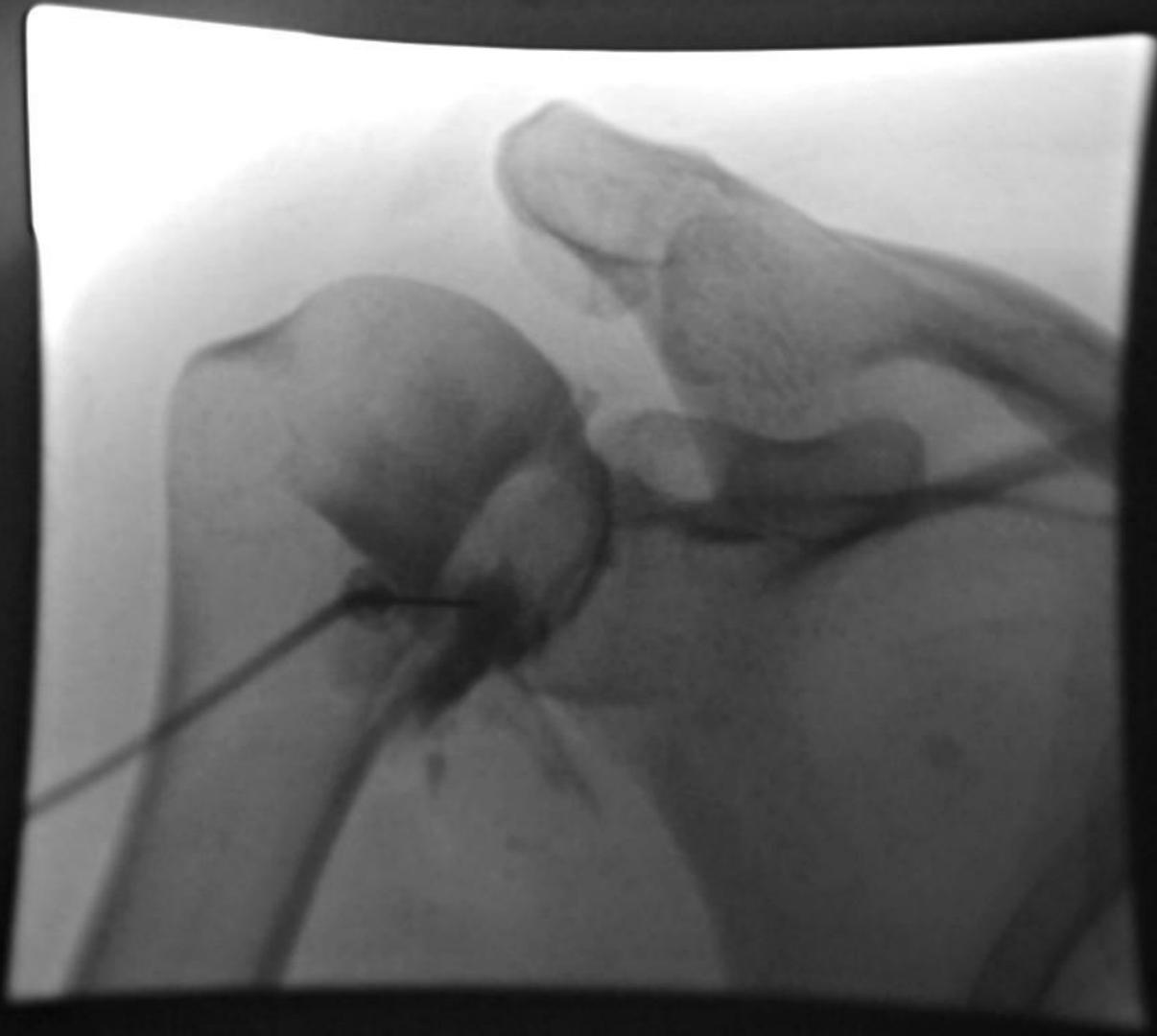


Clinical Presentation

- Shoulder pain x few months
- Significant ↓ ROM
