

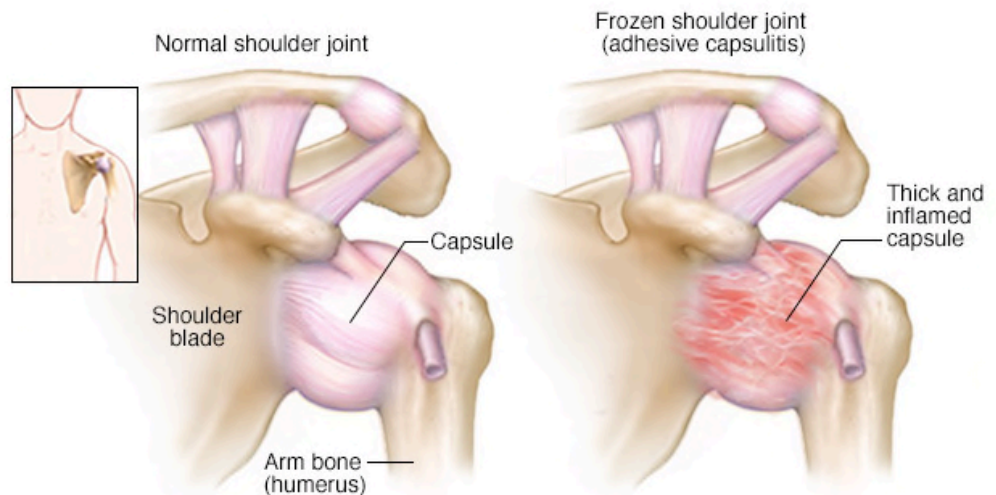
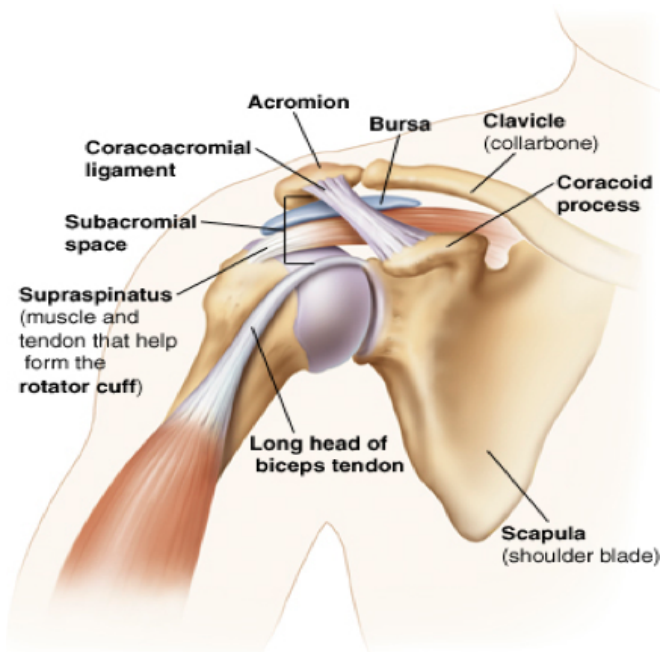
## Frozen shoulder

Frozen shoulder, also called adhesive capsulitis, is a condition in which the soft tissue capsule that surrounds the glenohumeral joint (shoulder joint) begins to stiffen causing pain and decreased range of motion. The shoulder is a ball-and-socket joint made up of three bones including the humerus (upper arm bone), scapula (shoulder blade), and clavicle (collarbone). The head of the humerus fits into the socket in the shoulder blade where a strong connective tissue, called the shoulder capsule, surrounds the joint. Synovial fluid lubricates the shoulder capsule and the joint to aid in range of motion.

In frozen shoulder, evidence shows synovial inflammation and a dense matrix of type I and III collagen laid down by fibroblasts in the joint capsule. Increased growth factors and cytokines have been biopsied in patients which indicate it also involves an inflammatory condition. The scar formation greatly intrudes upon the space needed for movement within the joint. Frozen shoulder comes on gradually with signs and symptoms worsening over time. There are three main stages in which this occurs. The first is called the freezing stage which occurs when any movement of the shoulder causes pain and the range of motion becomes limited. This stage typically lasts from 6 weeks to 9 months. The frozen stage comes

