



ENVISAGE
PHYSIOTHERAPY

Frozen Shoulder

What is it and what can I do?



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What is frozen shoulder

Frozen shoulder, sometimes called adhesive capsulitis, is a condition that affects the shoulder capsule. It is usually characterised by pain followed by a stiffening of the range of movement within the shoulder. In most cases the symptoms just start out of the blue without any underlying known event, however, there are occasions whereby the shoulder or corresponding arm may have been involved in an event or trauma and the stiffness can develop due to lack of movement within the shoulder joint. The pain usually develops as a low grade ache but can progress to a more higher intensity constant pain within time.



The stiffening part generally follows the onset of pain and occurs within the capsule surrounding the actual joint. Eventually this will cause a restriction in certain ranges of movement at the shoulder and consequently affects many functional uses for the arm such as drying hair, tying a bra, or reaching up to a cupboard.



What is frozen shoulder...cont

The medical world still remains unable to find a true cause for frozen shoulder but certain studies suggest predispositional links with other conditions such as diabetes, hypothyroidism and Parkinson's Disease. In fact, it is also known to affect roughly 5% of the general population with females at a 4 times greater risk. Some studies suggest that the non-dominant shoulder is more at risk to being affected.

There are 3 definitive stages to frozen shoulder -

1) FREEZING STAGE - Development of an increasingly achy type of pain usually noticeable when using the arm or when lay on the shoulder. Can last around 2-9 months.

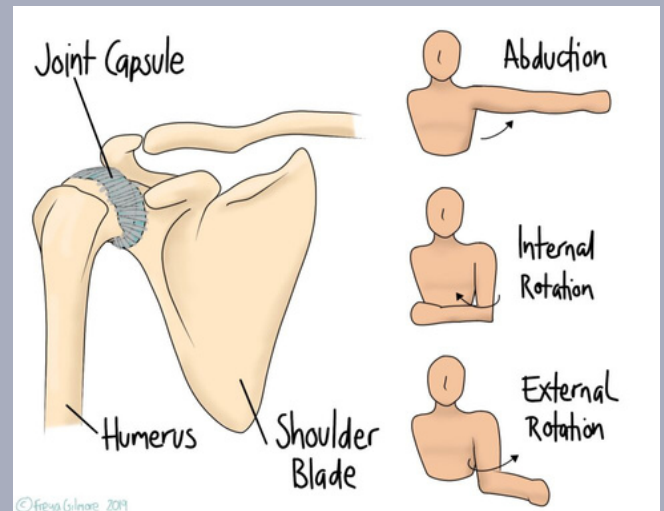
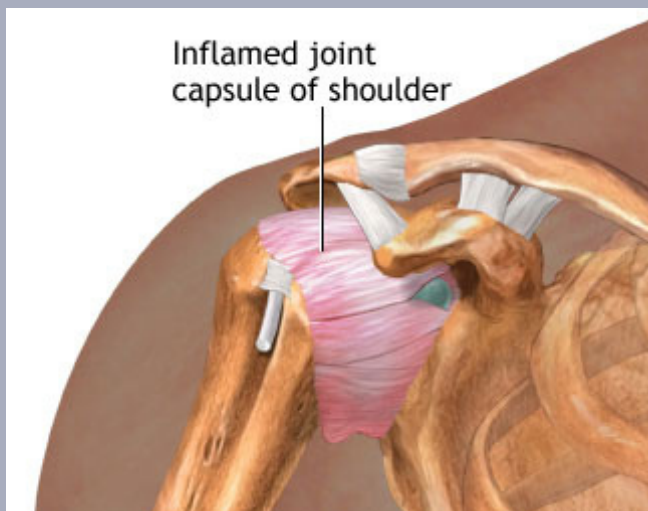
2) FROZEN STAGE - Shoulder appears stiff preventing you from using the arm for simple tasks. The pain remains stable and more tolerable provided the arm isn't moved past position of stiffness. Can last between 4-12 months.

