13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Nam DW, Lim S, Kim JI, et al. Clinical observation of acupuncture and nerve block treatment for adhesive capsulitis patients. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) *J Korean Acupuncture and Moxibustion Society* 2007; 24(4): 143–55 (in Korean with English abstract).

1. Objectives

To compare the effectiveness of acupuncture and with that of nerve block treatment for adhesive capsulitis.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Orienal hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Patients with movement limitation and pain (the major symptoms of adhesive capsulitis) (n=59, male/female=24/ 35).

5. Intervention

Arm 1: Acupuncture (n=22).
Arm 2: Nerve block (n=17).
Arm 3: Acupuncture + Nerve block (n=20).
Suprascapular nerve block (steroid mixed with 1% lidocane 5 ml), subacromial injection, and trigger point injection (0.5 – 2 ml topical anesthetic) for Western treatment.
Jianyu (LI15, 肩髃), Jianliao (TE14, 肩髎), Jianjing (GB21, 肩井), and Dong-si (董氏) acupuncture points (Shin-guan and Gyun-joong) twice a week for 4 weeks in acupuncture group.

6. Main Outcome Measures

Scores on the Constant Shoulder Assessment (CSA), Shoulder Pain and Disability Index (SPADI), ROM, and pain severity measured on a visual analogue scale (VAS). Digital Infrared Thermographic Imaging (DITI).

7. Main Results

Treatment significantly improved CSA (P=0.005), SPADI (P=0.012), and VAS scores (P=0.007), DITI (P=0.007), and adduction (P=0.01) and extension (P<0.001) ROM in Arm 1; CSA (P=0.006), SPADI (P=0.037), VAS scores (P<0.001), DITI (P=0.014), abduction (P=0.004) and extension (P<0.001) ROM in Arm 2; CSA (P<0.001), SPADI (P<0.001), and VAS (P<0.001) scores and abduction (P<0.001), adduction (P=0.01), and extension (P<0.001) ROM in Arm 3. The improvements in pain severity, CSA score (P<0.025), and abduction ROM were significantly greater 4 weeks after treatment in Arm 3 than in Arm 1 or Arm 2.

8. Conclusions

The efficacy of combined treatment for adhesive capsulitis is greater than that of nerve block treatment. This study may be used for treatment model development.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The studies of Nam et al. (*Daehan-Chimgu-Hakhoeji* [*Journal of Korean Acupuncture & Moxibustion Society*] 2007; 24(6): 113-22 [K070018_A], 2006; 23(5): 177-85 [K060015_A]) and Koh et al. (*Daehan-Hanui-Hakhoeji* [*J Korean Oriental Medicine*] 2007; 28(1): 11-24) had similar clinical trial designs and objectives, and showed effectiveness of acupuncture and nerve block co-treatment. In clinics using Western medical treatment, when a concomitant therapy is found to be more effective than single drug treatment, it is widely adopted. It is expected that these co-treatments will be adopted.

11. Abstractor and date

Kim HJ,17 August 2010.