What is Frozen Shoulder?

Frozen shoulder is the common term for Adhesive Capsulitis, an inflammatory condition that restricts motion in the shoulder. The capsule of a shoulder joint includes the ligaments that attach the shoulder bones to each other. When inflammation occurs within the capsule, the shoulder bones are unable to freely move within the joint. This condition is frequently caused by injury that leads to lack of use due to pain. Rheumatic disease progression and recent shoulder surgery can also cause frozen shoulder. Adhesions (abnormal bands of tissue) grow between the joint surfaces, restricting motion. There is also a lack of synovial fluid, which normally lubricates the gap between the arm bone and socket to help the shoulder joint move. With a frozen shoulder, the joint becomes so tight and stiff that it is nearly impossible to carry out simple movements, such as raising the arm. Stiffness and discomfort may worsen at night. In those with idiopathic frozen shoulder (frozen shoulder without an identifiable cause), pain is usually the first symptom. The patient usually does not want to move the arm. The lack of movement leads to stiffness, which is the second phase of the disease. The third phase, thawing, is when the motion and function of the shoulder slowly returns.

Treatment

According to the National Institutes of Health, treatment of this disorder focuses on restoring joint movement and reducing shoulder pain. Usually, treatment begins with non-steroidal anti-inflammatory medications and the application of heat, followed by gentle stretching exercises. These stretching exercises are instructed by a physical therapist. The physical therapist will also incorporate other treatment modalities and procedures to help reduce inflammation, pain and to restore function of the shoulder. If these measures are unsuccessful, an intra-articular injection of steroids into the glenoid humeral joint can result in marked improvement of the frozen shoulder in a large percentage of cases. In those rare people who do not improve from nonoperative measures, manipulation of the shoulder under general anesthesia and an arthroscopic procedure to cut the remaining adhesions can be highly effective in most cases. Physical Therapy must be continued for several weeks to months after surgery to prevent recurrence. It may take up to a year for this shoulder problem to resolve. Once shoulder range of motion is restored, physical therapy will progress to include shoulder strengthening and other functional activities.

What to do now

If you have shoulder pain and stiffness and suspect you may have a frozen shoulder, contact your health care provider for proper referral and treatment. Beginning early treatment and early physical therapy is the best way to avoid limiting range of motion for an extended period of time. Your physical therapist will perform a careful evaluation to determine the nature of your injury and the best course of therapy. This will include assessing your range of motion, strength and limiting function. The rehabilitation period is crucial, with both the patient and the physical therapist playing active roles.

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