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Distributed under Creative Commons CC-BY 4.0 Giorgiana Piccarozzi¹, Stefania Romualdi², Alejandro Briganti³, Giorgia Cellurale³, Francesco Zanoli³

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Abstract

BACKGROUND: Neck and shoulder pain are among the most common conditions that cause disability.

Idiopathic Frozen Shoulder is an unknown etiology disorder that causes pain, stiffness and ROM restriction in the shoulder. Rehabilitation is effective in reducing pain and improving function (1). It is reported to affect 2% to 5.3% of the general population (2).

Neck pain is one of the most common musculoskeletal disorders, and generally is more common in female patients (3).

OBJECTIVES: The aim of the study is to highlight the effectiveness of combined physiotherapy and osteopathic treatment in pain management and improvement of quality of life in a 51-years-old female patient with idiopathic frozen shoulder and neck pain since November 2022.

METHODS: The patient, F.C., a nurse, has been experiencing worsening pain in her right shoulder since November 2022. In February 2023, she underwent four intra-articular infiltrations of corticosteroids and 10 sessions of physical physiotherapy and massage, as prescribed by the orthopedic doctor. The pain improved only partially with the infiltration, and physiotherapy had no effect. After the check-up, the orthopedic doctor prescribed a new cycle of manual physiotherapy to manage the pain in the neck and shoulder.

A total of 20 manual physiotherapy sessions, each lasting 45 minutes, and 8 osteopathy sessions, each lasting 30 minutes, were performed from April to June 2023. At the first evaluation in April, the patient presented with shoulder pain in all directions of movement. She reported experiencing pain at night and taking NSAIDs for its management twice a week. The patient also had pre-existing neck pain, which was exacerbated by the shoulder and right elbow pain. Additionally, she reported significant family problems for approximately 6 months. The physiotherapy treatment included mobilizations, shoulder joint pompage, joint capsule stretching, cervical spine pompage, and neck muscle stretching. The osteopathic treatment focused on the diaphragm muscle.

Shoulder-related outcomes were assessed using the DASH Questionnaire and ROM measurement. Neck pain and shoulder pain were assessed using the VAS scale.

RESULTS: The DASH score decreased from 98 to 75 points. The VAS score decreased from 9 to 3 points for the shoulder; 7 to 3 points for the neck.Elbow pain was completely resolved after 3 sessions.

CONCLUSION: The patient immediately reduced her drug intake and completely stopped taking it after 12 sessions. She resumed almost complete work activity after 14 sessions. Shoulder ROM is almost complete in all directions. The patient reported being very satisfied with the results obtained and felt the particular benefit of combining the two treatments.

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