

Efficacy of Muscle Energy Technique on Functional Ability of Shoulder in Adhesive Capsulitis

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Abstract

Adhesive Capsulitis is a very painful condition of the shoulder characterized by pain, severe stiffness and movement restriction usually present in the sixth decade of life. Onset before age 40yr is uncommon. The non dominant shoulder is slightly more likely to be affected. Muscle energy (MET) technique is very much beneficial in this condition. Muscle energy techniques are class of soft tissue osteopathic manipulation consisting of isometric contraction design to improve musculoskeletal function and reduce pain. Method:-30 patients of Adhesive Capsulitis were included in the study using convenient random sampling divided into 2 groups, Group A (Experimental) and Group B (Control). Each group was divided into 15 patients. 40 - 60 year old patients of both genders were included in the study. Control group was treated with conventional physiotherapy treatment. The Experimental group was treated with MET for shoulder Flexion, Abduction, and External rotation along with Conventional treatment. Result: Both Groups showed significant difference and improvement after treatment. There is significant difference in Post test scoring of both the groups; with lower SPADI scoring

Group A of experimental group shows better results then Group B of control group. *Conclusion:* Muscle energy technique is very much effective on functional ability of shoulder in adhesive Capsulitis.

Key Words: Frozen Shoulder, Codmen Exercise, Hot Packs.

Introduction

Adhesive capsulitis is a condition of the shoulder of unknown etiology. It is characterized by pain and restriction of both passive and active range of motion (ROM). Duplay referred to Adhesive capsulitis in 1872 as "Scapulohumeral Peri arthritis," a disorder he believed resulted from subacromial bursitis (Post, 1978; Neviasser, 1980; Bruckner & Nye, 1981; Jayson, 1981; Kessel et al, 1981; Rizk & Pinals, 1982; Loyd & Loyd, 1983; Griggs et al, 2000; Patil et al, 2010, Day & Nitz, 2012). In 1934, Codman coined the term "frozen shoulder" but

used it in association with tendinitis of the rotator cuff (Kessel et al, 1981).

Neviaser (1983) introduced the concept of adhesive capsulitis when he discovered that the capsule was tight, thickened, and stuck to the humerus in such a manner that it could be peeled off like "adhesive plaster from the skin (Post, 1978; Jayson, 1981; Loyd & Loyd, 1983; Rizk et al, 1983; Schenk et al, 1997; Sandy et al, 2006; Steples et al, 2010; Stephanie et al, 2011; Srikanth et al, 2013). Loyd and Loyd (1983) suggested that secondary frozen shoulder develops when painful spasm limits activity and creates dependency of the arm.