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## Mechanical Therapy for Glenohumeral Motion Loss

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### **Abstract**

We hypothesized that the addition of home mechanical therapy to traditional physical therapy would significantly reduce the need for surgical management of glenohumeral motion loss. Reduced motion in the glenohumeral joint, scapulothoracic, acromioclavicular and sternoclavicular joints all contribute to shoulder motion loss. In this study we choose to focus only on glenohumeral motion loss. From May 2003 to March 2004, we followed up on 55 patients who added home mechanical therapy using the ERMI Shoulder Flexionater<sup>®</sup> after failure of physical therapy alone. After surgery, these patients waited a mean of 9.8 weeks (range 0 - 25 weeks) before beginning mechanical therapy. Over the course of this therapy, mean glenohumeral abduction increased from 51.1° to 87.9°. Average glenohumeral external rotation increased from 16.7° to 50.7°. No patient required additional surgical manipulation or lysis of adhesions related to the range of motion loss. We conclude that a home mechanical therapy program reduces the need of surgical management for loss of glenohumeral shoulder motion.