

통증 및 근골격재활

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

## **P 1-117**

### **Changes of Range of Motion after Intra-articular Corticosteroid Injection in Frozen Shoulder**

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#### **Objective**

To evaluate (1) the degree of reduction of passive range of motion (PROM) in affected shoulder compared to non-affected side (2) the degree of improvement of PROM in affected shoulder after intra-articular corticosteroid injection in patients with frozen shoulder (FS).

#### **Method**

This is retrospective comparative study. Participants were FS patients (n=120), who had ultrasound-guided corticosteroid injection. PROM of all planes of shoulder except adduction were measured for both affected and non-affected sides at the initial diagnostic period and 12 weeks after injection. Outcome measurements were (1) the ratio of (PROM of affected side) to (PROM of non-affected side) and (2) the ratio of (Changes of PROM after injection) to (PROM before injection).

#### **Result**

Of the 120 patients, 34 were men, 86 were women. 54 were dominant, 66 were non-dominant for affected shoulder. Mean age was 54.1±4.7. Mean value of symptom duration was 7.01±2.32months. At the initial diagnostic period, PROM of affected side was limited in the order of external rotation, internal rotation, abduction, extension and flexion (P<0.001). At 12 weeks after injection, the plane in which PROM was most improved was external rotation compared to abduction, extension and flexion with statistically significance (P<0.001). However, there was no statistically significance compared to internal rotation.

#### **Conclusion**

To our knowledge, this is the first study to quantify the degree of improvement of PROM in each plane after intra-articular corticosteroid injection in FS. Based on the results of our study, we can identify the clinical features of FS and predict the effectiveness of intra-articular corticosteroid injection in FS.