REEF Orthopaedic CLINIC

Frozen Shoulder

Introduction

'Frozen shoulder' or 'Adhesive capsulitis' is an inflammatory condition of the shoulder joint capsule of unknown cause that leads to pain, stiffness and significant loss of shoulder function.

Frozen shoulder is more common in the 40-60 year age group, females are affected more than males and it can sometimes be bilateral. The condition is associated with, but not caused by Diabetes, Thyroid disease, Heart disease and shoulder injury.

The most common presentation is vague to severe shoulder pain felt on the outside of the arm, difficulty sleeping on the affected arm and progressive stiffness with loss of function.

The good news is that in most cases frozen shoulder settles down with time and good shoulder function returns in most cases. It is important to understand the condition, its usual course and how you can best manage the problem.

What to expect and what to do

Frozen shoulder can be broken into 3 stages, with each stage lasting 6 months or more.

1. **Freezing stage**: The first stage is usually the most painful. Initially the pain is mostly at night time and disturbs sleep but it can become constant and like a severe toothache. It is important during this time to take regular simple painkillers (paracetamol), anti-inflammatories (if tolerated). Sometimes a sleeping tablet can be helpful, you should discuss this with your GP and Orthopaedic surgeon.

2. **Frozen stage:** The shoulder is now stiff and the pain usually settles. This is the best time to concentrate on simple physiotherapy with stretching exercises. Painkillers are taken as required.

3. **Thawing stage:** During this time the stiffness and residual pain settle and physiotherapy is useful to improve shoulder range of motion, strength and function. Painkillers are usually required less often.

How is Frozen shoulder diagnosed?

Your treating GP and Orthopaedic surgeon will assess you. The story is often typical and the shoulder when examined has a decreased range of movement, particularly rotation.

Xrays, Ultrasound and MRI may be used to rule out other conditions but they are usually fairly normal in appearance when the diagnosis is Frozen shoulder.

Are there any other treatments?

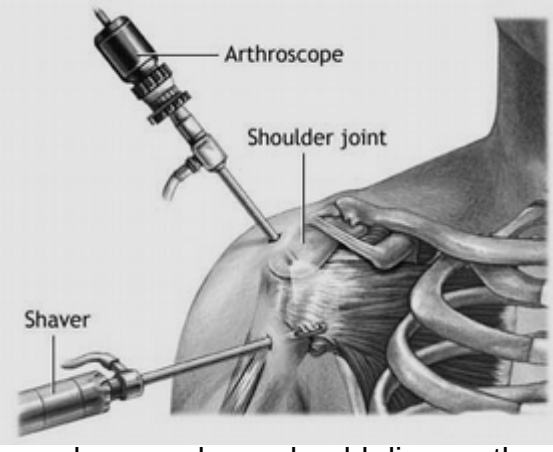
Most people get better with physiotherapy and painkillers alone.

Non-operative treatment

Sometimes it is helpful to try and settle the painful 'freezing stage' down with an injection of water solution and steroid (cortisone) into the shoulder joint. This can reduce the inflammation and stretch the shoulder joint capsule (hydro-dilatation). If this is initially successful but wears off the cortisone injection and hydro-dilatation can be repeated.

Operative treatment

Manipulation under Anaesthesia: If the shoulder remains stiff and the movement is not returning then the joint can be manipulated whilst you are under general anaesthetic (G.A.) This helps restore movement by breaking down scar tissue. It is important to continue with physiotherapy afterwards to retain the movement.



Arthroscopy and division of adhesions: In severe cases of frozen shoulder that do not respond to the usual treatment path an arthroscopy may be performed, allowing inspection of the shoulder joint and subacromial space. The joint is dilated with saline solution and scar or inflammatory tissue is cut away to allow the shoulder to move more easily.

As with all surgery there are risks and complications associated with both these procedures and you should discuss these with your surgeon if an operation is recommended.

This brochure is a brief overview of shoulder instability and is not designed to be all-inclusive. If you have any further questions please discuss them with your surgeon.