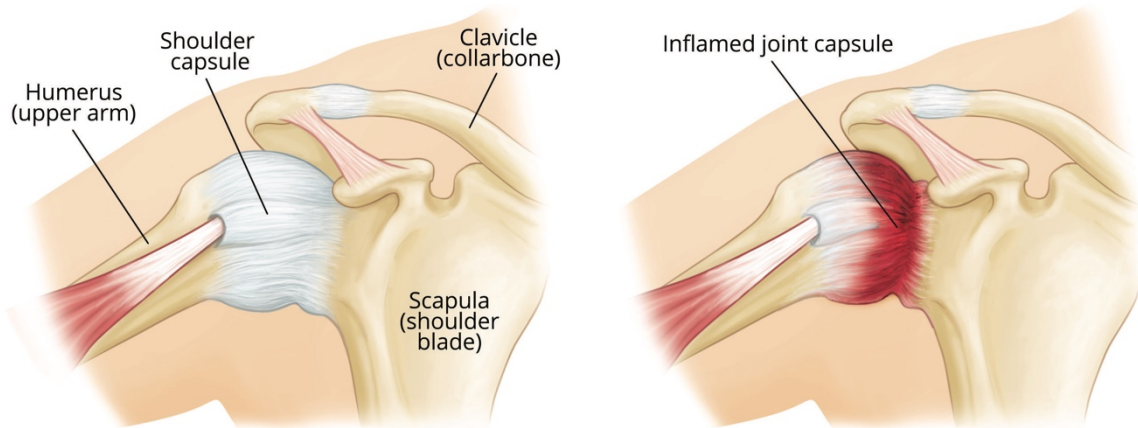


Frozen shoulder

Overview

Frozen shoulder, or adhesive capsulitis, is a thickening of the shoulder capsule around the glenohumeral shoulder joint. It is usually a result of the inflammation, scarring, tightening of the connective tissue surrounding the shoulder joint capsule. It can be classified as a loss of both passive and active range of motion in the shoulder with associated pain and stiffness.



Causes

- Identifying the actual cause can be very unclear
- Injury, trauma, surgery or prolonged periods on immobility can be a contributing factor.
- Age can be a factor with 40–60 year olds more commonly affected
- More common in females (70%)
- Diabetes, Thyroid conditions, Parkinson's, Cardiovascular disease can predispose.
- Poor biomechanics and posture

Symptoms or Problems

Usual gradual onset but can start with severe pain, especially affecting sleep. It usually progresses through the following 3 stages.

1. Freezing/painful stage

- Stiffness in the shoulder joint
- Pain with any shoulder movement (worse at night)
- Limited ROM
- Little to no response to anti-inflammatory medication

2. Frozen/stiff stage

- Pain begins to subside
- ROM is significantly limited
- Pain is present with end ROM ie elevation, external rotation

3. Thawing (Resolution) stage

- ROM begins to improve
- Spontaneous restoration of freedom in the joint capsule

Note: Recovery from frozen shoulder can take up to 18 to 42 months. It can often affect the other shoulder. Associated symptoms can refer to the upper arm, upper back and neck region, resulting in stiffness in any of these areas.

Treatment

Treatment is difficult and requires a considered approach and patient compliance to improve outcomes. Over time, frozen shoulder usually will get better on its own. The range of treatment options include:

- Simple treatments often help control pain and restore motion.
 - Nonsteroidal anti-inflammatory medicines. Drugs like aspirin and ibuprofen reduce pain and swelling.
 - Steroid injections. Cortisone is a powerful anti-inflammatory medicine that is injected directly into your shoulder joint.
- Physical therapy.
 - Specific exercises will help restore movement and strengthen your shoulder. Physical therapy is most often the key ingredient in treating frozen shoulder.
- Distention injections (Hydrodilatation) into the effected shoulder capsule (eg: sterile water, iced saline or corticosteroid injections)
- Surgery (open arthroscopic capsular release to remove scar tissue ect)
- Conservative exercise to maintain a comfortable ROM

What does the operation involve?

Various anaesthetic techniques are possible.

The operation usually takes 30 minutes to an hour. Your surgeon will make two small cuts, about half a centimetre long, one at the front and one at the back of your shoulder. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cut to divide the tight, thickened capsule to improve the range of movement of your shoulder.

What complications can happen?

Some of these can be serious and can even cause death.

General complications of any operation

- pain
- bleeding
- infection of the surgical site (wound)
- unsightly scarring of your skin

Specific complications of this operation

- infection in your shoulder joint
- continued stiff shoulder
- damage to nerves around your shoulder

How soon will I recover?

- You should be able to go home the same day.
- You do not need to wear a sling and aim to use your shoulder as much as possible. It usually takes about 6 months to get a good range of movement.
- Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.
- Most people make a good recovery, have less pain and can use their shoulder better.

Exercises

All movement should be within a pain free range. Avoid aggravating symptoms by pushing end ROM such as overhead arms, side lying or weight bearing

- Maintain a comfortable range of motion with gentle exercise
- Focus on maintaining strength and mobility
- Address associated / surrounding areas
- Last stages (resolution) should involve a focus on a return to functional ADL's
- Increase muscle tone to any atrophy that may have occurred

Keeping your shoulder moving is very important but you should avoid pushing too far into very painful movement. Try the exercises below. Your Physiotherapist may change or add to them if needed.

1) Lean forwards onto a support

- Let your affected arm hang down by your side and swing arm –
 - forwards and backwards
 - side to side
 - around in circles (both ways)
 - Repeat 5-10 times



2) Lying on your back

- Support affected arm with your other hand and lift both overhead as far as possible.
- Repeat 5-10 times



3) Lying on your back.

- Place your hands behind your neck and point your elbows towards the ceiling.
- Slowly let your elbows fall outwards.
- Hold for 10 seconds. Repeat 5-10 times.



4) Sitting holding a stick with your arms bent and elbows into your sides.

- Use your good arm to push your affected arm out to the side.
- Repeat 5-10 times