- No history of trauma









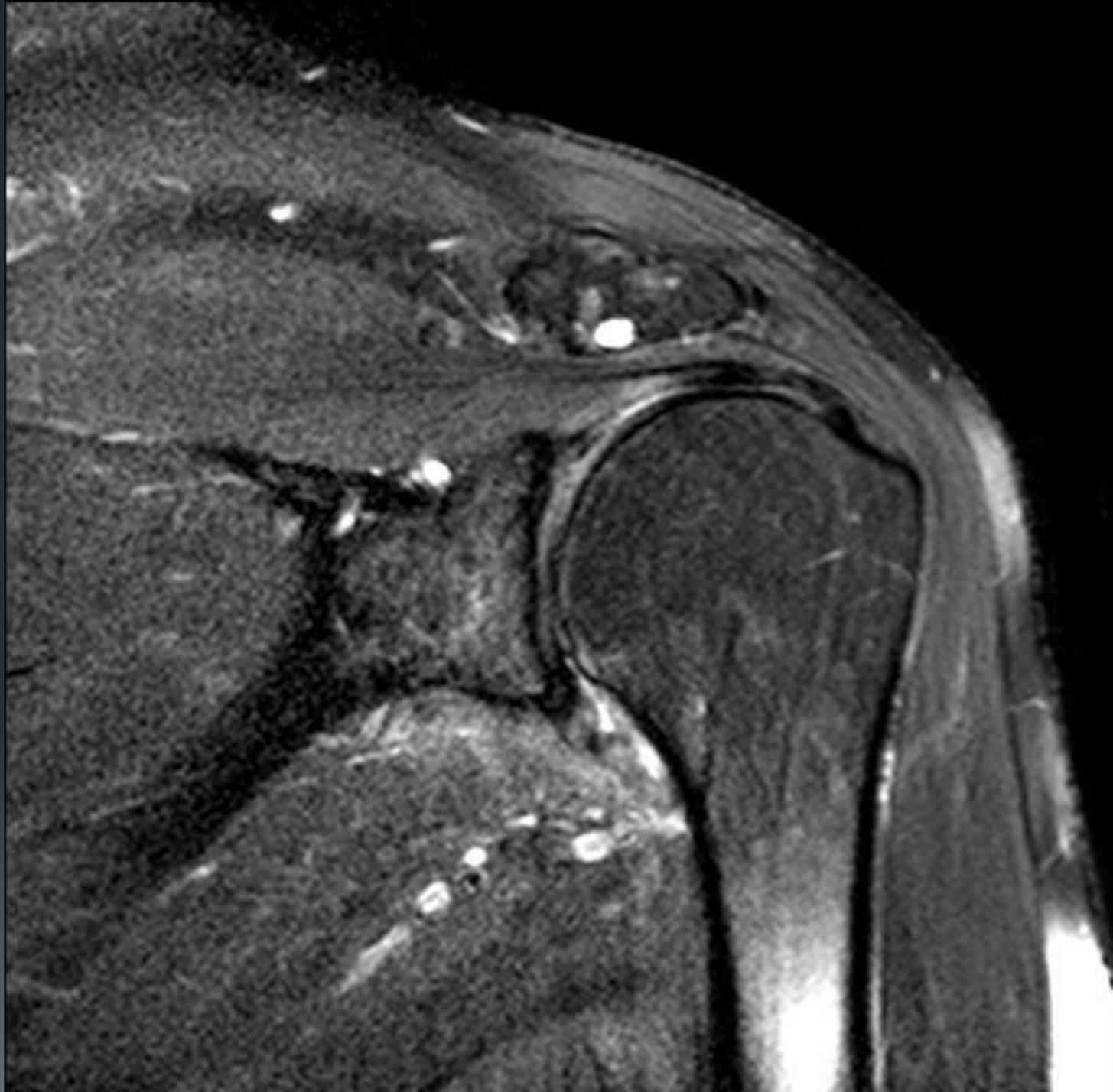


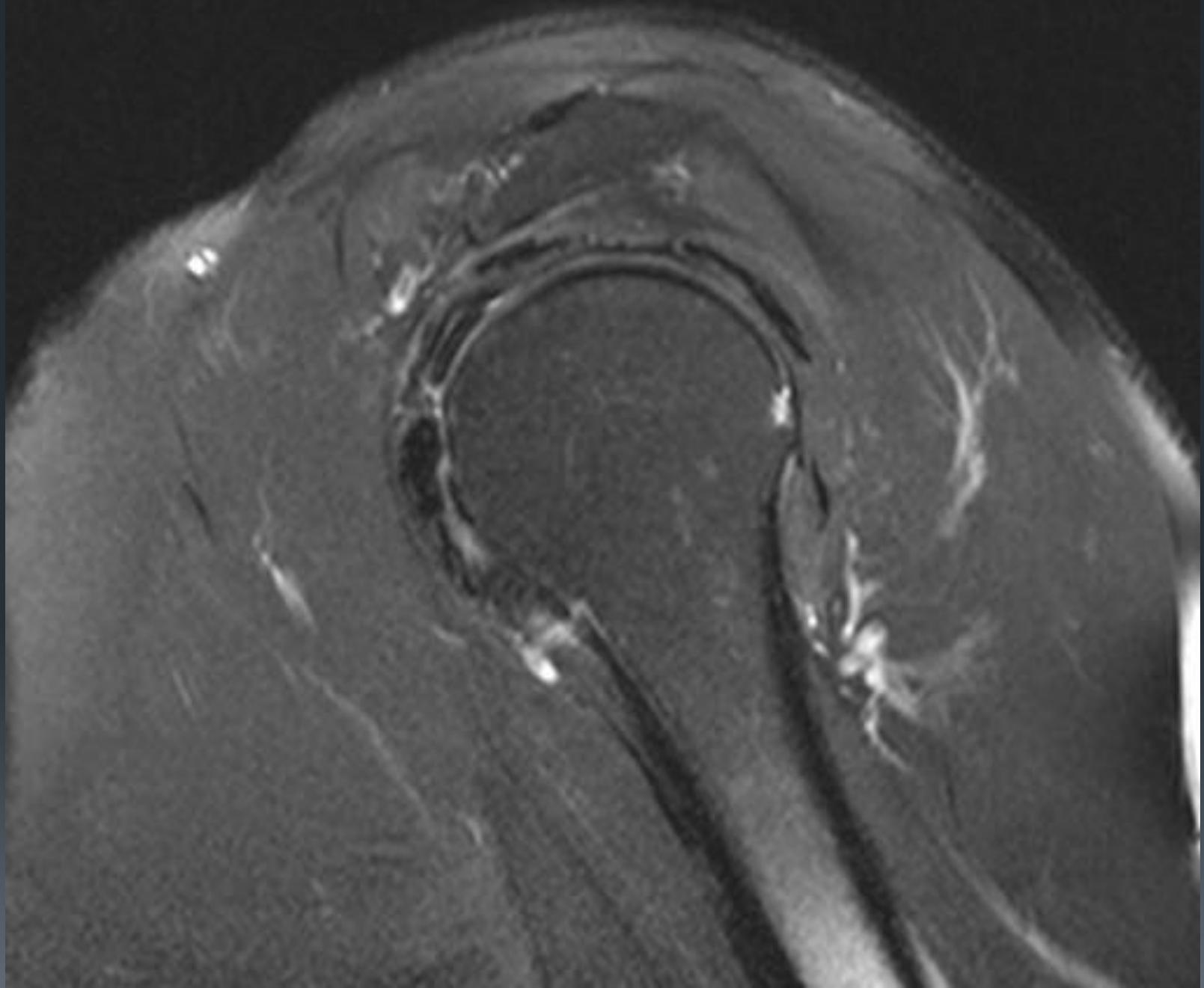
