

PHYSICAL THERAPY OF SHOULDER PAIN FOR POST STROKE ELDERLY PATIENTS

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Introduction. Shoulder pain resulting from hemiplegia is a common clinical consequence of a focal cerebral insult resulting from a vascular lesion. Shoulder pain, by itself, can result in significant disability [1].

Shoulder pain can negatively affect rehabilitation outcomes as good shoulder function is a prerequisite for successful transfers, maintaining balance, performing activities of daily living and for effective hand function [1].

Goal: analysis of existing approaches in physical therapy of elderly patients with shoulder pain after stroke.

Causes of Hemiplegic Shoulder Pain. Stroke affecting the upper limbs usually results in shoulder hemiplegia which often becomes painful overtime. Interestingly, hemiplegic shoulder pain may be more common among patients with stroke-related neglect, subluxation, shoulder contractures or restricted shoulder range of motion and spasticity, particularly of the subscapularis and pectoralis muscle, complex regional pain syndrome [1].

Pathophysiology of Shoulder Dysfunction. Following a stroke, the brain and body progress through the following series of stages:

1. Flaccidity
2. Spasticity
3. Synergy

Management painful shoulder in hemiplegic patients. An optimal treatment approach has not yet been established, and this is due in part to lack of consensus regarding pain etiology [2].

Positioning hemiplegic shoulder. Maintaining the upper limb in the correct position is fundamental to treating PHS. Careful positioning of the shoulder serves to minimize subluxation.

Slings and other devices. Slings reduce the effect which gravity has on the glenohumeral joint [2].

Strapping the hemiplegic shoulder. Strapping the hemiplegic shoulder is used as a method for preventing or reducing shoulder subluxation and may provide a certain level of sensory stimulation.

Physical therapy. The association between spasticity, muscle imbalance and painful frozen shoulder is to improve range of motion for a hemiplegic shoulder for lessen pain.

Electrical neuromuscular stimulation. Electrical neuromuscular stimulation consists of superficial application of electrical current, causing muscle contraction and increased muscle recruitment.

Conclusions. Shoulder pain after stroke is a common complication. Preventing and reducing shoulder pain by proper positing of the shoulder and range of motion by preventing or management completions such as sublaxation and muscles spasm that lead to shoulder pain.

References

1. Evidence-Based Review of Stroke Rehabilitation [Electronic resource]. – Access mode: <http://www.ebrsr.com>
2. Painful hemiplegic shoulder in stroke patients: Causes and management [Electronic resource]. – Access mode: <http://www.elsevier.es/es-revista-neurologia-english-edition-495-articulo-painful-hemiplegic-shoulder-in-stroke-S2173580812000478>