

Efficacies of Ultrasound guided steroid injection at different sites for the treatment of Frozen Shoulder
A Prospective Randomised Study

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Faculty Disclosure Information

- The authors have no relevant financial or non-financial interests to disclose.
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Aim of the study!

Primary aim:

To analyze the efficacy of single dose USG guided steroid injection at 4 different sites:

Intra-articular(IA)

Subacromial (SA)

Rotator interval(RI)

Multisite injection(MS)/Combined

Secondary aim:

To assess the safety profile of USG guided steroid injections in FS



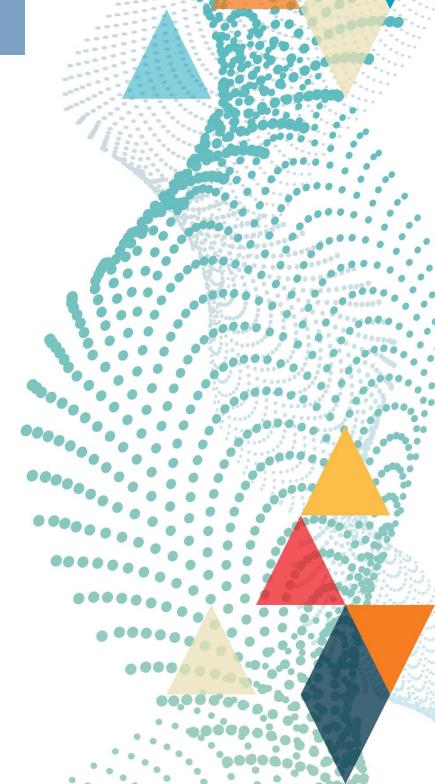


Methodology

- *RANDOMISED STUDY* that included patients who were diagnosed with Frozen shoulder (FS) between November 2022 to May 2023 (CTRI Registration number: CTRI/2022/11/047138)
- Randomization was done using computer generated random numbers.

SAMPLE SIZE:

After considering loss to FU, <u>30 patients</u> were included in each group with an adequate power of 0.8.





Selection Criteria

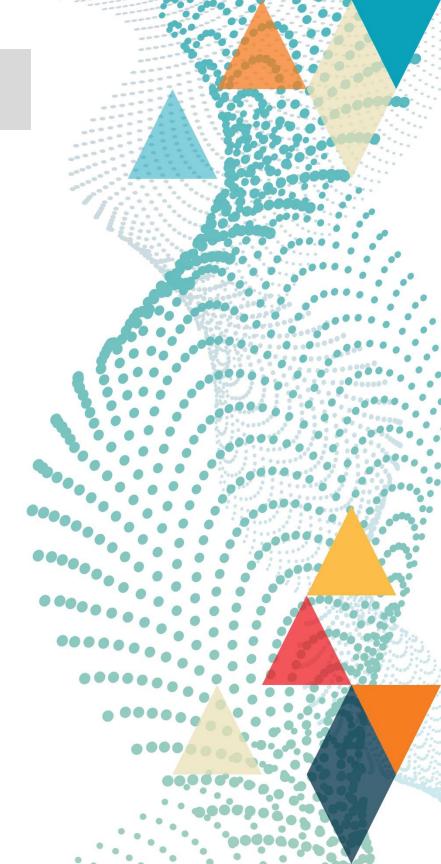
Inclusion criteria:

- Symptom duration at least for 1 month
- Limitation of passive movement more than 30 degrees for at least two of these three movements: Forward flexion(FF), Abduction(ABD) or External rotation(ER)

Exclusion criteria:

Symptom duration > 6months, Full thickness cuff tears, RBS >200mg/dl and or Hba1c >8, Glenohumeral arthritis



