The Effect of Medical Therapeutic Yoga on Adhesive Capsulitis: A Case Report
Cameron Vallie, SPT, ATC & Matt Somma, PT, DPT, MTC, CSCS
University of New England, Portland, Maine

Introduction

- The number of Americans who practice yoga jumped to 16.5 million between 2004 and 2008 (87% increase), making it a top 10 modality in alternative medicine according to the National Institutes of Health.1
- Medical Therapeutic Yoga: the practice of yoga in medicine, rehabilitation, and wellness settings by a licensed health care professional credentialed by the Professional Yoga Therapy Institute.2
- Indications for Medical Therapeutic Yoga:
  - Heart disease
  - Depression and anxiety
  - Chronic pain
  - Fibromyalgia
  - COPD and other respiratory diagnoses
  - Woman’s health issues.2

Background & Purpose

- Shoulder pain has been found to be the third most common site of musculoskeletal pain in the community.3
- Adhesive capsulitis (AC) is a particularly disabling condition whose incidence is estimated to be between 2% and 5% of the general population and up to 38% in whose with systemic diseases such as diabetes, Parkinson’s disease and thyroid disease.3,4

Case Description

- The patient was a 51-year-old female who presented to physical therapy following a referral from her primary care physician with a primary diagnosis of left shoulder AC.
- Shoulder flexion/abduction ROM:
  - Shoulder flexion: 0 degrees, pain 106 degrees, pain
  - Shoulder abduction: 108 degrees, pain 180 degrees
  - External rotation: 45 degrees, pain 90 degrees, pain
  - Internal rotation: 65 degrees, pain
- Initial evaluation completed August 2018
- Past medical history:
  - Low back pain
  - Right and left collar bone fracture
  - Anxiety
  - Thyroid cancer

Timeline

- March 2009: Patient diagnosed with thyroid cancer
- January 2010: Patient presented to orthopedic doctor received diagnosis of adhesive capsulitis
- Receiving cortisone injection & PT referral
- May 2018: Initial evaluation completed
- PT diagnostic pain, impaired strength, ROM and functional mobility
- June 2018: Unit 4, symptoms exacerbated
- NPRS: 7/10 at rest & 8/10/20 w/ activity
- Shoulder flexion/abduction ROM: 140 degrees of pain & 90 degrees w/ pain
- July 2018: Re-evaluation completed
- NPRS: 3/10 at rest & 5/10/20 w/ activity
- Shoulder flexion/abduction ROM: 158 degrees of pain & 138 degrees w/ pain
- August 2018: Re-referral
- NPRS: 3/10 at rest & 5/10/20 w/ activity
- Shoulder flexion/abduction ROM: 170 degrees & 150 degrees

Outcomes

- NPRS: 3/10 at rest & 5/10/20 w/ activity
- Shoulder flexion/abduction ROM: 170 degrees & 150 degrees

Tests and Measures

- NPRS: 3/10 at rest & 5/10/20 w/ activity
- Shoulder flexion/abduction ROM: 170 degrees & 150 degrees

Discussion

- Previous research fails to provide strong evidence to support the use of joint mobilization, stretching exercises, modalities and patient education; all of which are among the most common physical therapy interventions for AC.2
- The patient exceeded the minimally clinically important difference on the NPRS and Quick DASH indicating improvements in pain during upper extremity tasks.7,8
- Outcomes suggest that the use of medical therapeutic yoga techniques may be useful to decrease pain and limitation in the treatment of upper extremity pathology.
- Further research is required to determine the efficacy of medical therapeutic yoga compared to traditional therapies and other medical management.

Acknowledgements

The author acknowledges Matt Somma, PT, DPT, MTC, CSCS for the assistance with case report conceptualization as well as Tiffany Gougeon, PT, DPT for the assistance and supervision with the patient’s care during the clinical practicum.

References