

《자유연제Ⅲ 09:30~10:10》

Arthroscopic Management of Shoulder Stiffness

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Shoulder stiffness can be a significant cause of disability shoulder pain and can limit function. Arthroscopic intervention in the treatment of the primary frozen shoulder or the secondary stiff and painful shoulder has recently been popularized. The purpose of this study is to discuss the arthroscopic technique and evaluate the efficacy and results of arthroscopic treatment of stiff shoulder joint. Twenty-five shoulders in 24 patients (18 women and 6 men) were re-evaluated 3 to 36 months (mean, 16 months) after operation. Diagnoses were primary frozen shoulder in 10 cases, bipolar stiffness (rotator cuff plus capsular contraction) in 12 patients and postinjury (postsurgery) stiffness in 2 cases. Anterior, anterior inferior, posterior or combined capsular release was done in all cases. We performed additional acromioplasty in fifteen cases. There was no postoperative complications with regard to axillary nerve injury or shoulder instability. The preoperative range of motion averaged 90 degrees of forward flexion, 15 degrees of external rotation, and internal rotation to the level of the fifth lumbar spinous process. At the latest follow-up, forward elevation was improved upto 160 degrees, external rotation to 53 degrees, and internal rotation to the level of the eleventh thoracic spinous process. The average preoperative UCLA rating score was 39 points, while the average postoperative score was improved upto 86 points. Range of motion gains were independent from the cause of shoulder stiffness, but results were better in the primary frozen shoulder group in terms of pain and strength. Arthroscopic treatment is an effective and safe alternative to manipulation in stiff shoulder which failed to respond to conservative management.