



Shoulder Manipulation

Sometimes a person's shoulder will gradually and very insidiously begin to tighten up and lose range of motion. It is almost always accompanied by pain and perhaps this is the chief reason that the person begins to use the shoulder less. Adhesions form in the shoulder and the shoulder structure tightens, further limiting motion. It is accompanied by inflammation and of course, pain. This is the main reason that a person comes to the office.

Often the patient does not even realize that their motion is as limited as it has become. This condition of tightness or adhesions in the shoulder is particularly common in patients who have diabetes.

After a careful examination of the shoulder and a medical history, plain x-rays of the shoulder are taken. These often will show no abnormality. This is possible because the condition is not arthritis. To the patient it certainly feels like arthritis, but it is not. It is a tissue problem not a wearing out of the bone and joint. That condition of so-called "glenohumeral arthritis" is entirely different from shoulder adhesions or "frozen shoulder", as it is sometimes called.

If there is suspicion that shoulder tissues, such as the rotator cuff, could be damaged, special studies of the shoulder are often done including an arthrogram x-ray of the shoulder, which is done with an iodine-based contrast agent or MRI x-ray study of the shoulder. If these studies do not demonstrate any serious damage or tearing of shoulder tissue, such as the rotator cuff, physical therapy is usually prescribed as a treatment for frozen shoulder. Sometimes anti-inflammatory medication is prescribed and injection of anti-inflammatory medication into the shoulder joint has also been used.

Shoulder Manipulation Under Anesthesia

There is a valuable technique which has been used for many years to greatly assist physical therapy in the treatment of a frozen shoulder. As an outpatient, in the hospital under general anesthesia, the shoulder is gently moved through range of motion to separate adhesions that could not be loosened by the patient's own efforts or even the physical therapist working with the patient. When the adhesions are released and full range of motion is achieved, in most cases, anti-inflammatory medication is injected into the shoulder along with a local anesthetic. The patient is encouraged to use the shoulder and move it as soon as possible. It is also necessary to resume physical therapy to keep the shoulder moving.

It has been very gratifying to me to see how well patients do with this procedure.

In some situations in the shoulder, this technique is combined with arthroscopic treatment of the shoulder at the same time. Arthroscopic surgery can further assist with release of adhesions and removal of inflammatory tissue from the shoulder.



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We have found that this technique is often extremely helpful for shoulders not improved with other measures and is a valuable part of our treatment program for problem shoulders.



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Please consult Dr. Haverbush or a physician for specific treatment recommendations.

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