

Frozen Shoulder

What is a frozen shoulder?

The alternative term for frozen shoulder is 'adhesive capsulitis' but it is also known as 'contracted shoulder' or '50s shoulder'. It is a condition that affects your ability to move your shoulder around. There is stiffness and pain in the shoulder joint, which reduces normal movement in this area. This makes it very difficult to carry out the full range of normal movements and hard to carry out everyday tasks such as dressing, driving and sleeping comfortably. Some people find they are unable to move the shoulder at all, hence the name, frozen shoulder.

Frozen shoulder usually only affects one shoulder, although in approximately one in five cases the condition spreads to the other shoulder.

Frozen shoulder is not the same as arthritis and other joints are not affected. Recovery can be slow and symptoms can last for two to three years, although for some people it is much faster than this.

Why me?

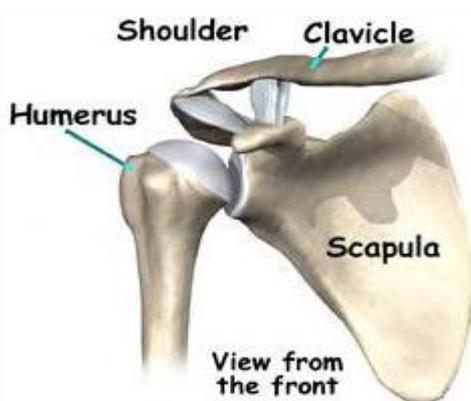
The condition is uncommon in young people and most cases occur in people between the ages of 40 and 60. The exact cause is unknown but is more common in females and in people with diabetes. It can also develop after trauma or surgery to the shoulder or after a stroke. Other risk factors include thyroid problems, high cholesterol, osteoporosis and Dupuytren's disease.

What is happening?

The shoulder joint is a ball and socket joint. A lining of fibrous tissue, known as a capsule, surrounds the shoulder joint and holds the two bones together. The capsule normally has enough stretch to allow the shoulder to go through its full range of movement but not enough to allow the bones to become misaligned (dislocate).

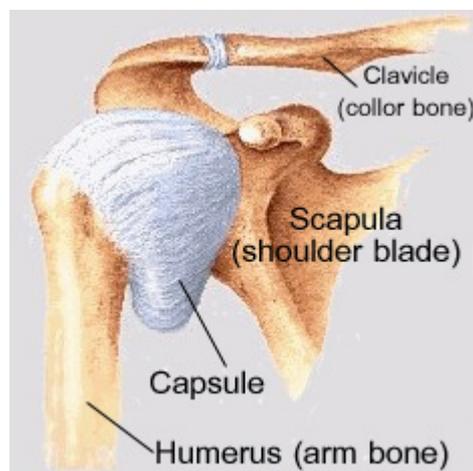
Frozen shoulder occurs when this lining becomes thickened and swollen. The exact cause of frozen shoulder is not known, but it is thought that scar tissue forms in the capsule, causing it to thicken and contract. Scar tissue may form for a number of reasons, such as after a minor shoulder injury or from heavy exercise, but sometimes there is no obvious cause.

A



The shoulder joint

B



Stages of frozen shoulder

Symptoms of frozen shoulder are usually experienced in two distinct stages, which are spread over a number of months or years:

Stage 1 - Painful phase

- Shoulder starts to ache and becomes very painful especially reaching out for things.
- Pain is often worse at night and when lying on affected side.
- Sleep is often affected as it becomes very painful to lie on the affected shoulder.

This stage can last from two to nine months

Stage 2 - Stiff phase

- Stiffness is the dominant feature.
- Shoulder becomes increasingly stiff, usually no worsening of pain (pain may decrease).
- You may notice this particularly on movements reaching behind your back or head. These movements remain tight even when you try to move the shoulder yourself and someone else tries to do it for you.

This stage lasts between four and twelve months.

Recovery - It was widely believed that frozen shoulder would make a full recovery without any intervention but from reviewing the evidence this is not strictly true.

- You should expect a gradual recovery of shoulder movement and reduction in pain. In some cases a degree of stiffness and pain will remain.
- A study showed that in people seven years after onset of frozen shoulder, 11% reported mild interference with everyday tasks, but 60% had some shoulder stiffness remaining when measured. So it should have little effect on daily life, although the joint may remain stiffer when tested.
- Physiotherapy may be required to ensure optimum recovery is achieved.

This stage can last six months to a few years.

What do I see and feel?

- Gradual onset.
- Pain and restriction on movement.
- Pain on sleeping, especially side-lying.
- Investigations (ultrasound, x-ray, MRI) negative.

Treatment

Pain relief via your GP.

Continue using your shoulder as normal unless this exacerbates the pain for a long period.

Exercise – Regular, gentle exercise can help to keep the shoulder joint mobile (particularly important in stage 1). Your physiotherapist will advise you on which exercises are appropriate for you. If your shoulder is very stiff, exercise may hurt and therefore it needs to be carried out in a graded manner. In stages 2 and 3 the shoulder normally needs more vigorous stretching to regain range of movement.

Other treatment in physiotherapy can be used such as acupuncture and joint mobilisation, although there is little clinical evidence to show they are effective.

Steroid injection – Indicated if pain is not well controlled by painkillers. The aim is to reduce pain not to increase range of movement. The steroid is a drug used to help reduce pain and inflammation.

Surgery – It is uncommon to need surgery for a frozen shoulder. It may be necessary if symptoms are very severe and other treatments have not worked after six months.

- Manipulation under anaesthetic: the shoulder will be manipulated (moved) whilst you are under general anaesthetic.
- Arthroscopic release (keyhole surgery). A probe will be inserted into the shoulder which emits high frequency radio waves and this divides or cuts the thickened part of the capsule.

Coventry Adult Physiotherapy Service - 024 7696 1335

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References: Wong et al. Natural history of frozen shoulder: fact or fiction? A systematic review. Physiotherapy 2017, 103:40-47; Bunker T. Time for a new name for frozen shoulder – contracture of the shoulder. Shoulder and Elbow 2009,1: 4-9; Oxford Shoulder and Elbow Clinic, Information for you – Frozen Shoulder. Patient information leaflet. 2004;



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