

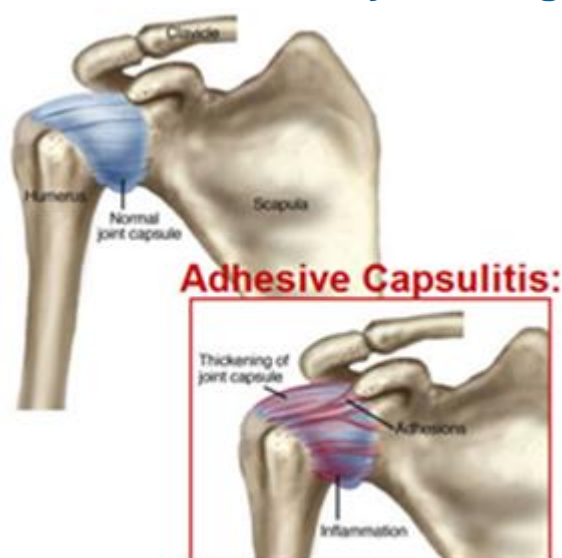
Frozen Shoulder (Adhesive Capsulitis)

This leaflet provides information about a frozen shoulder. If you have any further questions or concerns, please speak to the staff member in charge of your care.

About your shoulder

The shoulder is a very mobile joint which allows you to use your arm and hands in a wide variety of positions. The ball at the top of the arm bone (Humerus) fits into the shallow socket (Glenoid) of the shoulder blade (Scapula). There is a loose bag surrounding the joint called a capsule. This contains fluid to lubricate the joint and is supported by ligaments and muscles.

What is a frozen shoulder and why have I got it?



Frozen shoulder describes a shoulder joint that has become very painful, stiff, and tight. There are two types of frozen shoulder, primary and secondary.

Primary frozen shoulder is idiopathic, meaning the causes for this are not fully understood.

Secondary frozen shoulder can be a result of trauma, shoulder impingement, cardiovascular disease or diabetes.

The loose bag or capsule surrounding the joint becomes thickened and inflamed and appears to tighten or shrink around the joint resulting in a reduced range of movement and pain.

The total timeline of a frozen shoulder can be from 12 to 42 months and usually resolves with no formal medical intervention. Nobody knows the exact causes for a frozen shoulder. In many patients the cause cannot be found but there is emerging evidence that it is related to general health status and that if you have any of the following, your risk of developing frozen shoulder increases:

Risk Factors include:

- People with diabetes
- People with thyroid dysfunction
- Obesity
- Being aged between 40 to 60 years
- People with heart disease
- A recent history of trauma or injury to the shoulder region.

About ten per cent of people may develop frozen shoulder in the other shoulder within five to seven years of the first one.

What are the signs and symptoms?

The two main symptoms are pain and stiffness, with the pain being divided into two distinct types.

Synovitis Pain: a pain-limiting period

A pain that can occur at any time during a frozen shoulder. As a result of pain, movement becomes very difficult in all directions and it is difficult to get relief during the day, even when resting. Normal daily activities can be also be affected. Sleep is often severely disturbed and lying on that side may not be possible. This pain can occasionally extend down the arm.

Capsular Pain: Pain at the end of the movable range – can last for 12 to 42 months

Pain is experienced at the limit of the shoulder's movement or with direct pressure on to the shoulder. Sleep may be disturbed, but a change of position away from the pain normally allows restful sleep. This pain may remain until the frozen shoulder has resolved but normally lessens with time.

Stiffness: Can last 12 to 42 months

The shoulder joint becomes increasingly stiff, particularly with twisting movements such as trying to put your hand at the back of your head or behind your back. These movements remain stiff and restricted even if another person (your therapist) tries to move your shoulder in these directions. Stiffness begins to improve and resolve at up to 42 months after the start of the stiffness occurring. You will notice improving function of your arm at this time.

Do I need any tests to confirm the diagnosis?

If it is suspected that you may have a frozen shoulder an X-ray is required to rule out other causes of your pain. The X-ray should look normal even with a frozen shoulder present.

Diagnosis is achieved by clinical assessment by an appropriately qualified healthcare professional who will advise if you require an X-ray.

What treatments are available?

There are various treatment options available for this condition.

Some treatments are aimed at managing pain while other treatments are aimed at improving stiffness.

For pain:

- **Modify activities:** By changing how you complete painful activities you can avoid causing excess pain. It is safe to continue with sports, hobbies or daily activities, however they may cause pain.
- **Painkillers:** These include medications such as paracetamol or anti-inflammatories which can be bought over the counter. Always discuss this with your pharmacist or prescribing clinician before use.
- **Gentle exercise:** Exercising improves blood flow, releases natural painkillers, slows down stiffness and prevents the shoulder getting weak.
- **Corticosteroid (steroid) injections:** Steroid injections reduce inflammation in the shoulder joint and may be useful to reduce pain, particularly with those that have severe pain at rest, and/or at night.
- **Acupuncture:** Some people report that acupuncture can help to manage pain, however, the evidence behind this is inconclusive.

For capsular pain and stiffness:

- Regular and gentle shoulder exercise is important to try to maintain and improve range of movement at the shoulder. Many people seek help from a physiotherapist to guide them with regards to which exercises are best. Your physiotherapist will design an exercise plan tailored to your needs.
- If you are still limited by stiffness after a course of physiotherapy or have had the condition for a prolonged amount of time, you may benefit from:
- **Hydrodilatation (large volume capsule injection):** This procedure involves injecting a large volume of fluid into the capsule to stretch it and improve the range of movement. Physiotherapy after this procedure is essential.

- **Surgery:** Several surgical options exist.
 - Anterior capsular release (keyhole surgery) can be done to release the tightened capsule and increase movement.
 - Manipulation under anaesthetic (MUA). Whilst under anaesthetic the surgeon will move your shoulder through its full range and stretch the capsule.

Note: Physiotherapy is an essential part of the recovery process post all surgical options. All surgeries carry relative risk and these can be discussed with your surgeon.

What happens if I do not get treatment?

Research has shown that from the start of symptoms, two thirds of people with a frozen shoulder make a full recovery within four and a half years. Just over one third of people with symptoms report them to be from mild to moderate in severity, with pain being the most common complaint. A very small percentage of people report severe symptoms when followed up by a medical professional.

Is there anything I can do to help myself?

Aiming to maintain a range of movement and strength as symptoms allow during the lifetime of the condition is essential to recovery. Follow the guidance of your physiotherapist with a home exercise routine.

Useful sources of information

BESS – British Elbow & Shoulder Society - Frozen Shoulder

[Frozen Shoulder – British Elbow & Shoulder Society \(bess.ac.uk\)](http://bess.ac.uk)

Versus Arthritis

[Shoulder pain exercises information pamphlet \(versusarthritis.org\)](http://versusarthritis.org)

SGSU – St George's Shoulder Unit

[St. George's Shoulder Unit | The St. Georges orthopaedic practice \(sgsu.co.uk\)](http://sgsu.co.uk)

SGH MSK Physiotherapy

[Musculoskeletal Outpatient Physiotherapy - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](http://stgeorges.nhs.uk)

Contact us

Therapies Department

St George's University Hospital

Ground Floor – St James Wing

Blackshaw Road

Tooting

SW17 0QT

Telephone: 020 8725 3014 / 1357

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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