3) THAWING STAGE - The pain begins to ease along with regaining the range of movement and the use of the arm. Can last up to 12 months



What is frozen shoulder...cont

In the early stages of frozen shoulder the symptoms can mimic that of rotator cuff tendinopathy which sometimes proves difficult in offering a clear diagnosis. Greater clarity can be sought with the age of the person and the early signs of stiffness when trying to move the shoulder. Thorough history taking and movement analysis may well be a better option for gaining all important clarity.



Signs & Symptoms

- Pain over the affected shoulder potentially referred down upper arm to elbow.
- Intermittent leading to a more constant pain.
- Development of a restriction in the range of movement in shoulder.
- Sleep disturbance & difficulty find a comfortable position.
- Difficulty complete functional tasks such as fastening bra, combing hair, driving.



Predisposal factors

Whilst it remains extremely difficult to define who could develop a frozen shoulder there are some key factors which may increase the likelihood. Some of the predisposing factors such include age, gender and underlying medical conditions are probably the most relevant.

- **Age:** More commonly affects individuals between the ages of 40 to 60.
- **Gender:** Females are 4 times more likely to develop one.
- **Systemic Diseases:** Diabetes, Cardiovascular disease, thyroid disorders, Parkinson's & Cancer have also been linked to an increased risk.
- **Hormonal Factors:** Hormonal changes during menopause have been suggested as a factor that may contribute to the development of frozen shoulder.



- **Trauma:** Prolonged immobility or lack of use following a trauma/ injury to the shoulder or related arm can contribute to the development of frozen shoulder.
- **Post surgery:** Albeit very unlikely, post operative developments have been seen, particularly if and when the arm has been placed in an awkward position during surgery.



Treatment options

The overriding goal would likely be reducing pain and to increase or improve the range of movement in the affected shoulder. However, considering the type of condition we are dealing with it's not always an easy problem to treat, but, management is key to a successful outcome. It must be reminded that some treatment options may well reduce the pain to a manageable level but they will not improve range of movement.

Pain Relief: Controlling the pain is imperative to sleep, perform function and enable movement of the shoulder.

Steroid Injection: A steroid injection may offer some pain relief if the pain is inflammatory.

Acupuncture: This may be an option to help alleviate some pain if of an inflammatory cause.

Physiotherapy: Physio can help encourage movement in the shoulder. Some research suggests performing stretches in the early stage, if tolerated, could reduce the longevity and severity of the stiffness part of the condition.

Surgery: A joint capsule release (Manipulation Under Anesthesia or Arthroscopic Release) could be performed if the symptoms are severe, significantly hindering lifestyle and previous treatment options have been unsuccessful.



Prognosis

Nearly all cases of frozen shoulder resolve with conservative based care eventually. However, given no two people are the same, time frames are difficult to predict. One useful predictive marker is that a shorter first stage is a good indicator for shorter subsequent stages thereafter.

Understanding your body and it's tolerances along with being able to make reasonable adjustments to ones' daily living for a period of time can help greatly along with following expert guidance

Any Serious Considerations

There are alternative considerations to be mindful of when treating this condition. The clinical history should highlight these 'Red Flag' suspicions which would indicate prompt expert assessment. They include -

- Previous trauma shortly before pain and stiffness.
- Any previous history of cancer.
- Defined weakness in arm/ shoulder.
- Any constant unrelenting night pain and stiffness.
- Redness, heat over the area and feeling generally unwell.
- Swelling or lumps in the area.
- Changes to breathing or voice



When to seek professional opinion

It is strongly encouraged to seek professional opinion if

- You are worried or experience any '**Red Flag**' symptoms.
- If you suspect a fracture and you need more clarity
- Progressively worsening symptoms
- If you start to experience P&N and/ or numbness in hand/ wrist
- Difficulty in using the hand for functional tasks
- Prolonged pain in the wrist
- You have swelling or lumps over the shoulder region
- Pain keeps you awake at night
- You have had a fall, direct trauma or injury, just prior to the symptoms
- The symptoms have lasted longer than 4-6 weeks

Further investigation is an X-Ray, usually prior to receiving a steroid injection or surgical treatment.

Need Assistance!!

Contact Envisage Physiotherapy to get a fast and clearer diagnosis or help to manage a frozen shoulder. We are on hand to help.

Tel: 07980 821762



References



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