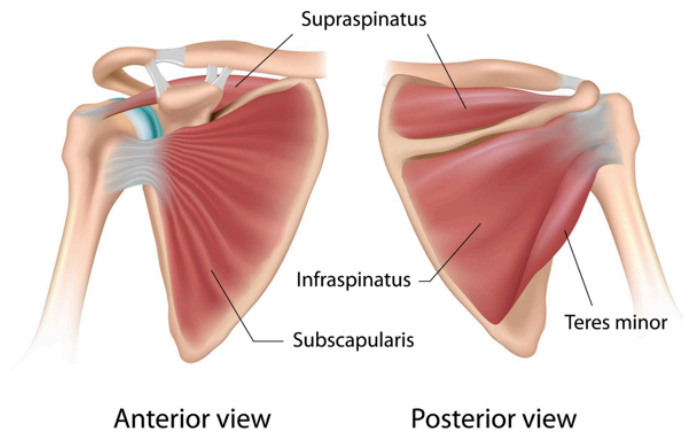
second in which pain may start to diminish. However, the shoulder becomes stiffer and more difficult to use. Lastly is the thawing stage. In this stage, the range of motion begins to improve and the pain can subside. This stage usually occurs 1-3 years after the shoulder becomes frozen.

Although the most recognized pathology is cytokine-mediated synovial inflammation with fibroblastic proliferation, the actual cause of frozen shoulder is not fully understood although there are some identified risk factors. Diabetes patients have a higher risk of developing frozen shoulder although the reason is not known. These patients typically have a greater degree of stiffness for longer periods of time before the thawing stage occurs. Hypothyroidism, hyperthyroidism, Parkinson's, and cardiovascular disease are all associated with frozen shoulder. Besides for other health conditions, immobilization is thought to play a big role in the development of frozen shoulder. When the shoulder is immobilized for long periods of time such as when an injury like a fracture or surgery like a mastectomy occurs.



There are muscles and tendons that work together in the shoulder to provide stability to the ball and socket joint. The rotator cuff muscles including the subscapularis, supraspinatus, infraspinatus, and the teres minor work together to stabilize the ball of the humerus to the glenoid socket. These four muscles form the rotator cuff that comes together with the tendon around the humeral head and secure it firmly to the socket. The rotator cuff tendon covers the head of the humerus to protect the glenohumeral joint and help raise and rotate the arm. Certain occupations or sports activities can put great demand on the rotator cuff muscles causing muscle injuries with inflammation and scar tissue formation. Patients will experience upper back pain as well as reduced range of motion of the shoulder joint.

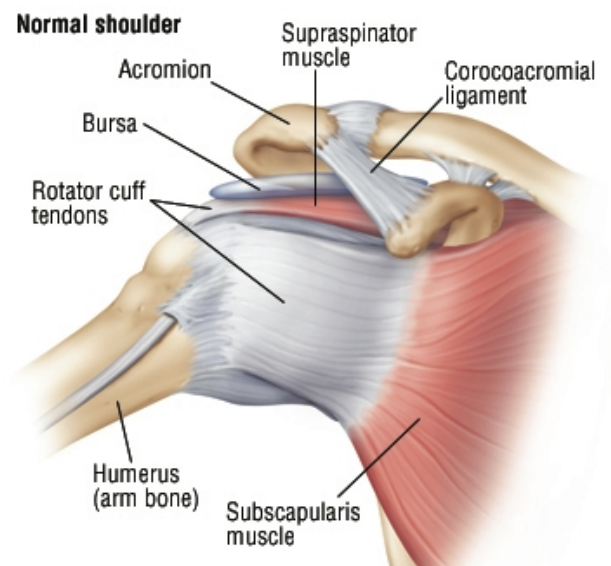
### Rotator Cuff Muscles



### Rotator Cuff Injury

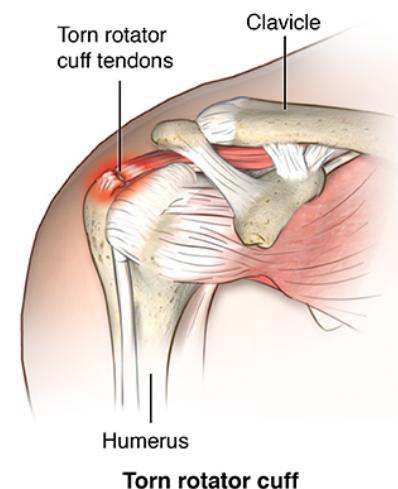
A rotator cuff injury is usually a strain or tear involving the tendons and joint capsule of the rotator cuff. This can occur from a single traumatic incident such as a broken collarbone and dislocated shoulder or from degenerative changes. The most common rotator cuff injury is the rotator cuff tear of the supraspinatus tendon due to degenerative changes of the tendon occurred from the preceding tendinosis. Tendinosis of the rotator cuff tendons can be caused by repetitive movements in a sport or daily life such as overhead arm movements, a reduction of blood supply to the region, or poor posture.

