

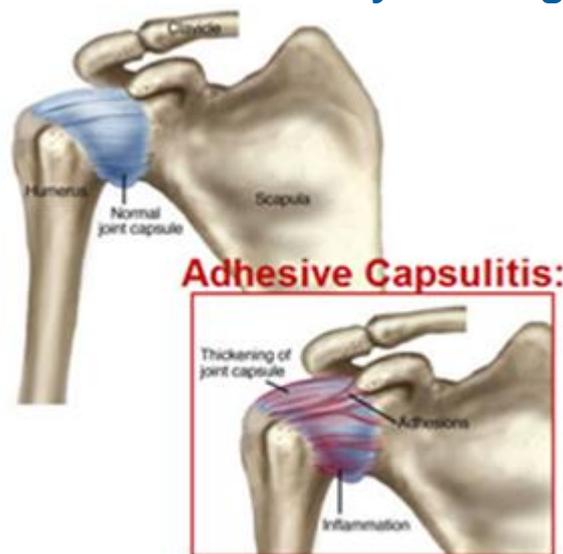
Frozen Shoulder (Adhesive Capsulitis)

This leaflet offers more information about 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 – 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 and normally there are three main phases to the problem.

Phase 1: Painful Stage (sometimes referred to as freezing stage) – Normally lasts two to nine months

Usually slow onset and gradual build-up of pain. As a result of pain, movement becomes restricted and normal daily activities can be affected. Sleep is often disturbed and lying on that side may not be possible. This pain can occasionally extend down the arm.

Phase 2: Stiff Phase (sometimes referred to as frozen stage) – Normally lasts four to twelve months

The shoulder joint becomes increasingly stiff, particularly with twisting movements such as trying to put your hand at the back of your head. These movements remain stiff and restricted even if another person (your therapist) tries to move your shoulder in these directions. Pain begins to settle in this phase.

Phase 3: Recovery Phase (sometimes referred to as recovery phase) – Can last 12 – 42 months

Stiffness and pain begin to improve and resolve. You will have improving function of your arm.

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 which is usually useful in Phase 1: The freezing phase.

Other treatments are aimed at improving stiffness which is often more present in phase 2 and phase 3.

For pain:

- **Modify activities:** By modifying activities you can avoid causing excess pain. It is safe to continue with sports or activities, however they may cause pain.
- **Painkillers:** These include simple painkillers such as paracetamol or anti-inflammatories which can be bought over the counter. Always discuss this with your pharmacist before use.
- **Gentle exercise:** Exercising improves blood flow, releases natural painkillers, slows down stiffness and prevents the shoulder getting weak.
- **Corticosteroid (steroid) injections:** These steroid injections reduce inflammation in the gleno-humeral joint and may be useful to reduce pain levels in phase 1 (painful stage).
- Some people report that acupuncture can help to manage pain; however the evidence behind this is inconclusive.

For stiffness:

- Regular and gentle shoulder exercise is important to try to maintain and improve range of movement at the shoulder. Many people have physiotherapy to guide them regarding 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 then other treatment methods are available. At this point you may be referred to a shoulder specialist to discuss these options which include:

- **Hydrodilatation (large volume capsule injection):** This procedure involves injecting a large volume of fluid into the capsule in order 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?

Based on the largest published series of patients with mean follow-up of 4.4 years from onset of symptoms, 59% made a full recovery, 35% had mild to moderate symptoms, with pain being the most common complaint and 6% had severe symptoms at follow-up.

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 - Patient Care Pathways - Frozen Shoulder 2015

ARC – Arthritis Research Campaign

SGSU – St George’s Shoulder Unit website

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 of 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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