



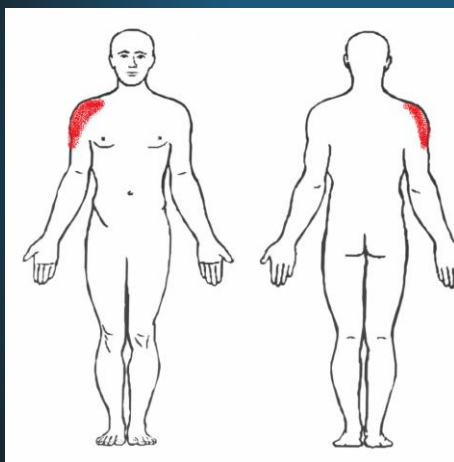
## WEEKEND 2 REVIEW

Orthopaedic Manual Physical Therapy Series  
Charlottesville 2017-2018



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## Vicky Martinez, 54 y/o female



### Initial Hypotheses:

- Rotator cuff tendinopathy
- Adhesive capsulitis
- Cervical referral
- GH Joint OA
- Proximal humeral fracture

### Quick DASH (main module):

- 63.6



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## Subjective Exam Asterisks

(Aggravating/easing factors, description/location of symptoms, behavior, mechanisms of injury)

**54 year-old female nurse  
4 month history of right shoulder pain**

<b>Mechanism of injury</b>	Unclear, potentially rolling in bed and pulling the covers
<b>Chief complaint(s)</b>	Localized dull ache, occasional sharp pain Becoming more constant and intense Difficulty moving arm due to pain and stiffness
<b>Aggravating activities</b>	Moving arm away from body, dressing, reaching behind body, carrying heavy objects, laying on involved side
<b>Alleviating activities</b>	Medication, not doing agg activities
<b>Past medical history</b>	Hypothyroidism, family history of breast CA (mother and grandmother), "left shoulder stiffness"
<b>Current level of function</b>	Walks dog daily, yoga weekly, unable to sleep due to pain, requires assistance with dressing

## Physical Exam Asterisks

(Special tests, movement/joint dysfunction, posture, palpation, etc)

**54 year-old female nurse  
4 month history of right shoulder pain**

Cervical Screen	(-)
Range of Motion	(Active) Flexion: 131°, Abduction: 92°, ER: 39°, IR: 60° (Passive) Generally equal to AROM, pain limits all motions Excessive scapular elevation with active elevation
Special Tests	Unclear results due to pain
Strength	Weak and painful with resisted shoulder ER and IR
Palpation	No remarkable tenderness to palpation at shoulder complex Latent TrPs in upper traps Increased tension in upper traps/levator scap, pec major/minor
Joint Accessory Motion	Stiffness all planes, firm end feel, pain reported

Freezing		Frozen	Thawing
Pre-adhesive	Freezing	Frozen	Thawing
0 - 3 mo.	3 - 9 mo.	9 - 15 mo.	15 - 24 mo.
Mild synovitis Mimics SAI	Thickened red synovitis	Less synovitis Dense adhesions	Severe capsular restriction without synovitis

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## Stage I: Pain > Stiffness

- Duration: 0-3 months
- Pain with AROM and PROM
- Limited motion in all cardinal planes
- PROM under anesthesia: minimal, if any, loss of ROM
- Arthroscopic findings: diffuse GH synovitis, primarily anterosuperior capsule
- Pathologic changes: hypertrophic, hypervascular synovium, rare inflammatory cell infiltrates, normal underlying capsule

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## Stage II: Pain! > Stiffness

- Duration: 3-9 months
- Chronic pain with AROM and PROM
- Significant ROM limitations all planes
- PROM under anesthesia essentially = PROM while awake
- Arthroscopic findings: diffuse pedunculated synovitis
- Pathologic changes: hypertrophic, hypervascular synovitis with perivascular and subsynovial scar, fibroplasia and scar formation in underlying capsule



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## Stage III: Stiffness! > Pain

