

Treatment of Frozen Shoulder in Japan

Kenji Takagishi, M.D.

Treatment of frozen shoulder in Japan Kenji Takagishi
Professor and Chairman, Dept. of Orthopaedic Surgery
Faculty of Medicine, Gunma University Japan

The least understood of the shoulders many problem is frozen shoulder, which is referred to under a number of descriptive terms, such as periarthritis scapulohumeralis, bursitis, tendinitis, and adhesive capsulitis. This syndrome which is a common cause of severe and prolonged disability is defined by restriction of range of motion of the shoulder joint without a known specific cause. There are a number of unusual aspects of this syndrome. That is to say the disease is confined to the affected joint and, if untreated, eventual recovery will occur over months and years. As it has been generally assumed that primary frozen shoulder is self-limited, effective treatment should reduce morbidity and allow an earlier return to productivity.

Treatment of frozen shoulder starts after a definite diagnosis is made, including radiological studies and sometimes blood examination. Although the pathogenesis of frozen shoulder remains uncertain, the wide variety of therapeutic regimens has been advocated. Treatment includes rest, physical therapy, oral administration of non-steroidal anti-inflammatory drugs (NSAIDs), exercise, injections of steroids or saline, and manipulation, and surgical release of the tight structure.

The injection of hyaluronan as well as steroid for the disease is popular in Japan. There is almost no difference on improvement of ADL and pain relief between hyaluronan injection and steroid injection. Refractory frozen shoulder is sometimes treated using manipulation and/or surgical release of the tight structure.