

Frozen shoulder

Overview of Frozen Shoulder

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 40 – 60 yr old category
- More common in females (70%)
- Diabetes, Thyroid conditions, Parkinson's , Cardiovascular disease can predispose.
- Poor biomechanics and posture

Symptoms or Problems

Symptoms begin as a gradual onset and progress through the following 3 stages.

1. Painful (Freezing) 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 (Adhesion) 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 an considered approach and patient compliance to improve outcomes. The range of treatment options include:

- Early treatment would benefit from rest , ice, compression and elevation (RICE) and when inflammation is present
- Distention injections 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
- Manipulation (under general anaesthetic)

Exercise Considerations

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

References and further reading.

Funk, Leonard. Frozen Shoulder, 2007. www.shoulderdoc.co.uk

Nash, P. Shoulder Pain. *Current Therapy* 1999 Apr, 40 (4)

Jing-Ian Yang, Chein-wei Chang, et al, Mobilization Techniques in Subjects with Frozen Shoulder Syndrome: Randomised Multiple Treatment Trial. Vol. 87 Number 10 *Physical Therapy*, October 2007.

Ruiz, Jose Orlando, Positional Stretching of the Coracohumeral Ligament on a Patient with Adhesive Capsulite: A Case Report. *Journal of Manual & Manipulative Therapy* Vol.17 No.1

www.PhysioAdvisor.com Frozen Shoulder (Adhesive capsulitis)

http://www.frozenshoulder.com/your_diagnosis.php