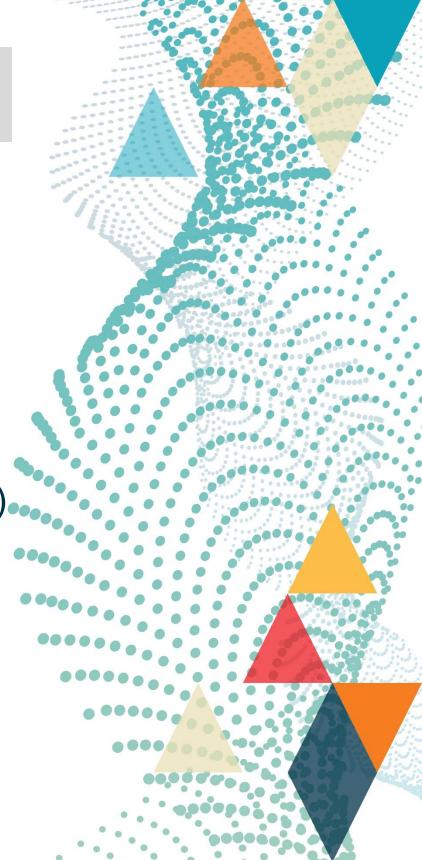


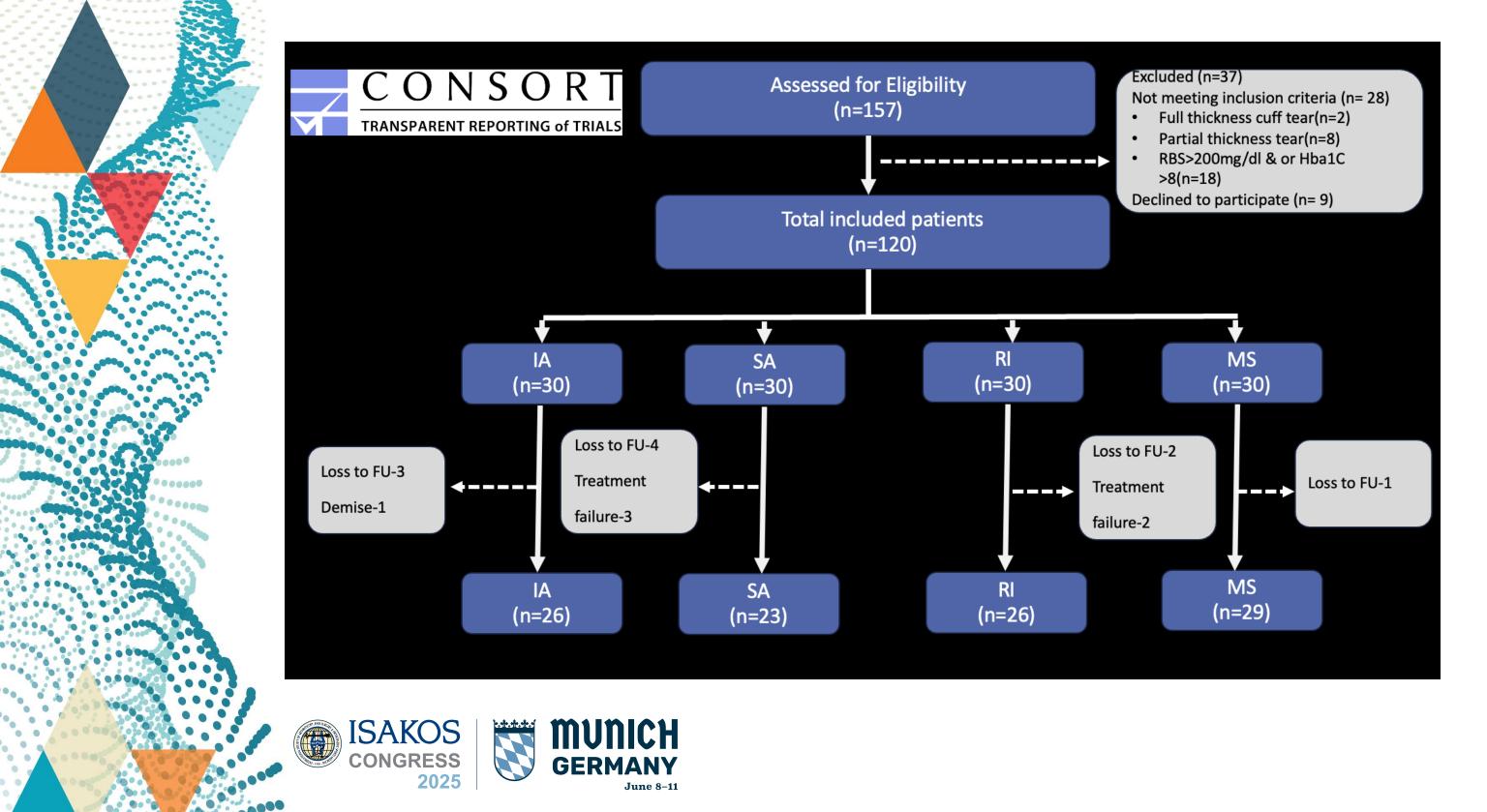
Outcome Measures

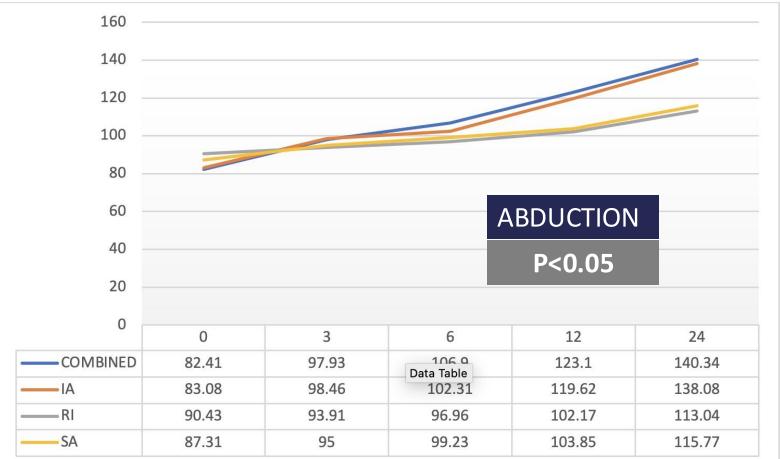
- Pain (VAS scores),
- Range of movements,
- Functional outcomes(SPADI & Constant)
- PROM: Patient satisfaction score

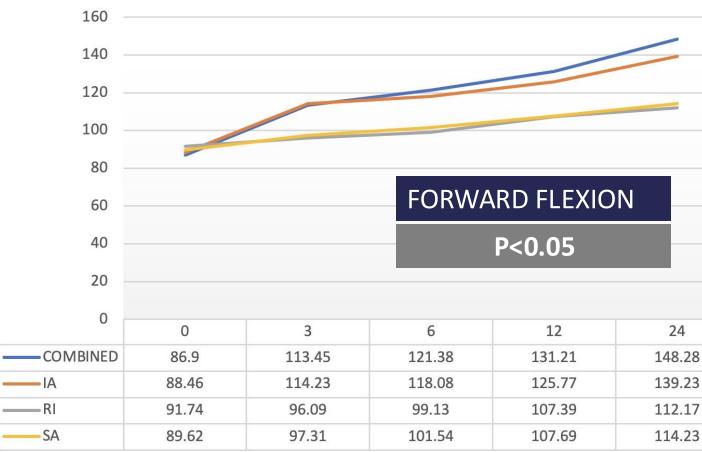
TWO INDEPENDENT OBSERVERS(surgeon & physiotherapist).

