

What is it?:

It's a shoulder condition that is characterised by three different stages. The first one is the **pain stage** : the pain is mainly present by night but may become present on day time. There is no loss of shoulder motion. The second part of this condition is the **stiffness stage** where the rotation and abduction movements are limited. The third stage is the **patient recovery**.

Am I at risk? :

- ✧ Women more than men
- ✧ 45 years old and more
- ✧ Diabetes
- ✧ Cardio-respiratory diseases
- ✧ Previous shoulder affections
- ✧ Neurological diseases
- ✧ Inflammatory diseases

What is happening?:

The extra-capsular structures and the capsule itself became retracted and stick together which then caused a decrease in the range of motion available in the shoulder joint. The exact cause of this pathology is unknown but many theories have been developed : inflammatory, vascular, neurological and tissue impacts. Therefore, this disease can happen without a clear cause or following an injury, surgery or another shoulder affection.

This pathology rarely affect both shoulders at the same time and has a 6 % to 20% risk of recurrency in the other shoulder.

The diagnosis :

It's done by medical examination. The loss of range of motion and the pain that's not associated with any kind of activity are the capsulitis characteristics. The X-Rays are normal. Scans and ultrasounds don't present any distinctions. The arthrographic distension can show an intra-capsular volume decrease of the affected shoulder.

The treatment :

- ✧ Anti-inflammatory and analgesic agents
- ✧ **PHYSICAL THERAPY**: passive exercises, manual therapy, stretching exercises, electrotherapy
- ✧ Cortisone injections
- ✧ Arthrographic distension
- ✧ Arthrographic distension with cortisone
- ✧ Shoulder manipulation under general anesthesia