Dear Patient

Frozen Shoulder

WHAT IS 'FROZEN SHOULDER' ?

Frozen Shoulder, also called "adhesive capsulitis", is a condition of unknown cause which tends to occur in those aged 40 - 60 years. It is characterized by marked pain and stiffness of the shoulder and loss of function. Frozen shoulder may affect one or both shoulders either simultaneously or in succession. In most people, the condition is 'self limiting' and will resolve without intervention after 12 to 24 months.

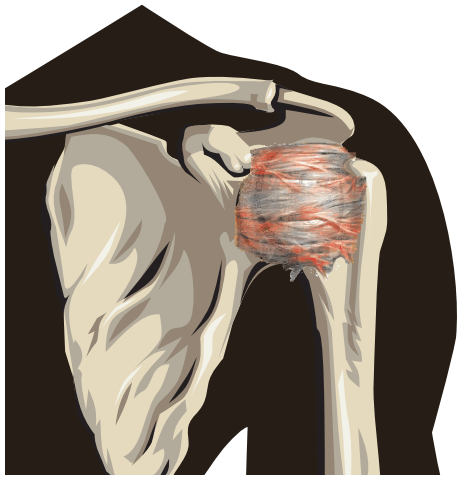
ANATOMY

The shoulder is a 'ball and socket' type joint formed by the head of the humerus (ball) and the glenoid fossa of the scapula (socket). The joint is surrounded by ligaments, tendons and the joint capsule. The capsule is normally a thin, loose fibrous structure which holds fluid within the joint. Most of the stability of the shoulder joint comes from the surrounding muscles, especially the rotator cuff muscles (supraspinatus, infraspinatus, teres minor and subscapularis) as the ligaments around the shoulder are fairly lax. Normal function of the shoulder is also influenced by the thoracic (upper back) and cervical spines (neck).

WHAT HAPPENS TO THE SHOULDER ?

The cause of frozen shoulder is not known. Some believe it is triggered by a virus. The joint capsule becomes inflamed and subsequently thickens and contracts, restricting movements at the shoulder joint. Pain may be associated with the inflammatory reaction itself, or may arise from secondary complications such as impingement lesions of the rotator cuff. The muscles around the shoulder become weak as the shoulder is not being used normally, further complicating the condition.

Frozen shoulder may affect one or both shoulders. Many frozen shoulders do not respond to any treatment and are best left alone, although strengthening exercises are often advised.



Above: Frozen Shoulder involves the joint capsule becoming inflamed and thickened, contracting to restrict movement in all directions.

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SYMPTOMS AND SIGNS

The usual course of symptoms lasts from 12 to 24 months, often in 4 distinct phases:

- Slight pain and stiffness.
- More pain and restriction of movement.
- Less pain and increasing stiffness.
- Stiffness only, which gradually resolves.

A distinguishing feature of this condition is restricted shoulder movement in ALL directions.

TREATMENT

There are mixed opinions about the best way to manage a frozen shoulder. Opinions vary from complete rest to aggressive mobilisation. Many frozen shoulders do not respond to any treatment and are best left alone, although strengthening exercises are often advised. Treatment options include drug therapy (prescribed by your doctor), injections into the joint, surgery and mobilisation under anaesthesia.

CAN PHYSIOTHERAPY HELP ?

Your practitioner will assess the shoulder pathology to determine whether the condition may be helped by physiotherapy. Physiotherapists may use electrotherapy, massage, muscle release, passive and active mobilisation of the shoulder joint and neck, and postural education, to relieve pain and the other complications of frozen shoulders whilst the stiffness is present. A specific strengthening and stretching program aimed at restoring a stable, well balanced shoulder joint and preventing further complications is particularly important.