

FROZEN SHOULDER

What is frozen shoulder?

Frozen shoulder (adhesive capsulitis) is a common disorder of the shoulder. As the name implies, this condition involves a decrease in the normal range of motion in the shoulder. There are numerous causes such as tendinitis, stroke, trauma, etc. However, most of the time, the specific cause cannot be identified. The condition occurs when the normally loose capsule of the shoulder joint gradually begins to contract and thicken, limiting the normal range of motion. This condition is more common in diabetics and women. It typically affects people between the ages of 40 & 60.

What are the symptoms?

Patients usually present with pain and a stiff shoulder. Normally, there are three phases of the condition: 1) Pain associated with a gradual reduction in range of motion, 2) A frozen stage when the range of motion of the shoulder remains limited, but the pain is usually less, 3) A recovery phase. In most cases, frozen shoulder is felt to be a self-limited condition. In other words, even without treatment, the condition will progress through the three stages mentioned above and gradually return to normal. However, this natural progression can take anywhere from six months to occasionally three years. Eventually, shoulder motion returns to normal or near normal. Early in the disorder patients often have difficulty with sleep, because of pain. As the motion of the shoulder improves, typically the pain will decrease.

What is the treatment?

Treatment consists primarily of range of motion exercises. Occasionally, one or two cortisone injections are given into the joint in an attempt to reduce pain, speed recovery, and reduce inflammation. Sometimes anti-inflammatory medications or pain pills are used. Typically, the exercises are done under the physician's direction by the patient at home. Only in difficult cases is physical therapy involved, and usually this is for a short period of time. As mentioned above, this condition often has a lengthy course, and therefore physical therapy two or three times per week is not particularly practical. In addition, as long as the patient is doing the exercises properly, much faster progress can be made by the patient exercising two or three times a day on their own at home. Patients need to be very patient with this condition, because the course is often prolonged. Rarely, the shoulder is manipulated under general anesthetic, or arthroscopy is used in an attempt to speed up recovery of particularly difficult or stiff cases.

Exercise instructions

A few points need to be emphasized about the home exercise program. When first initiated, some of the exercises can be painful and difficult to perform. As time goes on and the shoulder loosens up, the exercises will be easier and less painful to do. Early on, the patient may need to limit the number of exercises done per session and the number of sessions per day, until the shoulder becomes more tolerant of exercise. Pain is the best indicator as to the appropriate amount of exercise. There should be some pain while the exercise is being performed, but once the exercise session is over, the discomfort in the shoulder should resolve in 15-30 minutes. If the post exercise pain persists longer than this, either too many repetitions were done or excessive force was used. The patient should skip the next exercise session or as many as it takes to allow the shoulder to settle down to a baseline level of discomfort. It helps warm the shoulder up with a hot shower or a warm moist towel prior to exercising. Ice applications for 15 minutes after exercising is also recommended. It is important to hold each stretch for a slow five count, and to return all the way to the starting position for two counts before repeating the exercise.