

RESULTS OF PHYSICAL THERAPY IN THE TREATMENT OF SCAPULOHUMERAL PERIARTHRITIS

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Abstract: The aim of this work is to evaluate the application of systematic methods and physiotherapeutic procedures, to restore functional capacity reduced, or lost in patients diagnosed with periarthritis scapulohumeral. Evaluation of patients with periarthritis scapulohumeral has been pursued in the context of a complex program, individualized, depending on the stage of damage, age, gender, origin environment and stage of evolution of the disease. Kinetic treatment aimed at combating pain, joint mobility, strength, ability and stability. In the range 01.04.2014-01.04.2015 we conducted a longitudinal study, a group of 26 patients, 14 men and 12 women, aged between 30 and 69 years of age, with a diagnosis of periarthritis scapulohumeral, randomly chosen, were admitted in the Hospital recovery CFR. Following treatment, medication and kinetotherapeutic classic 69,23% of patients had a very good trend, symptoms disappeared, patients were able to return to the previous occupational activity or sport; 23,08% of patients had a good evolution, but require a longer period of treatment, 7,69% and had an unfavorable evolution. The prognosis is generally favorable, obtaining an early treatment, complete and sustained recovery of this joints. In the case of patients with periarthritis scapulohumeral, kinetotherapeutic treatment, application in addition to the classic treatment medication, by highly skilled professional bodyworkers, is the starting point to get a cure as soon as possible, full and prevent relapses. It is very important to avoid risk factors of the disease, so prevention of the condition.

Key words: Scapulohumeral periarthritis, shoulder, pain, evolution.

Introduction

Scapulohumeral periarthritis is the affection that raises problems of functional recovery of the most serious, in addition to approximately 80% of shoulder disorders [1]. This condition causes pain and limiting movement.

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Periarthritis scapulohumeral means any medical condition characterized by pain from painful inflammation of the soft parts surrounding the shoulder joint. PSH is caused by an inflammation of the tendons of the rotator cuff muscles acting bourse well-known subacromio-deltoidien and/or the scapulohumeral capsule [3].

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Scapulohumeral periarthritis is one of suffering for which the patient is addressed often to the doctor. It is seen in both sexes, the active subjects, with maximum impact to those aged over 40 years. The term periarthritis, which points out that are interested in periarticular

structures is inadequate in some cases, reality comes to an inflammatory process [4].

Symptoms can occur if all of the muscles of the shoulder area, but particularly affects tendons of muscles and rotator your arm joint bourse. The inflammation causes pain and limitation of motion in the shoulder area and its vicinity. The pain often radiates to the outside of the arm up to the elbow, or even to the palm, fingers, neck or chest muscles. The sufferer is unable to pick up, move, rotate the arm cannot wear, tease. In severe cases the pain appears in the rest position [4,5].

Between the joints most affected, including them in order on the ones that give the greatest suffering and anchilozes: scapulohumeral, subacromiodeltoidian and scapulotoracical.

Between the muscles most affected, can be found in: supraspinatus with "tendinită of supraspinatus using" clinical picture often painfully simple "shoulder", deltoid of capsulită retractile (along with cuff), biceps brachii tendon that makes long tenosinovita portion, coracobrachialui and subscapularul [6,7].

Materials and methods

In the range 01.04.2014-01.04.2015, we conducted a longitudinal study, a group of 26 patients, 14 men and 12 women, aged between 30 and 69 years of age, with a diagnosis of periarthritis scapulohumerală, randomly chosen, were admitted in the Hospital recovery CFR Severin. The batch above was followed by a classic treatment medication and physical therapy.

The point of departure in the case of patients with periarthritis scapulohumeral has been applying We've grouped the following components of the lot studied by age group:

the kinetic treatment, to get a quick healing, full and prevent relapses .

