The effectiveness of physiotherapeutic interventions in treatment of frozen shoulder/adhesive capsulitis: A systematic review.

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BACKGROUND AND OBJECTIVE: Frozen shoulder is a common condition, yet its treatment remains challenging. In this review, the current best evidence for the use of physical therapy interventions (PTI) is evaluated. METHOD: MEDLINE, CINAHL, Cochrane, PEDro, ProQuest, Science Direct, and Sport Discus were searched for studies published in English since 2000. RESULTS: 39 articles describing the PTI were analyzed using Sackett's levels of evidence and were examined for scientific rigor. The PTI were given grades of recommendation that ranged from A to C. CONCLUSIONS: Therapeutic exercises and mobilization are strongly recommended for reducing pain, improving range of motion (ROM) and function in patients with stages 2 and 3 of frozen shoulder. Low-level laser therapy is strongly suggested for pain relief and moderately suggested for improving function but not recommended for improving ROM. Corticosteroid injections can be used for stage 1 frozen shoulder. Acupuncture with therapeutic exercises is moderately recommended for pain relief, improving ROM and function. Electro- therapy can help in providing short-term pain relief. Continuous passive motion is recommended for short-term pain relief but not for improving ROM or function. Deep heat can be used for pain relief and improving ROM. Ultrasound for pain relief, improving ROM or function is not recommended.

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