

## L15 - Efficiency of Complex Medical Rehabilitation Programs in Assisting the Patient with Painful Shoulder Syndrome

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### Abstract

**Introduction.** Painful shoulder syndrome is a clinical syndrome characterized by pain, redness and functional impotence at the scapula humeral belt. The pathological changes affect both the hard and the soft structures at this level with chronic evolution and severe clinical and functional limitations. Shoulder joint is one of the most mobile joints with degrees of freedom in nerve injuries or compressive disorders can cause severe functional pain and disability with significant limitation of daily activities and quality of life. [1,4] Combining various conventional methods of recovery between them but also with other types of treatment can increase the chances of clinically and functionally recovering of people with painful shoulder syndrome. [3]

**Case presentation.** Patient B.B. age 50, urban environment, specialized surgeon was admitted to the IMSP "State Hospital" accusing persistent pain in the right shoulder with limiting active movements of about 3 months until addressing. After the complex evaluation, the functional diagnosis was established. Painful mixed shoulder syndrome on the right. Mixed red shoulder straight. At the primary examination, the pain was assessed with 8 points after the Visual Analog Scale (VAS) and 69 points after the McGill questionnaire. Goniometric indices for the right shoulder: ext / fl = 150/00/980; abd / add = 280/00/00. The painful bow tests Empty-can, Apley, Codman were rated positively. The daily functional capacity was evaluated according to the DASH (Disabilities of the Arm, Shoulder and Hand) questionnaire, rated with 30.9 points.

**Results.** The patient received conventional drug treatment and rehabilitation therapy (kinetotherapy, magnetotherapy) in combination with Ianliao (TE14), Jianyu (LI15), Fengchi (GB20), Queng (LI11), Waiguan (SJ5), Hegu LI4, Tianzong (SI 11) for 8 weeks. At the end of the treatment, the pain decreased to 4 points on the VAS scale and 35 points on the McGill scale. The joint mobility was improved for extension by 50, flexion - by 130, and the abduction reached the value of 400. The total functional capacity tested by the DASH questionnaire was assessed with 19.5 points after treatment.

**Conclusions.** The associated complex program of medical rehabilitation applied to the patient with the painful shoulder syndrome has contributed firmly to the clinical-functional improvement by diminishing the algal syndrome, improving the segmental functional capacities and the daily activities. The acupuncture selected on the energy points can be indicated in combination with kinetotherapy and electrotherapy for the efficiency of the medical recovery treatment.

**Key words:** *painful shoulder syndrome, evaluation of the shoulder, acupuncture*

### References

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