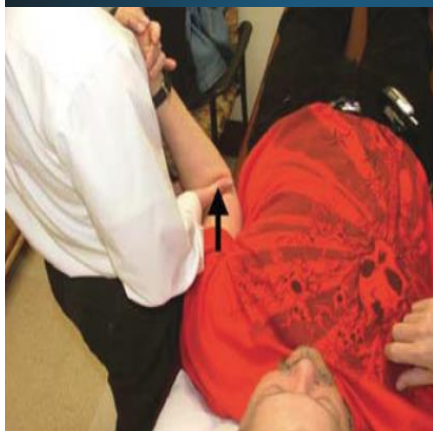
- Duration: 9-15 months
- Minimal pain, except at end ranges
- Significant ROM limitations, firm/rigid end feel
- PROM under anesthesia = PROM while awake
- Arthroscopic findings: no hypervascularity seen, notable remnants of fibrotic synovium, diminished capsular volume
- Pathologic changes: dense scar formation at capsule



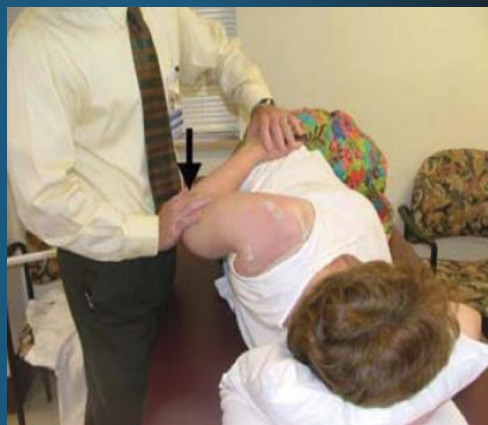
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## Manual Therapy



**FIGURE 5.** Inferior glide with the arm at the side and in external rotation.



**FIGURE 6.** Stretch to target the rotator cuff interval. The patient's hand remains fixed and the elbow is moved toward the table.



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## Stage IV: Stiffness > Pain

- Duration: 15-24 months
- Minimal pain reported
- Progressive improvement in ROM
- Evaluation under anesthesia data unavailable
- Incorporate higher grade mobilizations



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## Lab Practice/Review

- Treat the previous patient as they move into late stage III and early stage IV with primary complaint of stiffness
- Technique: Grade III-IV inferior glide



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## End Range Inferior GH Glide



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# Prone Functional ER



Anterior Glide



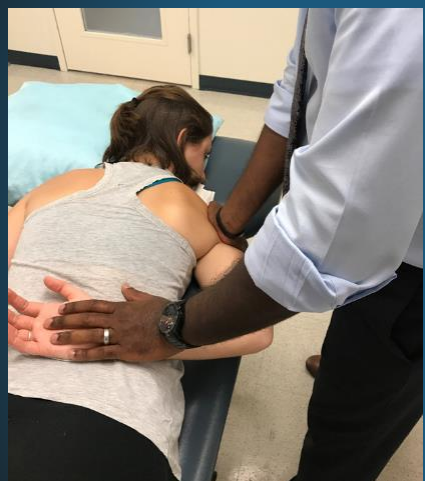
Inferior Glide



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# Prone Functional IR



PA with Distal Stabilization



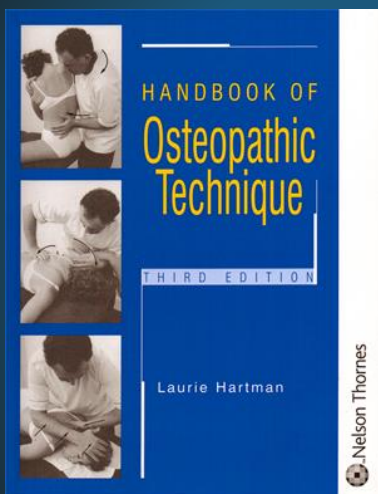
PA with physiologic ext/add/IR



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## Laurie Hartman



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## Thoracic Gap Manip Supine



- Far Arm on Top
- Roll Toward You
- Skin Lock
- Roll onto Back
- Add Contra Rotation
- Add Ipsi SB
- Add Contra Lumbar SB by Tucking Forearm
- Extend and Pronate Wrist



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