Assessing the Standards and Outcomes of Management of Adhesive Capsulitis with Ultrasound Hydrodilatation

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Introduction:
Adhesive capsulitis is a common condition which causes significant morbidity and has important socioeconomic implications. Definition includes pain and significant restriction of active and passive movement in the absence of an overt or known intrinsic shoulder disorder (1). Management involves image-guided intra-articular steroid injection to cause capsular distention, reduce inflammation relieve symptoms.

The aim of the audit was to explore if adhesive capsulitis management is in keeping with BOA/BESS guidelines (2) and to investigate the outcomes of ultrasound hydrodilatation in our hospital.

Methods
Procedures performed over a 1 year period between 2018 and 2019 for adhesive capsulitis were included. Patients’ notes were reviewed over a 1-year period and the number of x-rays obtained prior to injection, the number of repeat injections and the number who had physiotherapy was recorded. The data was divided into ‘stroke’ and ‘non-stroke’ cohort.

Results
In this audit, 73 procedures of patients were included. One-third of patients had a shoulder x-ray prior to hydrodilatation (57% in non-stroke group and 6% in stroke group). In total, 63% of patients received physiotherapy (PT) post-hydrodilatation (59% in non-stroke group and 67% in stroke group). Patients that did not require more than 1 injection was 57.1% in the non-stroke group and 62.9% in the stroke cohort. This results in 40% of patients overall requiring a further injection and 9.6% of patients overall requiring a further procedure other than hydrodilatation.

Conclusion
Currently, the BESS/BOA standards are not being completely met. We highlight the need for a pre-procedure X-ray to be implemented in referral pathways as it helps to exclude other pathologies which would not benefit from this procedure. Improvements are also required in increasing the percentage of patients receiving PT following injection.

Recommendations
- Prior shoulder X-ray should be made a pre-requisite for hydrodilatation referral
- Ensure that patients have a confirmed physiotherapy appointment date prior to their hydrodilatation procedure
- Recommend patients receiving at least 6 weeks of physiotherapy as per BESS/BOA guidelines
- ROM significantly improved in hydrodilatation + PT vs hydrodilatation alone.
- An abbreviated clinical score to assess symptoms – patients can complete while awaiting their appointment.

References: