

Placental Tissue Matrix

Skye Biologics PX50®

Case Report

August 10, 2016

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## Diagnosis

Adhesive Capsulitis and Acromioclavicular Joint Instability of Right Shoulder

## Intro

In April 2016, a 73-year-old male complained of persistent pain in the right shoulder after straining it. He was evaluated by the sports medicine clinic, and an MRI was ordered to rule out a rotator cuff tear.

The MRI of the Right Shoulder revealed the following:

- Partial tear of the superior aspect of the subscapularis insertion
- Subscapularis tendonopathies
- Posterior superior glenoid labral tear
- Shoulder possible SLAP lesion
- Supraspinatus infraspinatus tendonopathies
- Mild biceps tendinosis
- Acromioclavicular joint hypertrophy
- Down-sloped acromion
- Mild glenohumeral effusion with subchondral cysts along the posterior lateral aspect of the humeral head
- Mild crescent of edema within the humeral head at the bicipital groove

## Diagnosis

On June 1, the patient was examined by Shawn Tierney, DC, RMSK Musculoskeletal Sonologist, using a GE R6 B-mode ultrasound using 8 to 13MHz high frequency GE 12L linear transducer and a 2 to 5.3MHz 4C curvilinear transducer. He was diagnosed with mild adhesive capsulitis, edema of the humeral head, superior labral tear without instability, acromioclavicular joint degeneration and hypermobility, irritating the overlying supraclavicular nerves into the anterior deltoid.

## Treatment

On June 1, 2016, under ultrasound guidance, 1 cc 0.5% Ropivacaine with 1 cc Skye Biologics Placental Tissue Matrix Allograft, PX50®, was injected into the right acromioclavicular joint, the right humeral head bicipital groove, and the right glenohumeral joint.

## Follow-up

On August 8, 2016, nine weeks after the procedure, the patient reported that he was very sore for three days following the last procedure, but it has begun to feel much better. He states his shoulder continues to improve with increased range of motion, and besides an occasional twinge, he feels no pain. On reevaluation, the diagnostic ultrasound revealed symptomatic resolution of the adhesive capsulitis, edema of the humeral head, superior labral tear without instability, and increased stability of the acromioclavicular joint. The patient was instructed to continue physical therapy, focusing on the acromioclavicular rehabilitation, including stretching the subclavius pec minor.

At follow up on August 29, 2016, he reported that the twinges of pain were less and less frequent. He can shave and do his hair again with his right arm, for which he is

so grateful. The day after physical therapy he has some soreness, but he has significantly improved mobility overall.

Figure 1. Reduction in Self-Reported Pain on a 1-10 Scale, before and after PTM Placental Tissue Matrix

Level of Pain	Pre- PX50®	Post- PX50®
	6/1/16	8/8/16
Average Pain	3	0
% Reduction in Pain	100%	