Symptoms of a rotator cuff injury typically include recurrent pain especially during certain activities, pain that prevents the patient from sleeping on the injured side, grating or cracking sounds when the arm is moved. The injury can cause decreased range of motion and muscle weakness and therefore patients will experience similar difficulty in lifting their arms and moving their shoulders that occurs in a frozen shoulder condition.



### Wellness Recommendation Frozen Shoulder

The wellness recommendation for frozen shoulder includes an alternation between the WHITEE Patch and the FASTT Patch applied on the joint capsule and LC Balancer. The WHITEE Patch helps to break down the dense matrix of collagen fibers and scar tissue while the FASTT Patch resolves inflammation and helps the healing of the joint capsule by increasing local blood flow, increasing local lymphatic circulation, and accelerating local biological activities geared towards healing. The FASTT Patch also accelerates local biological activities to expedite healthy collagen regeneration and reverse cellular damage. LC Balancer functions to open the smallest blood vessels to enhance whole body microcirculation and accelerate healing. The enhanced microcirculation also improves nutrient absorption from the digestive tract to assist in healing. Patients should experience improvement within the first week of the protocol. 6 FASTT Patches and 6 WHITEE Patches are recommended for sustained results.



For frozen shoulder that involves a rotator cuff muscle injury, the FASTT Patch is recommended to apply to the injured area which will aid in the reduction of inflammation and healing of these muscles to reduce pain and increase range of motion. Patients should experience symptom improvement with increased range of motion and decreased pain within the first week with 3 FASTT Patches and 6 FASTT Patches is recommended for sustained results. If there is scar tissue formation, it is recommended to rotate the use of FASTT and WHITEE Patches. Patients should experience improvement within the first week. 6 FASTT Patches and 6 WHITEE Patches are recommended for sustained results.

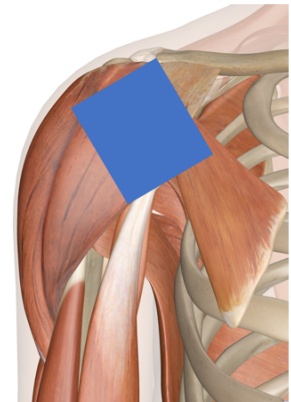
### **Rotator Cuff Injury**

The wellness recommendation for a rotator cuff tendon injury depends upon the cause. If the cause is due to a traumatic injury, the FASTT Patch is recommended to help heal the tendon injury and resolve inflammation by increasing local blood flow, increasing local lymphatic circulation, and accelerating local biological activities geared towards tendon healing. Patients should experience symptom improvement with increased range of motion and decreased pain within the first week with 3 FASTT Patches and 6 FASTT Patches is recommended for sustained results.

If the cause is due to tendinosis or degenerative changes, then an alternation between the FASTT Patch, WHITEE Patch, and LC Balancer is recommended. The FASTT Patch helps heal tendon injuries by accelerating local biological activities to expedite healthy collagen regeneration and reverse cellular damage. The WHITEE Patch helps clear the ground substance, scars, and calcifications as well as reverse degeneration. LC Balancer functions to open the smallest blood vessels to enhance whole body microcirculation and accelerate healing. The enhanced microcirculation also improves nutrient absorption from the digestive tract to assist in healing. Patients should experience symptom improvement with increased range of motion and decreased pain within the first week of the protocol. 6 FASTT Patches and 6 WHITEE Patches are recommended for sustained results.

### **Patch Placement**

1. Find the location of the sharpest pain or inflammation by palpating the shoulder area to indicate the most severely injured or affected point and apply the patch to that area.
2. If there is no clear pain point or if the location is uncertain, apply the patch to the front of the shoulder over the deltoid and part of the pectoralis major (**Figure One**).



