Causes associated with frozen shoulder

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ABSTRACT:
The purpose of this study is to analyze the causes in the detection and measurement of frozen shoulder in our population. Seventy five (75) patients were investigated to know the causes associated with frozen shoulder, by asking them a set of question. The result shows that female were more affected than males belonging to different walk of life. Patients with hypertension are more at risk for developing a frozen shoulder. Mobilization techniques performed by physical therapists were used to increases mobility in such patients. Frozen shoulder occurs in about 4% of the general population. Mostly among the people between the ages of 40 and 60.

Key words: Adhesive Capsulitis, physiotherapy, randomized control trials, Maitland Mobilization.

Introduction:
The common cause of painful shoulder is adhesive Capsulitis and the onset is the spontaneous characterized by pain and a progressive global restriction of both active and passive range of motion at the shoulder joint due to capsular contracture¹,²,³

The natural history of adhesive Capsulitis is uncertain. Its believed to be a self-limiting disorder lasting as little as 6 months⁴,⁵ while others suggest that it is a more chronic disorder leading to long term disability⁶,⁷.

Poor outcome of the disease is associated with previous episodes of shoulder pain, duration of symptoms greater than one month at presentation, passive elevation less than 10¹⁰, concomitant neck pain and severe day-time pain. A better outcome is associated with slight trauma or prior overuse. In this study, the major out come, associated with frozen shoulder in our population was investigates.

Mehtod and material:
Patients aged 18yr or above were examined from local general hospital between, July 18 to 30 July. Patient suffering from frozen shoulder of at least one month duration were examined Shoulder arthritis-rotator cuff tears – with chronic, serious, uncontrolled medical condition in both male and female patient, with no age limit were included. Patient Following corticosteroid injection therapy within the last 3 months and Stroke patients were excluded.

Patients were given an information leaflet and were asked about the implications of the trial. A consent form was signed by both the subject and the investigator, and a copy of both forms given to the patient. Ethical approval was obtained from the university.

Set of question on their functional and daily activities, associated problem and causes were recorded.

Result:
Out of 75 participants, suffering from frozen shoulder 50 were associated with work related injuries, 16 were idiopathic in nature while the remaining 14 had ligaments' tear in radiological finding. Thirty one male and 44 female participate took part in the survey having a mean age is 46.4 years. Out of these 60% are hypertension, 42% are diabetic and 28% were post surgical patients suffering from right side of the bones. Majority of the participants had no working status. All patients complained about their pain at night. Majority of patients are taking medicine along with physiotherapy. Atrophy is present in a number of patients.

Discussion:
Adhesive Capsulitis or frozen shoulder is characterized by an insidious and progressive loss of active and passive mobility in the glenohumeral joint, presumably due to capsular contracture⁸. Despite research in the last century, the etiology and pathology of adhesive
causalities remain enigmatic. Pain, particularly in the first phase of frozen shoulder, often keeps patients from performing activities of daily living (ADL). Many patients complain about sleeping disorders due to pain and their inability to lie on the affected shoulder. In the second phase of the condition, pain appeared to be less pronounced, but the restrictions in active motion appeared to limit the patient in personal care, ADL, and occupational activities. In the third phase of the condition, there is a slow increase in mobility, which leads to full or almost full recovery. It is concluded that most of the patients are suffering from frozen shoulder were associated with work related injuries. They have to improve on the working environment, hazards and risk has to be managed and rectified. For the post surgical patient's rehabilitation should start early to minimize one of the causes. For the diabetic patient's early diagnoses and rehabilitation can be beneficial and can play an important role in preventing the possibilities of frozen shoulder. The above approach can prevent the frozen shoulder and ultimately the atrophy of affected limb.

REFERENCES:


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