Arthrogram findings

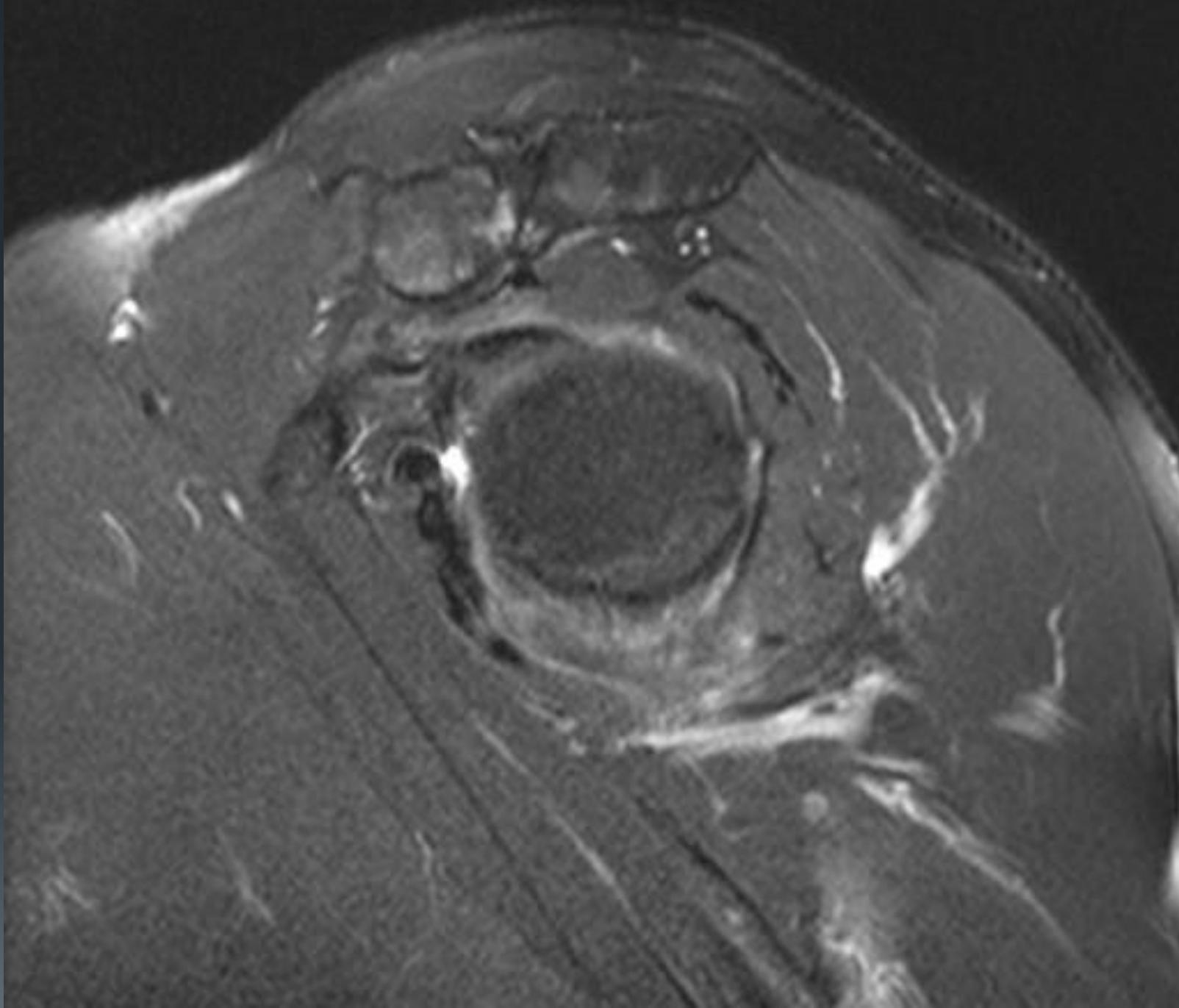
- ↓ joint capacity
- Almost complete obliteration of the axillary pouch
- Biceps tendon sheath not outlined
- Subscapularis bursa outlined only at the end