**Figure One**

### **Selected Case Studies**

#### **Successful Resolution of Frozen Shoulder Pain**

*Teri Langford, DC, TX*

An 86-year-old male entered the office with Frozen Shoulder syndrome. This man was a healthcare professional and was actively practicing. The pain was increasing and he was able to work only by holding his right arm up with his left hand and having the tools handed to him.

I recommended Wei Laboratories Large FASTT patches which were applied to the shoulder, anterior compartment. He also took LC Balancer to increase microcirculation. He noticed improvement immediately. A total of 6 patches were used and the shoulder has full range of motion and no pain.

## **Successful Resolution for Right Shoulder Injury (Deltoid Muscle and Rotary Cuff)**

*Donna Smith, ND, TX*

A 70-year-old female presented to Dr. Smith with a medical-diagnosis of a sprained right shoulder affecting both deltoid muscle and rotary cuff mobility. When Dr. Smith inquired of the patient if her physician had diagnosed a tear in the muscle also, the patient stated no. Dr. Smith recommended Wei Laboratories LC Balancer, FASTT and WHITEE patches to assist this patient in recovering from this on-the-job accident.

Dr. Smith also suspected the patient had sublimated vertebrae perpetuating her pain and limited mobility, so she also dispensed specific therapeutic whole food supplements to assist her musculoskeletal system in holding vertebrae alignment post-chiropractic adjustment. After being on her musculoskeletal system nutritional protocol for three weeks so that she would have a sufficient amount of these nutrients in her system to hold the vertebrae adjustment once performed, she was ready for referral to her chiropractor for examination and vertebrae adjustment, if applicable. This indeed was a factor. Her sublimated vertebrae were adjusted by her chiropractor and she continued on the musculoskeletal system therapeutic supplements, which were successfully assisting her body in maintaining alignment until they were no longer required for this purpose.

The LC Balancer was continued, however, after a week on the patches, the patches were discontinued due to the patients limited finances. Though it would take more time to heal not being able to utilize the LC Balancer and patches simultaneously, Dr. Smith was confident that LC Balancer would succeed in assisting her shoulder in healing by promoting systemic microcirculation and nutrient absorption. (Note: The laws have not been changed yet to provide Workman Compensation Insurance Coverage for Clinical Nutrition Therapy. Otherwise, this patient would have been able to continue the patches.)

For brevity's sake, the outcome for this patient was as follows: The patient achieved over 90% improvement, with pain and limited mobility experienced infrequently. Due to being misdiagnosed by her physician at her initial medical visit, as the patient did have a tear, she initially received clinical nutrition therapy for a sprain and not for a tear, also, thus, the patient was denied that window of healing opportunity available at the onset to attain complete healing of a tear had it been known.

## **Successful Improvement of Frozen Shoulder**

*Chen-Ying Huang, DAOM, EAMP, WA (11/8/2019)*

A male patient has been seeing Dr. Huang since 8/29/2019 for his shoulder pain due to overuse. He had this shoulder pain for 10 years and the pain affected his daily activities such as lifting and moving. He had surgery on his left shoulder on 4/24/2019 which improved his condition until it was reinjured in August 2019. The muscles were tight and sore when he did any lifting or moving. He had moderate degrees of limitation and range of motion (ROM).

Dr. Huang used local acupuncture treatment around the injured area and provided him with the FASTT Patch for topical use. After acupuncture twice a week for 4 weeks and the use of 10 FASTT Patches, his shoulder pain improved by 90% with normal ROM. He was able to lift and move without pain.

Dr. Huang recommended specific stretching exercises to continue his healing process and to prevent future re-injury.

## **Successful Healing of Labral Tear (Rotator Cuff)**

*Dionne McClain, DC, CA*

A female patient, age 42, had been diagnosed with a labral tear in her rotator cuff. She suffered from severe pain (8 out of 10) as well as significant limitation of range of motion. She had been advised to consider surgery and came for treatment in November 2010. Prior to the injury she had been very active (exercise 3-4 times a week).

A combined treatment program of chiropractic adjustments, herbal remedies from Wei Laboratories (one FASTT and two WHITEE patches), ultrasound, and myofascial release was prescribed for a total length of four weeks (two sessions per week).

The results turned out to be remarkable. The patients range of motion was extended to its normal range within four weeks. The patients pain was completely eliminated (in certain directions of arm movement there is a pain level of 2 which is in the process of being removed as well). The patient can exercise again and she is on her way to being completely cured.