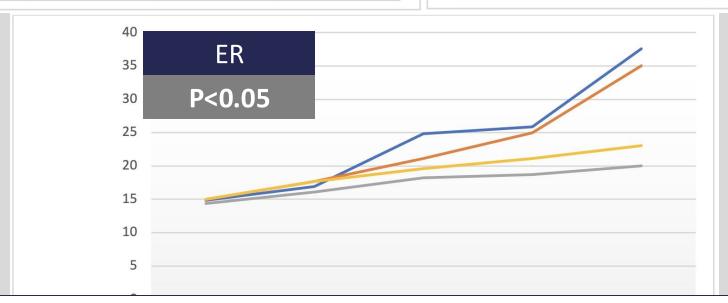




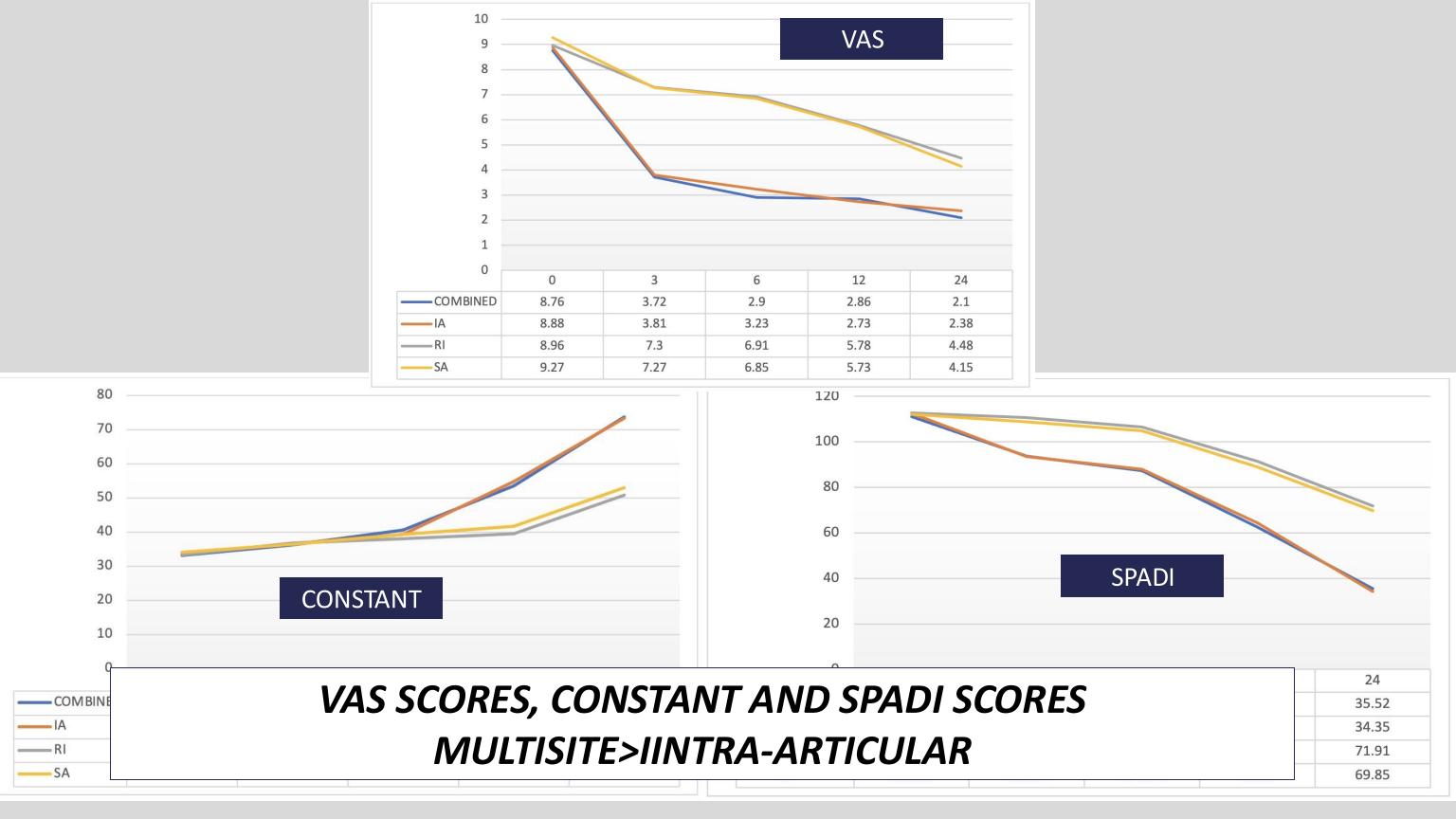








MULTISITE APPROACH PROVIDED THE BEST IMPROVEMENT IN ABD, FF AND ER



PROM's: Patient Satisfaction score



Questionnaire	Grading
How satisfied are you with the results of your procedure?	
Knowing what you know now, how likely is it that you would still choose to have procedure for your initial problem?	Grade 1-5
How likely is it that you would recommend a family member or close friend that they undergo the procedure that you had for a similar problem?	

Most important findings:

• MS approach provides maximum improvement

Pain, ROM, Functional outcome and patient satisfaction closely followed by IA approach

• RI approach provides least improvement in all these clinical parameters

 Steroid injections are safe without major adverse effects in patients with adequate glycaemic control.

Conclusion:

 Multisite approach can be recommended as the preferred approach for Steroid injection in patients with FS

• USG guided steroid injections are safe with no adverse effects in patients with adequate glycaemic control at a short term follow-up.

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