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Adhesive capsulitis

Mostafa Elshikh
International medical centre for rehabilitation and physical therapy, Saudi Arabia

Its also known as "frozen shoulder, " is a common shoulder condition characterized by pain and dropped range of stir, especially in external gyration. tenacious capsulitis is generally an idiopathic condition and has an increased frequency in cases with diabetes mellitus and hypothyroidism. Although imaging isn't necessary to make the Opinion, a finding of coracohumoral ligament thickening on non-contrast glamorous resonance imaging yields high particularity for tenacious capsulitis. Traditionally, it was allowed that tenacious capsulitis progressed through a painful phase to a recovery phase, lasting one to two times with full resolution of symptoms without treatment. Recent substantiation of Patient functional limitations if left undressed has challenged this proposition. The most effective treatment for tenacious capsulitis is uncertain. Nonsurgical treatments include non-steroidal anti-inflammatory medicines, short- term oral corticosteroids, intra-articular corticosteroid injections, activity, acupuncture, and hydro dilatation. Physiotherapy and corticosteroid injections combined may give lesser enhancement than activity alone. Surgical treatment options for cases who have minimum enhancement after six to 12 weeks of nonsurgical treatment include manipulation under anaesthesia and arthroscopic capsule release .Many cases bettered by physical remedy especially Youthful age and non-diabetic or non-thyroid conditions by scapular manipulation and common rallying by several modalities similar as stick exercises, ball exercises, wall par exercises, pendulum exercises, thera band exercises, shoulder wheel and finger ladder exercises.

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