INTRODUCTION

The shoulder joint is a remarkable ball and socket joint, with a structure that allows for considerable motion that enables a person to place his hand optimally for use in performing daily activities (Schumacher et al., 1988).

Shoulder pain is a common and serious problem is hemiplegia, has been reported with an incidence ranging from 5% to 84% in stroke patients (Bohannon et al., 1986). It interferes with both function and quality of life (Roy, 1988).

Numerous factors have been implicated in the etiology of the pain including (Hecht, 1992):

- Frozen shoulder.
- Bursitis.
- Rotator cuff impingement.
- Supra scapular neuropathy.
- Subluxation.
- Over stretching of soft tissues.
- Spasticity.
- Trauma.
- Shoulder hand syndrome.
- Radiating pain form cervical spine as in cases of cervical spondylosis.

Spasticity is considered as the prime factor and the one most frequently encountered in the genesis of shoulder pain in the hemiplegic patients (Anderson, 1985).

Most studies have speculated about the etiology based on the presence of a physical or x-ray abnormality in patients with pain, but they have failed to prove a cause and effect relationship by showing that correction of the apparent causative factor has removed the pain (Joynt, 1992).