

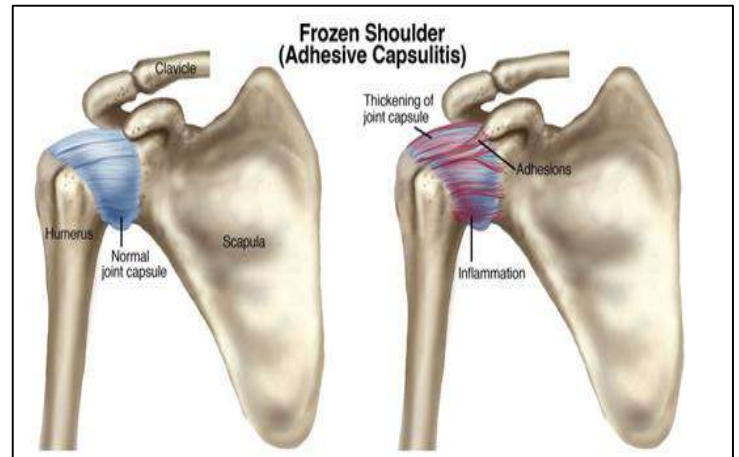
Frozen Shoulder (Adhesive Capsulitis)

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Frozen shoulder describes a relatively common condition in which thickening and contraction occurs around the shoulder. This leads to a painful and stiff shoulder. The exact underlying cause of Frozen Shoulder is still unknown.

Unfortunately Frozen Shoulder can occur in anyone with or without an incident.

- ❖ It affects 2-5% of the population
- ❖ It is more common (10-38%) in those with diabetes or thyroid disease
- ❖ It is most common in females, and those between 40-65 years of age
- ❖ Occurrence in one shoulder increases the risk in the other shoulder by 5-34%



Diagnosing Frozen Shoulder:

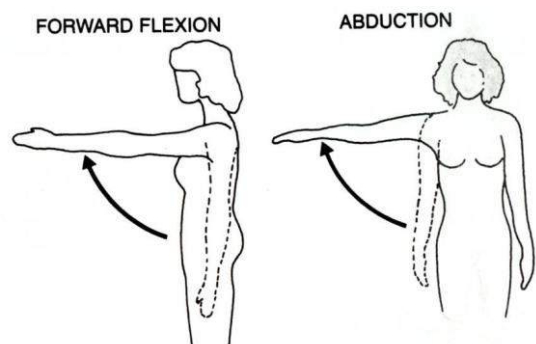
X-rays and imaging are not always necessary to diagnose Frozen Shoulder. Common findings your physiotherapist is looking for include:

- ❖ Your symptoms may have occurred gradually
- ❖ Shoulder flexion (forward), external rotation and abduction movement (see pictures below) are significantly decreased
- ❖ These movements are not improved even when someone else tries to lift your shoulder and perform them.
- ❖ You have pain lying on the affected side and usually cannot sleep on that side
- ❖ Shoulder x-rays are usually normal

External Rotation movement:



Shoulder flexion and abduction movement:



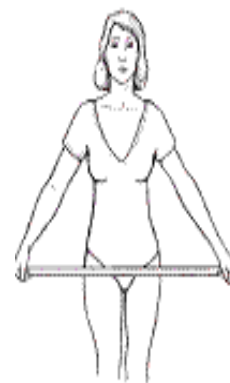
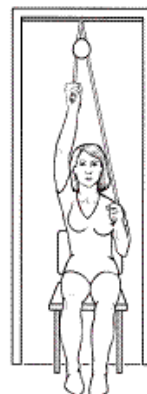
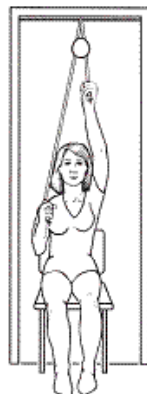
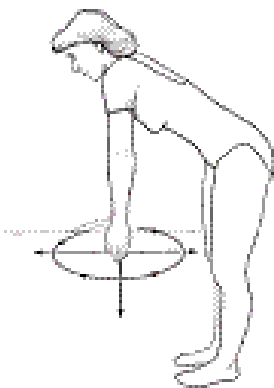
Treatment:

- ❖ Diagnosis is the first step. If there are signs of other shoulder pathology then your therapist may refer you to an orthopaedic surgeon for imaging and review
- ❖ Generally, the long-term outcome for your shoulder is good. Most people regain full (or close to) full pain free movement and use of their shoulder
- ❖ Frozen shoulder naturally goes through 4 stages until you reach full recovery. The treatment recommended depends on what stage of the condition you are in and how irritable/painful your shoulder is. Please see the next page for more information

Frozen Shoulder: Stages of the condition and treatment options:

The length of time you can spend in each stage varies significantly. The time frames below are just approximate times only

Stage	Approx. time frame	Treatment options
Stage one: <ul style="list-style-type: none"> ❖ You notice pain with active and passive shoulder movement ❖ Your shoulder flexibility decreases 	(0-3 months)	<ul style="list-style-type: none"> ❖ Confirm diagnosis ❖ Learn about the condition ❖ Non-aggravating flexibility exercises only (e.g. pendulum, passive external rotation @ 40 deg abduction in scaption, horizontal adduction, and internal rotation stretches) ❖ Use a pulley to maintain range of movement ❖ Seek assistance from your doctor for pain relief. ❖ Corticosteroid injection could be considered to help with your pain
Stage two: <ul style="list-style-type: none"> ❖ Your pain and stiffness becomes more intense and chronic ❖ Pain is present even at rest ❖ Pain affects your ability to sleep ❖ Pain may begin to travel down the arm, into the elbow 	(3-9 months)	
Stage three: <ul style="list-style-type: none"> ❖ You have less pain except at the end of range shoulder movements ❖ Your shoulder remains very stiff 	(9-15 months)	<ul style="list-style-type: none"> ❖ Your physiotherapist can provide you with a graduated strengthening and stretching program for your shoulder ❖ Physiotherapist guided mobilisation may help decrease the stiffness in the joint
Stage four: <ul style="list-style-type: none"> ❖ You have minimal pain ❖ Your movement progressively returns to (or close to) normal 	(15-24 months)	



This educational hand-out was developed by Peter Halstead in 2012. The content is based on the most up-to-date research available at the time and it is reviewed on a yearly bases. The information contained is for the general public. If you have current pain or issues with your health please discuss this with your health professional prior to beginning the exercises discussed. If you have any questions regarding the content of this hand-out please contact Peter at www.PTPete.co.nz

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