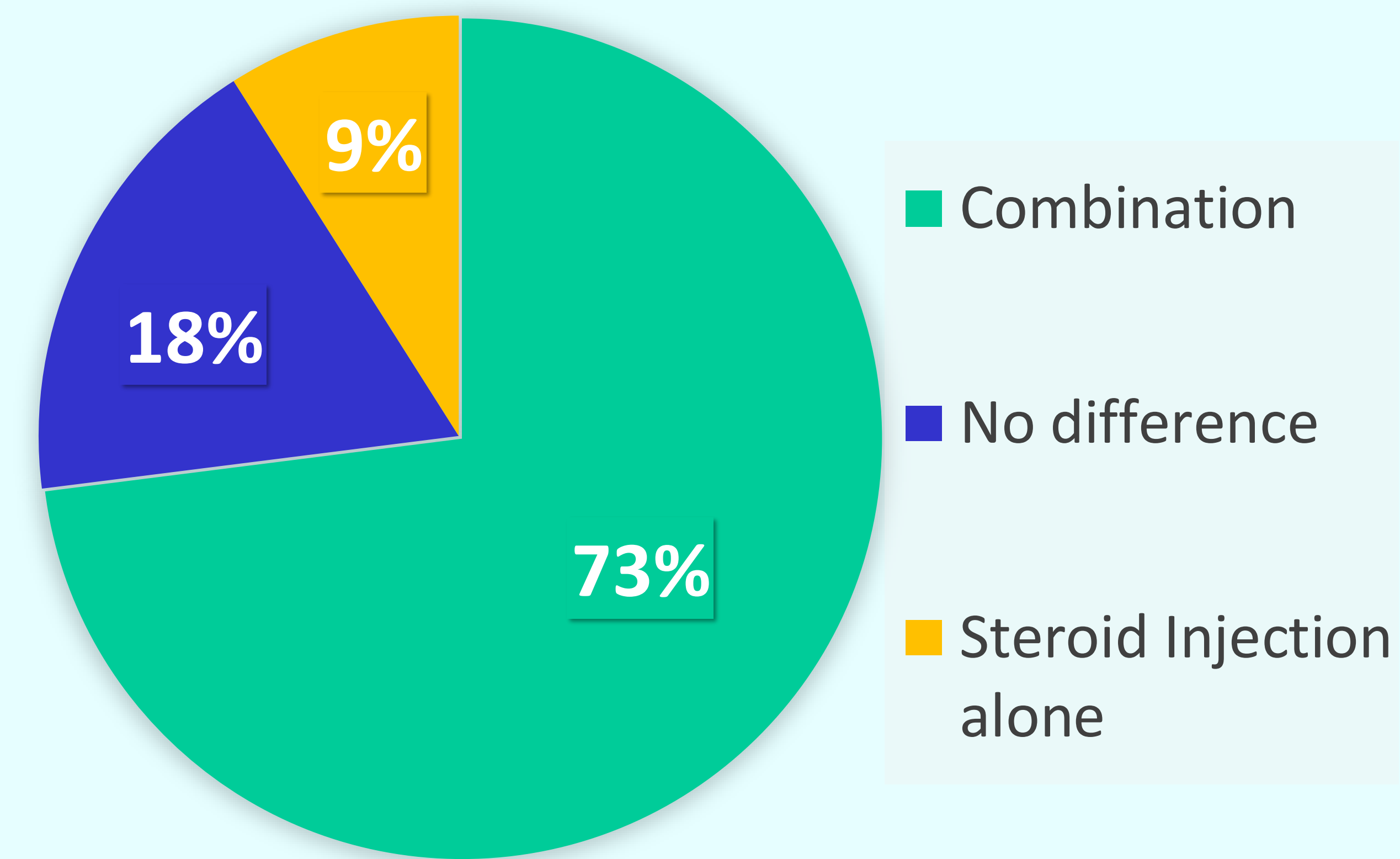
- Without abstracts
- Without full text available
- Not in English language
- Prospective studies
- Incomplete studies



RESULTS



Optimal Intervention for Studies Included in CAT



Optimal Intervention for Studies Included in CAT

Intervention	# of Studies
Combination	9/11
No difference	2/11
Steroid Injection Alone	1/11



CONCLUSION

Purpose: provide patients and clinicians with the knowledge of how to proficiently treat adhesive capsulitis with effective treatment interventions.

- Glenohumeral posterior mobilizations had best outcomes when compared to other manual therapy interventions.
- Corticosteroid injections were the most effective form of steroid treatment compared to other forms.
- Out of 11 articles with strict inclusion criteria, the combination of manual therapy interventions with corticosteroid injections was significantly more beneficial than either technique alone or when compared to other interventions.

CLINICAL RELEVANCE

- Mobilization following a steroid injection for patients with adhesive capsulitis can optimize treatment effect and patient outcomes more efficiently.
- Limitations of included studies: small sample size or decreased sample size on follow-ups, relatively small intervention period, and lack of blinding in a study.
- Limitations of CAT formulation: small number of systematic reviews/meta-analyses included, overall comprehensiveness for PICO question (more selection bias).
- Future studies: account for stage of adhesive capsulitis, various manual therapies to analyze persistence of clinical efficacy, studies with longer treatment periods.

REFERENCES

Scan the QR Code for author contact information and list of references

