

Need for Consensus for Frozen Shoulder Treatment by Physical Medicine and Rehabilitation According to Clinical Phases

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Abstract

Frozen shoulder is one of the main disabling health problems in men today. This condition causes physical limitations to those affected, so that it is necessary to take therapeutic measures to eradicate it. However, various forms of treatment for this condition have been described, all with some degree of efficacy, none of which is better than the others. This entails the need to establish a consensus to carry out a timely treatment according to the clinical phases of this condition, which is why it is our motivation in this study.

Keywords: Frozen Shoulder; Physical Medicine; Rehabilitation

Frozen shoulder is one of the most common conditions treated in comprehensive rehabilitation services. Due to the great mobility of the shoulder joint, it is the target of multiple injuries [1-3].

The causes for which frozen shoulder can occur are articular, extra-articular and systemic. Of these, the most frequent are the first and the last. Among these, shoulder bursitis, rotator cuff tear, and diabetes mellitus are the most common conditions [3].

Taking into account the clinical characteristics of this condition, a classification has been established depending on the symptoms and signs. Frozen shoulder is classified into three clinical phases. Phase I (painful), where pain predominates; phase II (freezing), where functional impotence prevails, and phase III (thawing), which occurs spontaneously according to the opinion of most authors. Different procedures of physical medicine and rehabilitation are applied in each phase for its treatment [4,5].

The combination and suitability of physical agents, together with kinesitherapy, constitute the main therapeutic elements to achieve the relief of shoulder pain and its mobility. However, there are still discrepancies regarding the use of the procedures in each phase [6-9]. As a result of reading nine articles, the elements shown in the following table were systematized.

As can be seen, none of the studies specify which phase of the condition is being treated. On the other hand, all of them are emphasized to the use of exercises and manual therapy. Only in three the use of physical agents is taken into account. The therapeutic objectives to be achieved must be borne in mind in this condition, since in phase I the first thing to eliminate is pain, and this is difficult to eliminate through kinesitherapy.

In phase II, greater importance is given to the elimination of joint impotence and then to the disappearance of pain. In phase III

Article title	Authors/Year	Magazine	Procedures	Treated phases of the shoulder frozen	Relevance when applied
1. Physical-rehabilitative treatment of the painful shoulder	Bravo T, and others/2009	Iberoamerican Journal of Physiotherapy	Kinesioterapia + interferential current	Not specified	Kinesitherapy
2. Manual therapy and exercises	Page MJ, and others/2016	Researchgate Cochrane	Intramuscular steroids + manual therapy	Not specified	Steroid injection
3. Effectiveness of manual therapy and exercises in capsulitis adhesive	Ortiz M, and others/2014	Researchgate Cochrane	Manual therapy and exercises	Not specified	Manual therapy
4. Painful shoulder treatment with therapy Handbook	Gabucio P/2008	Rev Fisiso Guadalupe	Manual therapy	Not specified	Manual therapy
5. Effectiveness of physical agents in painful shoulder	Gomorra García M, and others/2005	Surgery and Surgeons Magazine	Damp heat + current interferential or humid heat + therapeutic ultrasound	Not specified	Physical agents
6. Acupuncture recovers the shoulder frozen	Guant Ley H, and others/2008	Cochrane Database of Systematic Reviews	Shock wave therapy + electroacupuncture	Not specified	Physical agents
7. Capsulitis adhesive	Alcantara S, and others/2011	Reviews Cochrane	Exercises and therapy Handbook	Not specified	Steroid injection
8. Conservative treatment of painful shoulder	Varas de la Fuente AB, and others/2002	Physiotherapy Magazine	Exercises and therapy Handbook	Not specified	Manual therapy
9. Adhesive capsulitis of the shoulder	Ortiz M, and others 2010	Cochrane Database of Systematic Reviews	Manual therapy: Cyriax and Niel-Asher	Not specified	Manual therapy

Table: Presentation of publications on the treatment of frozen shoulder and the procedures of physical medicine and rehabilitation and of natural and traditional medicine.

the essential thing is to achieve the recovery of joint mobility. The combination of physical agents, or other similar therapy, are the main therapeutic procedures to achieve the disappearance of pain

or its relief. Kinesitherapy is then recommended to achieve joint mobility recovery. All these aspects must be kept in mind when it comes to shoulder rehabilitation [6-8].

Conclusion

There is poor management to counteract this disease, taking into account both the procedures of natural and traditional medicine and those of physical medicine and rehabilitation. Therefore, it is suggested that work on this frequent and complex condition be deepened and expanded.

Conflict of Interests

The authors declare that they had no conflicts of interest to carry out this article.

Authors' Contributions

Oscar Eduardo Sánchez Valdeolla: Writing of the article and review of the literature.

Kenia Montenegro Guerra: Writing of the article and review of the literature.

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