

Analysis of the data

The aim of this paper is to compare traditional rehabilitation techniques based on the sole contribution of the physiotherapist with a methodology which combines the work of a physiotherapist with the use of a Fisiotek device.

The Fisiotek allows continuous passive mobilization of the shoulder joint complex with the patient either lying supine or sitting. Thanks to an internal computer, the range and speed of the movements and the duration of the session can be programmed to suit each individual patient's needs. Furthermore, the device allows the patient to perform extension/flexion, abduction/adduction and internal/external rotation movements extremely comfortably, a factor which is fundamental to ensuring the patient's willingness to continue with the treatment. The range of movement of the joint can also be programmed in such a way as to ensure that all movements remain below the patient's pain threshold.

The aim of this paper is to compare two groups of patients: a case group and a control group:

Cases	
<i>30 patients treated with a combination of physiotherapist and use of Fisiotek</i>	
12 Women	18 Men
Controls	
<i>30 patients treated with conventional physiotherapist</i>	
10 Women	20 Men

The 50 patients studied - 38 men and 22 women aged between 45 and 55 years - were randomly divided in two homogeneous groups. All were suffering incomplete tears of the rotator cuff determined by either trauma or degenerative causes.

Each patient's joint complex was assessed during the first and the third month of rehabilitation therapy. The parameters chosen for assessment were the disappearance of pain and the recovery of fundamental movement.

Disappearance of pain

	1st month	3rd month
Traditional physiotherapist	45%	80%
Physiotherapist combined with Fisiotek	55%	85%

Recovery of movement

Recovery at an elevation and an abduction of 150° (expressed in days)

Traditional physiotherapist	→	15/20 days
Physiotherapist combined with Fisiotek	→	7/10 days

Total recovery

	1st month	3rd month
Traditional physiotherapist	40%	60%
Physiotherapist combined with Fisiotek	75%	90%

Conclusions

Analysis of the results shows that there were no substantial differences between the two groups as far as the disappearance of pain is concerned. This is because analgetic therapies such as TENS, iontophoresis and laser therapy were also involved. However, as far as the range of movement of the joint is concerned, the Fisiotek performed much better than traditional physiotherapy, enabling an almost complete recovery of the majority of patients right from the first few months of rehabilitation therapy. In conclusion, it can be confirmed that use of the Fisiotek in treatment of injury to the rotator cuff leads to a quicker recovery of coordination, automation and integration of the functions of the upper limb with those of the trunk and the back bone and thus a quicker reinsertion of the patient into his or her social, family and working environment.