



Title: A Comparison of Anterior Capsular Release and 360° Capsular Release in the Treatment of Adhesive Capsulitis

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#### Introduction

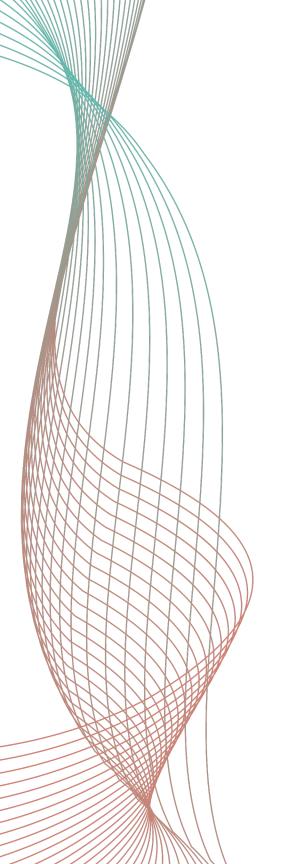
- Adhesive capsulitis (AC) is characterized by progressive loss of active and passive motion of the shoulder, leading to stiffness and pain<sup>1,2</sup>
- Conservative interventions used to address AC include intra-articular corticosteroid injections, oral steroids, nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy focused on range of motion (ROM) and stretching exercises. When these treatments fail, surgical management is considered
- Anterior structures are often released arthroscopically; however, there is mixed evidence on the utility of an extended, 360° release<sup>3</sup>



# Objective

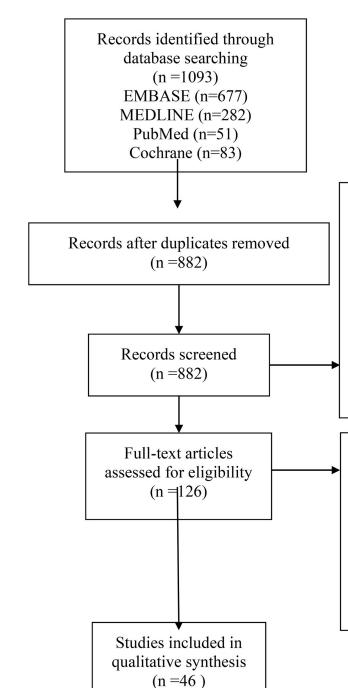
To evaluate the available literature to determine if there is any benefit to 360° capsular release over anterior capsular release with respect to range of motion, functional outcomes as well as risk of complications





## Methods

PRISMA



Records excluded (n = 756)

- 1. Biomechanics, non-human, cadaveric (n=14)
- 2. Reviews, conference proceedings, editorial, commentary (n=189)
- 3. Not Adhesive capsulitis (n=244)
- 4. Not anterior release or 360° release (n=283)
- 5. Duplicate (n=22)
- 6. Other (n=4)

Full-text articles excluded (n =80)

- 1. Not clinical study (n=0)
- 2. Not anterior release or 360° release (n=27)
- 3. Not treating adhesive capsulitis (n=11)
- 4. Complications/outcomes not reported (n=11)
- 5. Full text not found (n=21)
- 6. Other (n=10)



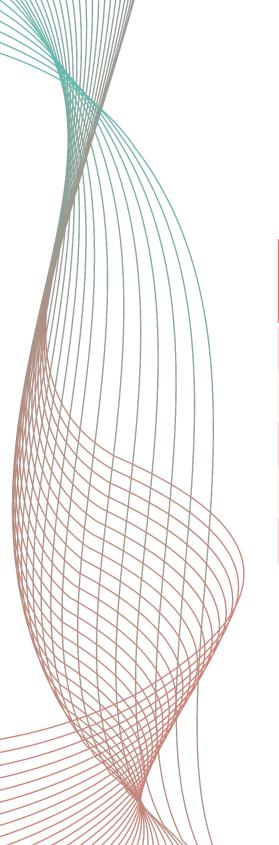


Identification

Screening

Eligibility

Included



#### **Patient Demographics**

Patient Characteristics	Total	Anterior Release	360° Release	
Shoulders	2261	451 (19.95%)	1810 (80.05%)	
Males	836 (36.67%)	152 (18.18%	653 (78.11%)	
Age	$54.0 \pm 5.0$	52.5 ± 6.1	54.2 ± 4.3	
Lost to Follow Up	144 (5.88%)	31 (1.36%)	103 (4.52%)	
Follow up (months)	29.3 ± 19.0	$32.3 \pm 23.0$	30.9 ± 17.7	



