DOI: 10.7860/JCDR/2025/80478.21729

Effectiveness of Manual Therapy among Patients with Adhesive Capsulitis: A Literature Review

Vaishali Gupta, Postgraduate Student, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.
Amita Aggarwal, Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Amita Aggarwal,

Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

E-mail: amita15pgi@gmail.com

ABSTRACT

Frozen shoulder, or adhesive capsulitis, is a common shoulder condition that causes pain and a progressive loss of glenohumeral mobility. It is categorised as either primary or secondary. Primary idiopathic frozen shoulder can occur with other illnesses. Secondary adhesive capsulitis may develop following shoulder injuries or immobilisation. There are four stages of adhesive capsulitis development: inflammatory, freezing, frozen, and thawing. The first conservative treatment for adhesive capsulitis is rehabilitation; other recommended treatments include anti-inflammatory medications, intra-articular corticosteroids, injections for capsular distension, and surgery. Manual therapy involves a medical professional (such as a physiotherapist) moving the joints and other structures. A literature review of Randomised Controlled Trials (RCTs) was conducted in PubMed and Embase. The following terms have been extensively searched: manual therapy, joint mobilisation, manipulation, frozen shoulder, peri arthritic capsulitis and adhesive capsulitis. RCTs and studies written in English from 2015 to 2025 were included in this review. The outcomes of interest were pain, shoulder Range of Motion (ROM) and disability. Out of 74, 10 articles were selected in the study based on inclusion criteria. All articles recorded pain (using VAS or NPRS), while five reported ROM and function (shoulder pain and disability index). The results showed that manual therapy is strongly recommended for pain relief, improvement of ROM, and functional status in patients with adhesive capsulitis. The evidence suggests that manual therapy effectively decreases pain and increases ROM in patients with adhesive capsulitis. The best outcomes are often seen with early intervention, combining manual and exercise therapy.

Keywords: Freezing, Musculoskeletal manipulations, Pain, Physical therapy, Range of motion.