Table no. 1 Cases studied by age group

Age groups	Number cases	%
30 – 40 ani	2	7,69
41 – 50 ani	14	53,85
51 – 60 ani	8	30,77
> 60 ani	2	7,69
Total	26	100

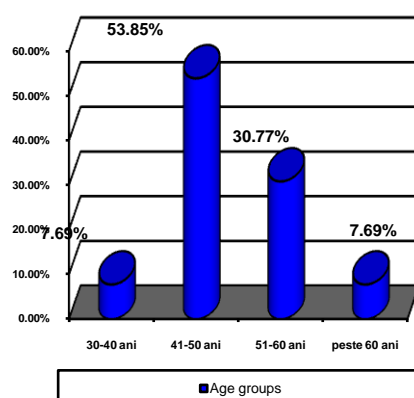


Figure no. 1 The distribution by age group of the studied lot

From the study table no. 1 and figure no. 1, it is observed that morbidity scapulohumeral periarthritis is highest in the range of 41-50 years old. .

The distribution from the point of view of the gender of the patients studied.

Table no. 2 Distribution by sex

Sex	Number cases	%
Male	14	53,85
Female	12	46,15
Total	26	100

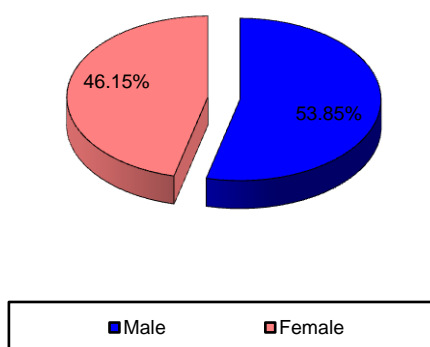


Figure no. 2 Distribution by sex of the studied group

The data in figure no. 2 and table no. 2, indicating a lower incidence of the disease in males (53,85 % over. 46,15%). The male is a higher request to joint in various activities .

Environment of origin of patients from the study.

Table no. 3 Origin of the environment of the patients studied

Environment of origin	Numer cases	%
Urban	18	69,23
Rural	8	30,77
Total	26	100

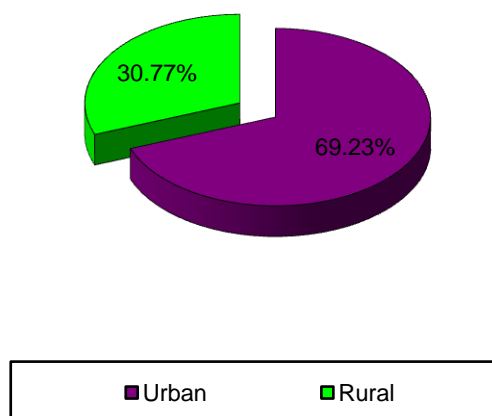


Figure no. 3 Percentage distribution of patients depending on the environment of origin

Data from table no. 3 and figure no. 3 highlight the fact that the incidence of the patients is dominant in the urban environment.

The recovery of the patients studied were aimed at pain relief, joint mobility of the labour force, supported winning ability and stability .

Treatment consisted in the rest of the joint (immobilized with a shoulder scarf, with a small pillow placed in the armpit), the local application of antialgic for ice and anti-inflammatory; as the pain decreases in intensity, it begins a program of physical therapy in order to prevent the onset of fibrosis and maintain normal joint mobility. The moves can be performed in warm water, this calming and relaxing the muscle contracturile pain associated . Associate massage sedative, initially at the level of cervical spine and thorax, and then at the level of the shoulder. In the absence of treatment, or treatment in the case of poorly led, shoulder painfully simple can evolve towards acute painful shoulder (hiperalgic) or shoulder joint .

After the pain decreases in intensity, is tatoneza mobilizarile in the shoulder joint and physical therapy program that begins at the plain painful shoulder .

Treatment

Periarthritis treatment of scapular-humeral aims:

- relieve pain,
- combating inflammation and trend in fibrosis,
- restoration of tissue troficity.

- recovery of shoulder function.

The intensity and complexity of tratamentullui depend on the form of the disease clinic. Generally in all phases of PSH splits into treatment :

- hygienic-dietetic
- evolution of psychiatric condition
- medications
- balneofizical.

Electrotherapy procedures are very useful diadynamics currents, galvanic currents, ultrasound.

