13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

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 Oriental 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% lidocaine 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.