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Frozen Shoulder: Physical Examination and Possible X-rays of the Shoulder

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SHORT COMMUNICATION

Frozen shoulder, or adhesive capsulitis, is an insidious condition characterized by pain and stiffness in the shoulder that lasts longer than three months. This inflammatory disorder induces fibrosis of the glenohumeral joint capsule, which is followed by stiffness and a considerable range of motion limitation.

Patients can, however, experience a sudden onset of symptoms and a long recovery period. In most cases, the recovery is sufficient, even though it takes up to two to three years [1,2].

It commonly affects people between 40 and 60 of age and occurs in women more often than men. People with diabetes are more likely to develop frozen shoulders.

Physical therapy, with a focus on shoulder flexibility, is the primary treatment recommendation for frozen shoulders.

In an attempt to find an accessible and effective way to treat the frozen shoulder, a sample of 13 volunteers with the frozen shoulder was selected and asked to follow the following method, which involves exposing the affected shoulder to a stream of hot water (Maximum tolerable water temperature ? 40 °C) for a continuous 5-7 minutes, with a rotating movement of the shoulder.

Eight of the thirteen patients had symptoms that disappeared permanently and no longer felt pain or stiffness, and their normal ability to move the shoulder joint returned to its previous state before the disease.

In the other five patients, the symptoms improved significantly, with some symptoms remaining and some



limited movement. This may be related to not reaching the required time and temperature.

Which may require repeated trying one or more times to reach the desired recovery.

The results of the current study indicated that the choices treatment methods do not necessarily require the deterministic use of pharmaceutical products, (although they are of great importance), but that other options are also available and may achieve the goal easily.

REFERENCES

1. Hubbard MJ, Hildebrand BA, Battafarano MM, Battafarano DF. Common soft tissue musculoskeletal pain disorders. Prim Care. 2018;45(2):289-303.

2. Xiao RC, DeAngelis JP, Smith CC, Ramappa AJ. Evaluating nonoperative treatments for adhesive capsulitis. Surg Orthop Adv. 2017;26(4):193-199.