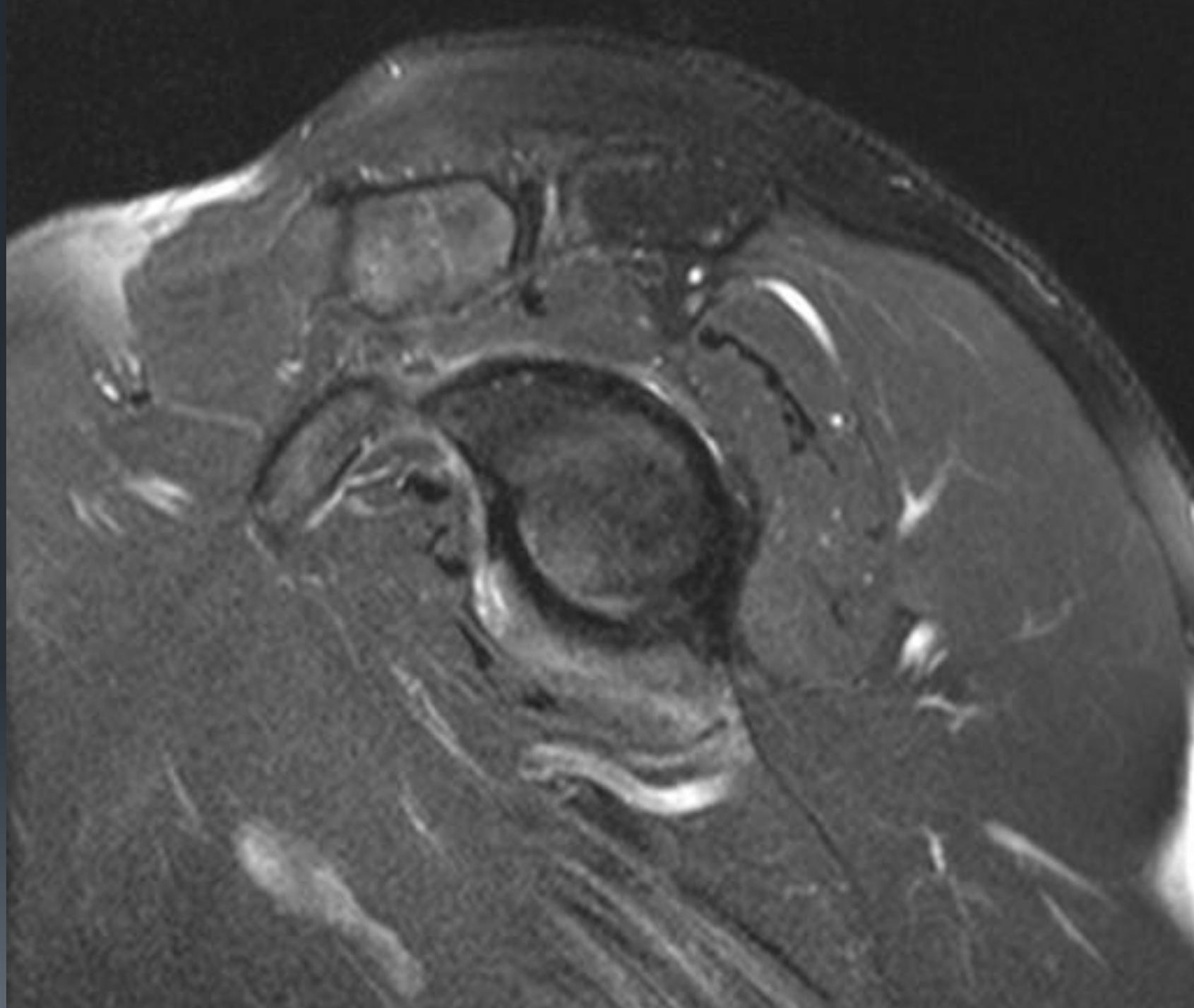


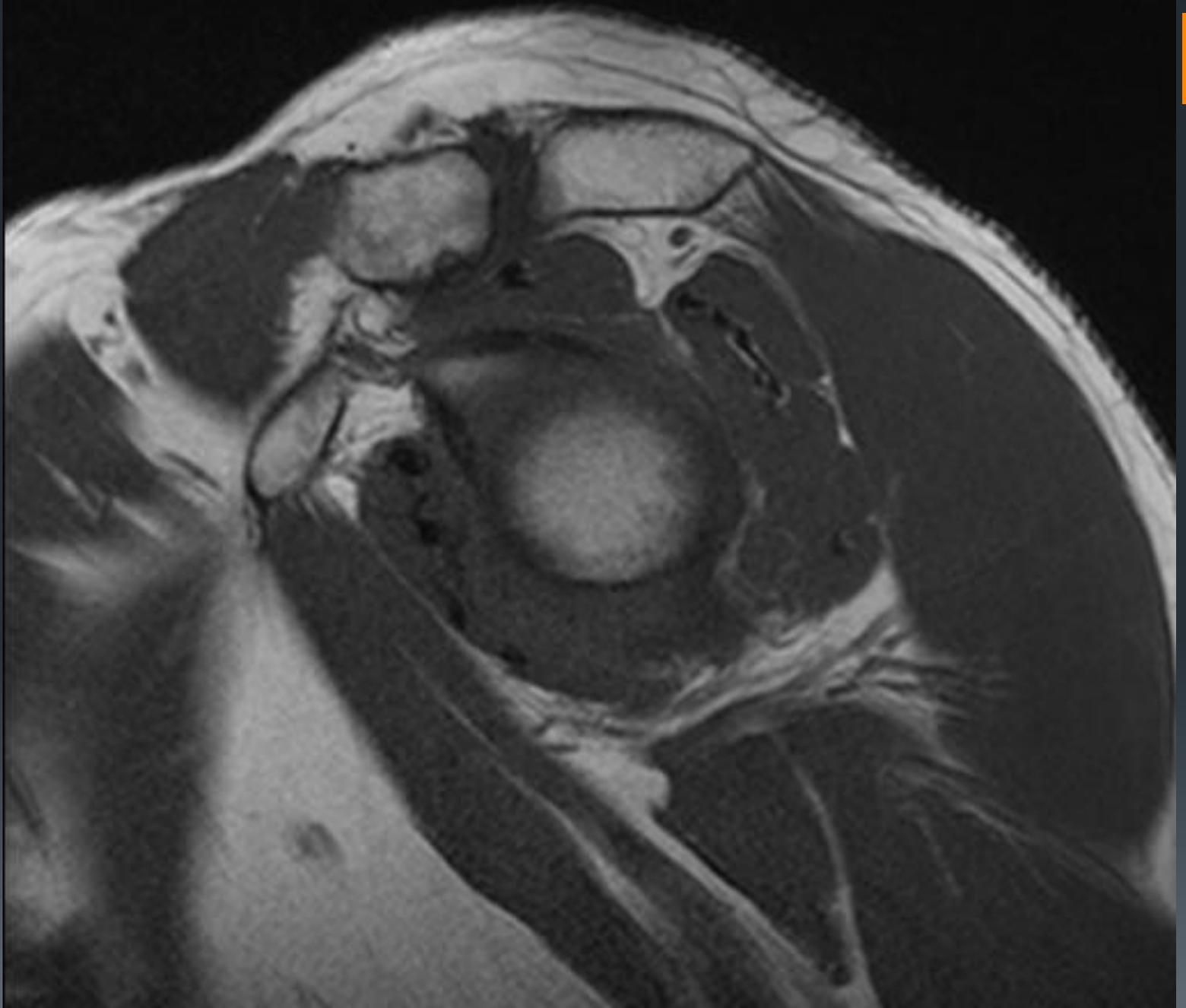
- Fellow's palmar sign:
 - Plunger of syringe imprinted on palm of hand









