

PATIENT
INFORMATION
LEAFLET

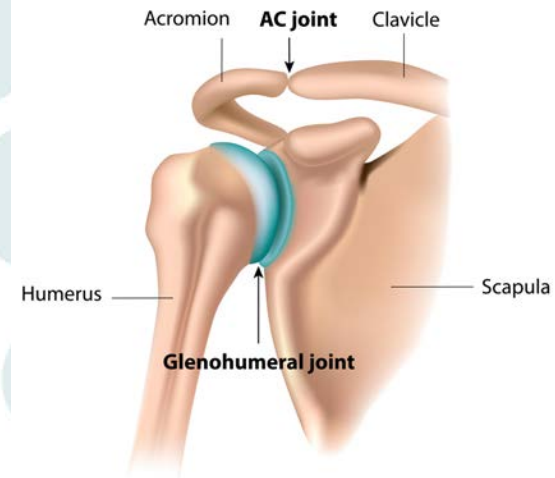
Frozen Shoulder

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Introduction

Frozen shoulder, or adhesive capsulitis, is an extremely painful condition that results in loss of range of movement at the shoulder joint. A true frozen shoulder typically develops without any injury or reason, but stiff shoulders can also develop after an injury, surgery or a period of immobility.

The shoulder joint (glenohumeral joint) is encased within a joint capsule. The joint capsule is normally large and loose, which allows the shoulder joint to have a large range of movement. In frozen shoulders the capsule becomes thickened and inflamed, which causes the shoulder to become very painful and stiff.



Causes of a Frozen Shoulder

We still don't fully understand the pathology of frozen shoulder, and the exact mechanism of why people develop frozen shoulders remains unclear. It typically affects people aged 40-60 years old. It appears to be more common in people with diabetes, high cholesterol, heart disease or thyroid problems.

Symptoms of a Frozen Shoulder

The condition usually goes through 3 phases:

1. **Freezing** – pain begins to develop, and becomes more severe over time. Range of movement reduces progressively. This phase can last between 6 weeks and 9 months
2. **Frozen**- pain begins to subside but the shoulder remains stiff. This phase lasts 4-12 months
3. **Thawing** – the condition begins to resolve, with a gradual increase in range of movement over 12-42 months.

Diagnosis of a Frozen Shoulder

Diagnosis of frozen shoulder is made from history and examination. Imaging the shoulder is not helpful in the diagnosis of frozen shoulder, but maybe requested to rule out other conditions.

Self Management of a Frozen Shoulder

Frozen shoulders tend to resolve without treatment over time. They have usually improved significantly 2-4 years after onset. There is no cure for a frozen shoulder, but there are several treatment options available to try to speed up the resolution.

Pain Relief

Over the counter pain relief can be useful to manage the pain. If you are concerned or unable to take over the counter pain relief then seek advice from your GP or pharmacist.

Physiotherapy

Different physiotherapy treatments are useful at different stages of this condition, potential treatments include soft tissue or joint mobilisations to reduce pain and restore range of movement, as well as exercises to improve range of movement and strength.

Injections

Steroid Injections: These may be useful in the early freezing stage to reduce pain and in some cases can prevent the condition from progressing.

Hydro-dilatation Injections: This is a technique whereby a large volume of fluid is injected, under x-ray or ultrasound guidance, into the joint aiming to stretch the joint from the inside. This procedure is less invasive than surgery and many people find it beneficial to reduce pain and improve shoulder range of movement.

Surgery

Some people chose to have a surgical intervention to surgically release the joint capsule, aiming to improve range of movement.

Exercises for a Frozen Shoulder

Exercise 1: Shoulder Pendulum Exercises



- Start by resting your non-affected hand on a stable object for balance.
- Slightly bend forward, with your affected arm hanging in front of body towards the floor. Slowly start swinging your arm forward/sideways/in circles.
- Your arm should be fully relaxed when doing this exercise.

Exercise 2: Seated Shoulder External Rotation with Stick



- While standing or sitting on a chair, hold a stick with your unaffected arm.
- Place a small rolled up towel between the elbow of your affected arm and the side of your body; bend your elbow to 90 degrees.
- Use the stick to gently push into the hand of the injured arm.
- Your arm should slowly rotate outward, while maintaining a 90 degree angle at the elbow, keeping it on the towel.
- Rotate the arm until a stretch is felt.

Exercise 3: Assisted Shoulder Flexion



- While sitting in a chair, clasp the hand of the affected arm and slowly raise it up upwards overhead.
- Keep your elbows as straight as possible.

Exercise 4: Assisted Shoulder Abduction



- Hold a stick, palm face up on the injured side and palm face down on the uninjured side. Keep your affected arm straight while pushing to the side and up with unaffected arm, as far as your affected arm will stretch without pain.

Exercise 5: Hand Behind Back Stretch



- Put your affected arm behind your back as far as able.
- Grab it with your unaffected hand and gentle pull it upwards.

Exercise 6: Posterior Shoulder Stretch



- Place the hand of the affected arm to the opposite shoulder.
- Grab your affected elbow with your unaffected hand.
- Gently pull the elbow towards the shoulder until a stretch is felt in the shoulder.

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.