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Out of Place: An Osteopathic Approach to Recurrent Shoulder Dislocations in an Ehlers Danlos Patient

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Abstract

Introduction: Ehlers Danlos Syndrome Hypermobility Type (EDS-HT) is an inheritable connective tissue disorder characterized by abnormal collagen synthesis resulting in joint hypermobility and frequent joint subluxations/dislocations. This functionally debilitating condition plagues a patient's physical, social and emotional wellbeing. Prolotherapy is a non-surgical regenerative injection technique used to stabilize joints and relieve joint pain.

Case Description: A 35-year-old female presented to the osteopathic treatment center with bilateral shoulder pain secondary to recurrent dislocations. Her shoulders dislocated 15-20 times a day on average with the left shoulder dislocating more frequently. She noted daily headaches, with 5/10 severity. Physical exam revealed a bilateral sulcus sign, postural decompensation with significant elevation of the left shoulder and cyanosis of the hands. OMT was directed towards the somatic dysfunctions of the secondary stabilizers of the shoulder joint. Prolotherapy was administered to her shoulder joints to increase the ligamentous stabilization she was lacking. After the fourth treatment, the patient noted a reduction in the frequency and severity of her shoulder subluxations, a negative sulcus sign bilaterally and equal shoulder heights. Remarkably, she reported her shoulders were only dislocating twice a day. She also noticed that the frequency of her headaches was reduced to 2-3 times a month, with 3/10 severity and that her sleep improved.

Discussion: This case suggests that performing OMT to realign the joint and balance the soft tissues prior to prolotherapy is integral for improved treatment outcomes in EDS-HT patients. In relieving the body's secondary compensation to disease and aiding the body's natural ability to heal itself, OMT and prolotherapy may be beneficial in improving the quality of life in EDS-HT patients. A limitation of this study was our lack of a control group to determine the efficacy of OMT versus prolotherapy versus both treatments.