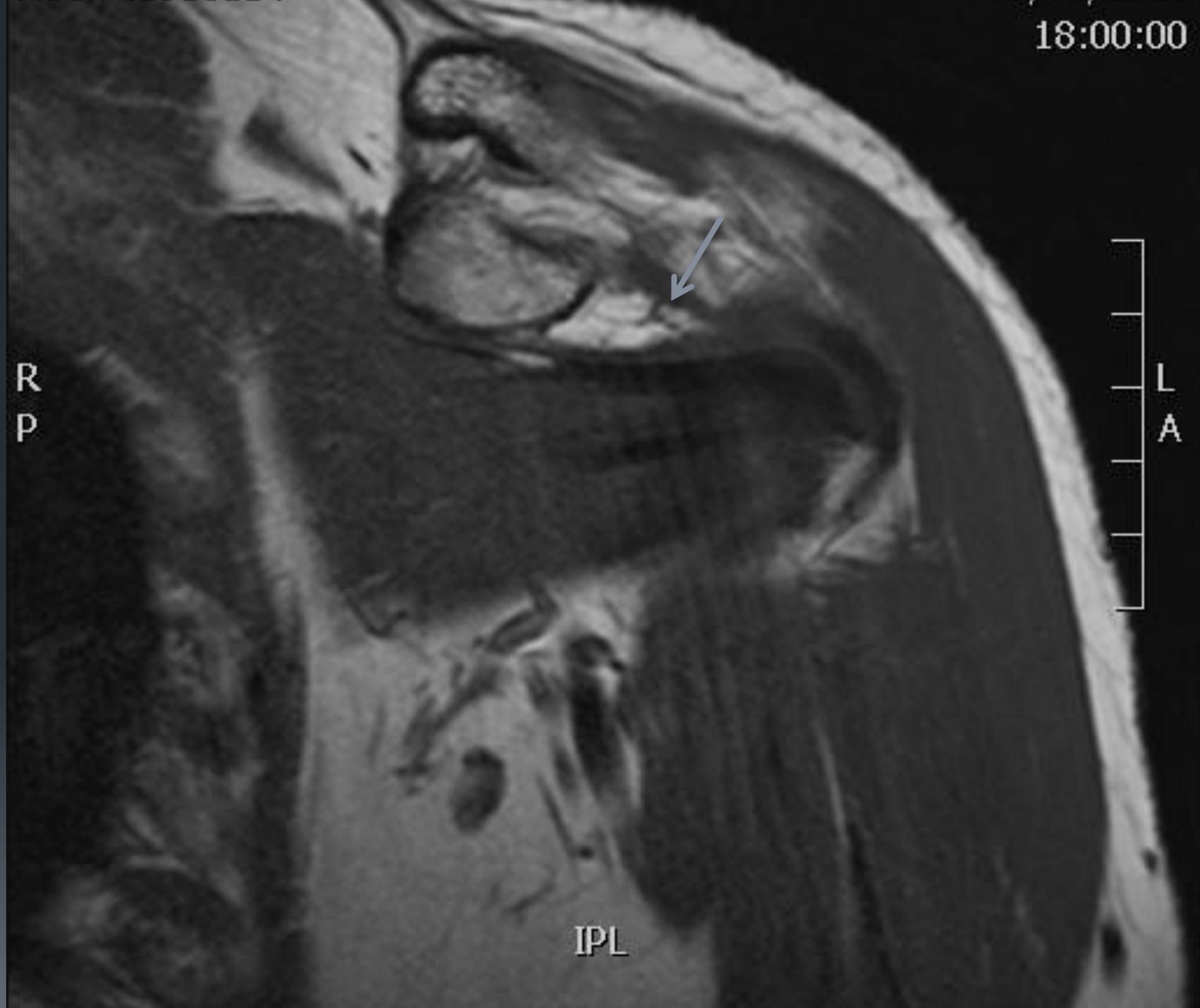


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MRI findings

- Pericapsular edema
- Ill definition of the inferior capsule
- Mild soft tissue thickening in the RCI
- Mild soft tissue thickening adjacent to the biceps anchor
- +/- thickened coracohumeral ligament



Adhesive capsulitis

- Incidence
 - 3-5% in general population
 - 20% in DB
 - 36% insulin dependent DB
- Demographics
 - Female
 - 40-70 yo
- Disease evolution
 - Resolution in 1-3yrs
 - Last up to 10 yrs (20-50%)



Adhesive capsulitis

- **Primary**

- Idiopathic

- **Secondary**

- Prior trauma
- Low level repetitive trauma
- Surgery
- Rheumatologic condition

Stages

- *Freezing/painful*
 - 3-6mos
 - Pain ↑ ROM ↓
- *Frozen/transitional*
 - 4-12 mos
 - Pain ↓→ ROM ↓
- *Thawing*
 - 12-42mos
 - Pain ↓ ROM ↓



Clinical presentation

- Insidious onset of pain near the deltoid insertion
- Inability to sleep on affected side
- Restricted active and passive ROM
 - ER > ABD > FLX > IR
- Normal radiographs
- Dx of exclusion

TREATMENTS

- Oral Rx:
 - NSAIDS
 - Steroids
- PT
- Intra-articular Rx:
 - Steroids
 - Capsular distention
- Surgical:
 - Manipulation under anesthesia
 - Arthroscopic release and repair