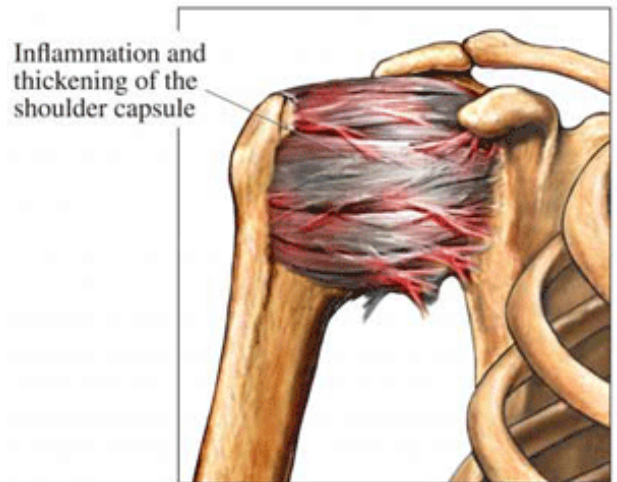


Frozen Shoulder

Frozen shoulder (adhesive capsulitis) is a condition that causes restriction of movement and pain in the shoulder joint. The cause of frozen shoulder is not well understood, but it is known that the normally loose and flexible capsule surrounding the shoulder joint becomes scarred and thickened. It is most common in women between 40 and 70 years of age, and other risk factors include a period of immobilisation of the shoulder following an injury, and diabetes

Frozen shoulder is a slow condition to settle, sometimes requiring upwards of a year to resolve. It can be broken into three distinct phases:

Inflammatory (freezing) phase: where the joint capsule is inflamed. Motion in all directions begins to be restricted but at this stage pain caused by the inflammation is the most prominent symptom. You may have difficulty brushing your hair, sleeping on the affected shoulder or putting on your bra. Anti-inflammatory medications or injections (eg cortisone) may be beneficial in this stage. Exercises and stretches to maintain movement and muscle strength are an important part of the treatment. This stage usually lasts 6 – 12 weeks.



Adhesive (frozen) phase: the inflammation in the shoulder settles (and so does the pain) and the capsule begins to thicken and scar. Movement continues to worsen in this phase as adhesions form in the shoulder – it is usually difficult to move your arm in any direction. Anti-inflammatory medications will have little effect in this stage. Treatment consists of physiotherapy and continued exercise and stretches to maintain as much movement as possible. This stage usually lasts around 3 – 4 months.

Resolution (thawing) phase: the shoulder slowly begins to loosen as the adhesions break down and the capsule stretches. Physiotherapy, along with being diligent in your exercise and stretching program is crucial in this phase to maximise your recovery. It can sometimes take up to (or even over) a year for a shoulder to fully 'thaw'

In some cases, surgery is necessary to break up the adhesions that form in the frozen shoulder via a manipulation under anaesthetic or an arthroscopy, but this is only attempted after conservative measures have failed.

It is not uncommon to have some degree of limitation in a shoulder even years after it has 'thawed', but the vast majority of patients will recover their function with physiotherapy and stretching alone.