Physical therapy has features on the clinical - anatomic and functional form.

In the case of shoulder painfully simple :

1. Acute stage requires grounding in rest position with the arm at 35 — 45 ° abduction, with a small pillow under your armpit and supported by a scarf. Here is pain because due to the tendency to maintain the high shoulder should apply relaxation techniques.

2. Subacut stage allows the commencement nationalizing scapulohumale but through passive movements then active and active pasivo-assisted.

3. Terminal stage aims: restoring muscular strength, stability and controlled movement of the shoulder. All movements are allowed, with emphasis on the active resistance to increasing muscular strength

In the case of acute shoulder hiperalgic there is only one attitude kinetological: absolute immobilization of arm abduction 70 ° and slight flexion .

Physical therapy for the shoulder joint is going to start with the program shown in the simple case of the painful shoulder sub-acute phase . Promotion of movements by applying state of the art "-contraction" is done as soon as the pain almost vanished.

In a later stage it will move to the exercises of increasing muscle force on the muscle groups that prove defective.

If the shoulder locked physical therapy actually start by his kinetic prophylaxis :

- posturarea correct shoulder sore in the abduction-external rotation-flexion of the arm ;
- early mobilization and regular upper limb in patients predisposed to make a periarthritis.
- prolonged immobilization attracts major decreases muscular strength, which is why it puts

special emphasis on exercises to increase the workforce.

For shoulder pseudoparalytic, objectives are :

- prevent the passage towards a compromise which retractile capsulită any mobilization, including passive mobilization;
- recovery of muscle force as best ;
- learning some moves.

Results and discussion

Following treatment, medication and classic kinetoterapeutic were obtained the following results :

- 18 patients (69,23%) had a very good trend, symptoms disappeared, patients were able to return to work or previous sports;
- 6 patients (23,08%) patients (had a good evolution, but also required a greater number of days of temporary incapacity and a repeat medication treatment and kinetoterapeutic;
- 2 patients (7,69%) have a poor prognosis due to age, over 61 years.

Table no. 4 Results obtained following treatment and medicinal kinetoterapeutic classic

Evolution	Number cases	%
Very good evolution	18	69,23
Good evolution	6	23,08
Unfavorable evolution	2	7,69
Total	26	100

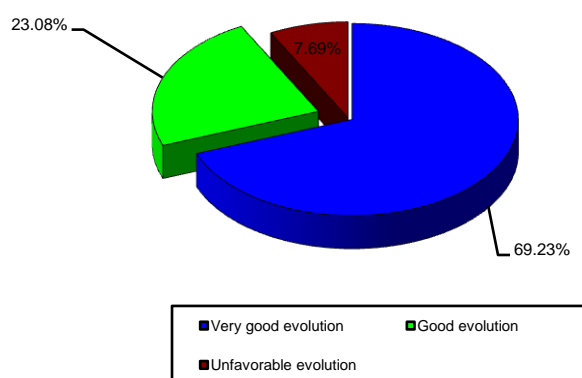


Figure no. 4 results obtained following treatment and medicinal kinetoterapeutic classic

Conclusions

The prognosis is generally favorable, obtaining an early treatment, complete and sustained recovery of this joints.

Morbidity in periarthritis scapulohumerală focus between ages 41-50 years old, with a percentage of 53,85%. In patients between the ages of 51 and

60-year-old periarthritis scapulohumerală was found in the percentage of 30,77%.

The incidence of disease in periarthritis scapulohumerală occurs in both sexes, with a slight inclination of the balance, the men's side (53,85 % over 46,15%).

In the case of patients with periartrită scapulohumerală, kinetoterapeutic treatment, application in addition to the classic treatment medication, by highly skilled professional bodyworkers, is the starting point to get a cure as soon as possible, full and prevent relapses.

It is very important the knowledge and avoidance of risk factors, so prevention of disease.

It is recommended that occupational therapy under its various forms also sports games.

Application of extended heat on the shoulder. Before the începerea exercises, lead to positive outcomes of kinesitherapy.

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