

## **SHOULDER – TWO CASES OF COMPLEX REGIONAL PAIN SYNDROME MIMICING ADHESIVE CAPSULITIS**

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**HISTORY:** Two patient presented postoperatively with restricted ROM of the right glenohumeral joint. Patient 1 is a 45-year-old, right-hand dominant, Caucasian female who fractured the mid humerus in a hang-gliding accident and underwent ORIF. Patient 2 is a 29-year-old, right hand dominant, Caucasian female who played NCAA rugby and underwent a successful SLAP repair.

**EXAM:** Both patient presented with PROM of 90 degrees in flexion and 75 degrees of abduction. Lateral rotation was approximately 20 degrees. Right-sided, abnormal scapulothoracic:glenohumeral rhythm was noted as expected. Patient 1 underwent post-operative MR and CT arthrograms which revealed normal rotator cuff, normal labrum, and normal capsule size. Marked hypertonicity of the teres major, pectoralis major, deltoid, and infraspinatus were noted in both patients.

### **DIFFERENTIAL DIAGNOSES:**

Post-operative adhesive capsulitis  
Intra-articular fibrosis  
Complex regional pain syndrome

**OUTCOME:** Traditional physical therapy procedures and chiropractic soft tissue mobilization methods failed to produce consistent improvements from week to week. Patient 1 would lose all increase in PROM by the next treatment. Patient two was failing to progress. Both patients had MUA recommended by their orthopedic surgeons. Both patients declined MUA. Both patients were sent to one of the author (EC) for scalene blocks with dilute Lidocaine and saline solution for neuropathic symptoms commonly associated with CRPS. Both patients experienced an immediate increase in PROM post injection, thus confirming the diagnosis of CRPS.

**FINAL DIAGNOSIS:** Complex regional pain syndrome

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