



## Frozen Shoulder

### What is it?

Frozen shoulder (adhesive capsulitis) is a condition characterized by a significant restriction in motion of the shoulder in the absence of another known shoulder disorder

### Who has frozen shoulder?

The cause is unknown. 2% of the population will have a frozen shoulder in their lifetime. The usual age range is 40 to 60 years old, with the average age of 50 years old. 10% of patients will have both shoulders affected.

There are some predisposing factors which have been identified. Many people recall a minor injury. Immobilization of the affected shoulder is often identified in retrospect.

### How long does frozen shoulder last?

Most experts quote duration of 18 months without treatment. It is often longer if you have diabetes or hypothyroidism. Treatment aims to alter this time course.

Three phases are often described, each with some overlap.

*Freezing* – 0 to 6 months, characterized by pain, especially at night with progressive loss of movement.

*Frozen* – 3 to 12 months, characterized by pain at extremes of motion and positional sleep disturbances.

*Thawing* – 12 + months, characterized by loss of pain and improvements in range of motion.

### What are my treatment options?

*Nothing*

#### *Non-Surgical*

Physiotherapy

Medication

Hydrodilatation

#### *Surgical*

Manipulation under anaesthesia

Arthroscopic capsular release

### Investigations

The diagnosis of frozen shoulder is based on clinical signs and normal xrays to exclude arthritis. Rotator cuff tears are excluded by examination and supplementary medical imaging (MRI or ultrasound) as indicated.

## **My preferred treatment options**

Avoid using a sling as this promotes further stiffness

### *Analgesia*

A combination of the following are often used to help with pain and allow better performance of physiotherapy program

Paracetamol – (Panadol) 1g (2 x 500mg tabs) taken 4 hourly

Codeine – mostly available as Panadeine as an over the counter medication, can be taken 4 hourly instead of paracetamol.

Non-Steroidal Anti-Inflammatory Drugs (NSAID's) – often help to settle the night pain

A combination of physiotherapy and hydrodilatation has good results.

### *Physiotherapy*

Sarah Jackins, Postoperative shoulder rehabilitation, Phys Med Rehabil Clin N Am 15 (2004) 643-682

This is a program with emphasis on regular stretching and some core strengthening with avoidance of rotator cuff strength training or lifting the arm out to the side (abduction).

### *Hydrodilatation*

This is an injection placed into the shoulder joint, deep to the rotator cuff and shoulder joint capsule. The aim is to stretch the shoulder to the limits of your comfort. The solution has local anaesthetic to minimize the discomfort and cortisone to help with the inflammation. Often a volume of 35mls is achieved which compares with 50mls of a normal shoulder.

### *Surgical Procedure*

Surgical procedures are indicated when after exhausting non-operative options and you are not able to manage with your current shoulder function. Surgical release of the capsule and ligaments within the shoulder can be performed with arthroscopic techniques. Like all surgical procedures, this may not be always appropriate.