

Frozen shoulder



Information for patients

MSK Outpatients (Therapy)



Introduction

The physiotherapy team would like you and your family to understand as much as possible about your shoulder condition.

This booklet contains information about your shoulder condition and gives you advice on treatment, recovery and rehabilitation.

Please feel free to ask any questions you may have at your next appointment. There is space at the back of the booklet in case you want to write down questions.

What is a frozen shoulder?

The lining of the shoulder joint is called the 'capsule'. This is a loose membrane surrounding the shoulder joint which allows you to move your arm easily in all directions.

With a frozen shoulder, the capsule becomes irritable and tightens. This tightening causes pain and stiffness which gradually limits the ability to use your arm for day-to-day activities.

The pain may also disturb your sleep.

A 'frozen shoulder' may also be referred to as 'shoulder capsulitis' or 'adhesive capsulitis'.

What causes a frozen shoulder?

The exact cause of a frozen shoulder is not fully understood but there are factors that can increase your risk of developing it.

Diabetes and thyroid gland problems can increase your risk of developing a frozen shoulder, and it can also develop following a heart attack or a stroke.

If you have had a Dupuytren's contracture in your hand this may also make developing a frozen shoulder more likely.

It can also be linked to minor injuries of the shoulder and may follow shoulder surgery, particularly if the shoulder has been kept still for some time.

How common is it?

The majority of cases of frozen shoulder occur commonly between the ages of 40 - 60 years and tend to affect women more than men.

In the UK, 1 million people suffer from it every year.

Of the people who suffer from frozen shoulder, approximately 10-20% will get it in the other shoulder.

What are the symptoms of a frozen shoulder?

The general symptoms of a frozen shoulder are pain and stiffness in the shoulder. Symptoms tend to progress through 3 stages which may be over a period of months, but in some cases may extend to a few years. Symptoms can vary greatly between people.

Stage 1:

The painful stage, also known as the 'freezing' stage.

The pain often starts slowly, sometimes for no apparent reason, and gradually builds up. The pain can be felt on the outside of the upper arm and may extend to the elbow or forearm. The pain is worse on movements of the arm and can be present at rest. The shoulder movements will start to reduce during this time. Sleep is often affected by pain when lying on that side. Sudden or jarring movements can also be painful.

Stage 2:

The stiff phase, also known as the 'frozen' stage.

During this phase there is a gradual reduction of pain but the stiffness continues and range of shoulder movement is limited. You are likely to struggle putting your hand behind your head or back.

Stage 3:

The recovery phase, also known as the 'thawing' stage.

The pain levels improve even more and your shoulder will begin to become more flexible. You will slowly find you can use your arm in a more normal way.

It can take over 2 years to pass through all 3 phases.

Are there any tests or examinations needed to confirm the diagnosis?

A physical examination by your physiotherapist or doctor will be carried out to diagnose a frozen shoulder.

An X-ray may be taken to exclude other problems, such as osteoarthritis. With a frozen shoulder the X-ray should appear normal.

What treatments are available?

There is no specific treatment which is better than another as the condition will often improve with time.

Pain relief

During stage 1 when pain is very dominant, it is important that you have adequate pain relief. Painkiller medication should be discussed with your doctor or pharmacist.

Heat and cold packs, a TENS machine (transcutaneous nerve stimulation) may all help with your pain. Your physiotherapist or doctor will be able to advise you on these.

During this stage stretches to the shoulder may be too painful therefore it is important to just do gentle movements only.

Steroid injections

Your doctor or injection therapist may offer you an injection of a steroid into your shoulder capsule if you are in the early stages of a frozen shoulder. This may help to ease the pain. Steroid injections are not generally effective in the later stages of a frozen shoulder.

Physiotherapy

In stage 2, once the pain starts to settle, it is important to get the shoulder moving. Your physiotherapist will show you exercises and may also move your shoulder for you (called joint mobilisations). It is important to do your exercises as advised to get maximum benefit. If movement is not improving or the pain becomes worse, physiotherapy is likely to be discontinued and you may be referred back to your doctor.

Surgery

In some cases surgery may be offered to you if your shoulder movement has not improved and remains very stiff.

The Orthopaedic Surgeon may offer you surgery which may include an 'Arthroscopic Capsular Release' which is where your surgeon releases the tight structures by key-hole surgery.

Intensive Physiotherapy following surgery is essential.

However the vast majority of frozen shoulders are self limiting. This means that most will improve by themselves in approximately 2 years.

Are there any side effects or risks to treatment?

When you have physiotherapy your shoulder may become more sore in the short term. There is also the risk that physiotherapy or strong stretches may aggravate the condition, so if it becomes increasingly painful, physiotherapy should be stopped. There is also the possibility that some patients may gain no benefit from the treatments discussed above.

How long will I need physiotherapy for?

If your shoulder movement improves with physiotherapy you are likely to continue coming for between a few weeks to a few months. Once you are happy with your shoulder movement you may be discharged from physiotherapy with advice to continue with your exercises. If your shoulder fails to improve your physiotherapist may write back to your doctor.

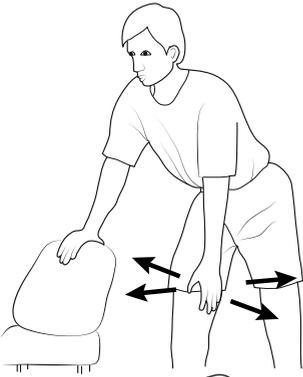
Is there anything I can do to help myself?

It is important to take adequate pain relief to help control the symptoms and also to allow you to do your exercises. Your doctor or pharmacist should be able to advise you on this.

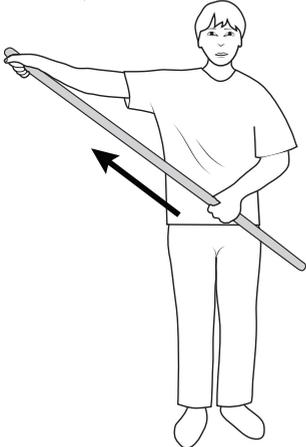
Some useful exercises

Try the following exercises below.

Do not do them if you feel they make your pain worse.



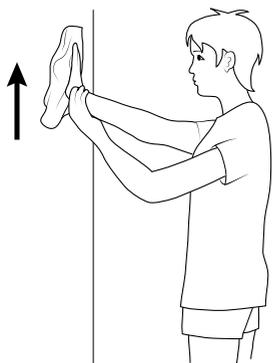
Lean with your good arm onto a table or chair, and slowly bend forward so your painful arm moves further away from your body. Gently allow your arm to swing forwards and back, and side to side like a pendulum of a clock.



Use a walking stick or broom handle in your good arm to gently try to lift your painful arm out to the side.



With your elbows bent in at your side, use a walking stick or broom handle to gently twist your painful arm out to the side.



Use your good arm to assist your painful arm and slide it up and down a wall on a cloth.

If this is too painful, try and slide your hand forwards and backwards on a work surface.

Useful telephone numbers

Physiotherapy departments;

- **(0114) 271 4857 (NGH)**
- **(0114) 271 3090 (RHH)**
- **(0114) 237 1030 - then press 1 for NHSPHYSIOWORKS**



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