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The etiologic profile of shoulder pain after stroke

Shoulder pain is a common complication of stroke. It may occur in upto 80% of stroke patients who have little or no voluntary movement of the affected upper limb. It can cause considerable distress and reduced activity and can markedly hinder rehabilitation. The presence of hemiplegic shoulder pain is strongly associated with prolonged hospital stay and poor recovery of arm function in the first 10 weeks after stroke. The cause of hemiplegic shoulder pain is the subject of considerable controversy. The following processes have all been postulated as cause of a painful hemiplegic shoulder: glenohumeral subluxation, spasticity of shoulder muscles, impingement, soft tissue trauma, rotator cuff tears, glenohumeral capsulitis, bicipital tendinitis and shoulder hand syndrome. Traction neuropathy of the brachial plexus may also play a part. Unusual patterns of motor recovery or spasticity or unusually severe focal atrophy may suggest brachial plexus injury. Poor handling of a hemiplegic limb may exacerbate a pre-existing condition such as osteoarthritis. Thus pre-morbid disease of the shoulder may predispose to hemiplegic shoulder pain. Stroke patients may suffer from pain that is caused by the stroke itself (central post-stroke pain). The role of central post-stroke pain in the aetiology of hemiplegic shoulder pain. Abnormal tone (both spasticity and flaccidity) has been suggested as an etiological factor in hemiplegic shoulder pain. However, clinical observations suggest that shoulder pain does not occur until spasticity develops. Most authorities agree that the etiology of hemiplegic shoulder pain is probably multifactorial.

Biography

Dr. Drini Dobi was born in January 27th, 1969, and graduated as PhD in University of Tirana, Albania in 1992, and has done the specialization course in Neurology from 1994-1998 in University Hospital Centre "Mother Teresa", Tirana Albania. After his specialization, he has done some other minispecialization course for neurorehabilitation in Instituto Carlo Besta, Milano, Italy, San Carlo, Milan, Italy and Don Carlo Gnocchi Milano, Italy and minispecialization course for neurosonology in UHC "Sestre Milosrdnice" Zagreb, Croatia. He has a lot of publications in some medical periodics and has participated in some of AAN Annual Meetings with his works, EFNS and EAN conferences, with his works too, and some other Neurological Conferences abroad. His Masters is in Rehabilitation in Parkinson Disease, in 2005 and PhD in Physical Rehabilitation after stroke in 2015. He is also the Member of EAN Scientific Pannel of Neurorehabilitation, Scientific Pannel of neurotoxicology, and General Neurology.

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