- Concomitant Manipulation Under Anesthesia (MUA) employed for 70% of patient undergoing anterior release and 60% of patients undergoing 360° release
- Complication rate was 0.67% in the anterior group and 0.44% in the 360° release group with an overall rate of 0.84%
- Significant postoperative improvements (p<0.05) were seen in both groups of patients, particularly in postoperative VAS, Constant scores, forward flexion, abduction, internal rotation and external rotation
- Forward elevation and UCLA scores were found to be significantly improved for patients who underwent 360° release
- Pooled analysis of studies directly comparing anterior capsular release with 360° release yielded no significant differences between the two surgical techniques at all postoperative time periods

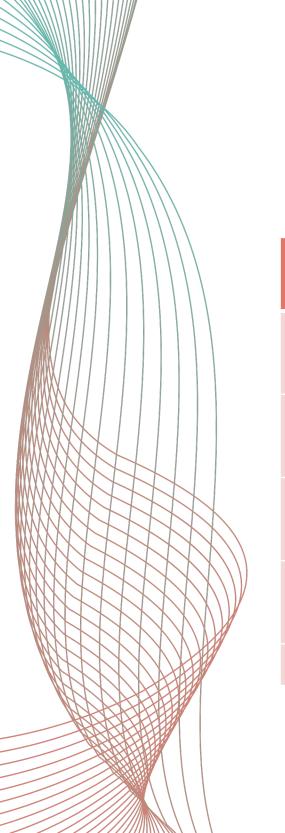


#### **Forward Flexion 3 months**

	Anterior Release		360 Release		Mean Difference		Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Chen et al. 2010	167	9	42	172	3	32	49.0%	-5.00 [-7.91, -2.09]	<u>■</u>
Kim et al. 2014	127.8	9.3	37	127.9	12.2	38	28.5%	-0.10 [-5.00, 4.80]	+
Moon et al. 2015	157	10	19	163	7.5	16	22.6%	-6.00 [-11.81, -0.19]	
Total (95% CI)			98			86	100.0%	-3.83 [-7.08, -0.58]	•
Heterogeneity: $Tau^2 = 3.41$ ; $Chi^2 = 3.34$ , $df = 2$ $(P = 0.19)$ ; $I^2 = 40\%$ Test for overall effect: $Z = 2.31$ $(P = 0.02)$ Favours anterior release Favours 360 release									

Pooled outcomes reveal improved ROM for patients undergoing anterior release compared to 360° release (P=0.02,  $I^2$ =40%)





#### **Pooled Range of Motion Measures**

ROM Measure	Release Type	Pre-operative Mean (SD)	Mean at Final Follow-up (SD)
Forward Flexion	Anterior	89.7 (11.4)	163.8 (8.8)
	360°	85.8 (19.4)	157.0 (15.2)
Abduction	Anterior	78.4 (30.4)	155.1 (12.4)
	360°	63.4 (15.4)	151.2 (13.3)
Internal Rotation	Anterior	11.7 (6.1)	47.3 (23.5)
	360°	21.3 (11.7)	57.4 (8.4)
External Rotation	Anterior	13.3 (3.9)	53.3 (10.9)
	360°	16.7 (8.5)	59.7 (13.0)
Forward Elevation	360°	91.9 (12.9)	156.7 (6.3)



#### Conclusion

- Anterior capsular release and 360° capsular release both result in significant improvements for patients with adhesive capsulitis with respect to ROM and functional outcomes
- Both the anterior and 360° release procedures have low complication rates
- Future studies should identify the optimal surgical management of adhesive capsulitis based on patient history/clinical presentation



### References

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