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LETTER TO THE EDITOR

UNCORRECTED PROOF

An overlooked issue in frozen shoulder: Miyofascial trigger point

Donuk omuzda gözden kaçan bir durum: Miyofasyal tetik nokta

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To the Editor,

We are thinking that MTrP, maybe a part of problem in adhesive capsulitis (AC). Etiology of AC is complex, known risk factors include diabetes mellitus, thyroid diseases, myocardial infarction, dupuytren's contracture, trauma and autoimmune diseases.[1] Besides, it is thought that MTrP in shoulder muscles may play a role in AC.[2] In the literature, there are studies indicating that treatments for MTrPs detected in the shoulder girdle in patients with AC may have an efficacy on pain and functionality parameters. Jankovic D et al.[3] achieved successful results in the case series in which they administered local anesthetic injection to MTrP in subscapularis muscle and nerve block in the suprascapular nerve. Clewley et al.[4] applied a total of 13 sessions of dry needling treatment to a patient for 6 weeks; targeting MTrPs in the upper trapezius, levator scapulae, deltoid, and infraspinatus muscles, a rapid improvement was observed in the patient. It is thought that the problem in AC is not only about capsule, but also accompanied by shortness of muscle, fascia restriction and MTrPs in muscles. Therefore, while planning treatment, these structures should also be evaluated by physical examination and possible problems should be treated. In addition, due to the complex kinematic structure of the shoulder region, MTrP have been associated not only with AC but also with pathologies such as chronic shoulder pain, shoulder impingement syndrome, postoperative contracture.[5] Here, we do not claim that MTrP is an etiological cause in AC.

Figure 1. Trigger point examination of muscles for adhesive capsulitis. **(a)** Subscapularis medial part. **(b)** Subscapularis lateral part. **(c)** Upper trapezius. **(d)** Lateral deltoid. **(e)** Levator scapulae. **(f)** Infraspinatus.

However, we recommend that upper trapezius, subscapularis, levator scapulae, deltoid, and infraspinatus muscles should be examined in detail and treated if MTrP is detected in patients with AC

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(Fig. 1). MTrP is a common but overlooked diagnosis. Sometimes it is primary pathology, sometimes it can accompany primary pathology. It should be remembered that the diagnosis must come to mind before making a diagnosis.

References

1. Cho CH, Bae KC, Kim DH. Treatment strategy for frozen shoulder. Clinics in Orthopedic Surgery. 2019:11(3);249-257.
2. Page P, Labbe A. Adhesive capsulitis: use the evidence to integrate your interventions. North American journal of sports physical therapy: NAJSPT. 2010:5(4);266.
3. Jankovic, D, Van Zundert A. The frozen shoulder syndrome. Acta Anæsthesiologica Belgica. 2006:57(2);137-143.
4. Clewley D, Flynn TW, Koppenhaver S. Trigger point dry needling as an adjunct treatment for a patient with adhesive capsulitis of the shoulder. journal of orthopaedic & sports physical therapy. 2014:44(2);92-101.
5. Arias-Buría JL, Fernández-de-Las-Peñas C, Palacios-Ceña M, Koppenhaver SL, Salom-Moreno, J. Exercises and dry needling for subacromial pain syndrome: A randomized parallel-group trial. The Journal of Pain. 2017:18(1);11-18.