

Frozen Shoulder or Adhesive Capsulitis

Service User Information Leaflet

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Produced by Fife Musculoskeletal Physiotherapy Service

About your shoulder

The shoulder is designed to have a large amount of movement so that we can use our hands/arms in a wide variety of positions. Some movement occurs between the shoulder blade and chest wall. However, most shoulder movements are at the ball and socket joint. The ball at the top of the arm (humerus) fits into the shallow socket (glenoid) which is part of your shoulder blade (scapula). There is a loose bag or capsule which surrounds the joint. This is supported by ligaments and muscles.



What is frozen shoulder or Adhesive Capsulitis?

Typically the joint is stiff and initially painful, often starting without an apparent cause. The loose bag (capsule) around the shoulder joint becomes inflamed. The bag then appears to tighten or shrink. This tightening combined with the pain restricts the movement.

How common is it?

It is most common in people between the ages of 40-70 years and has been estimated to affect at least one person in 50 every year.

About 10% of people may develop adhesive capsulitis in the other shoulder within 5-7 years of the first one. Although it is widespread, it is a difficult condition to treat.

Why does it occur?

The exact cause of adhesive capsulitis is not known. It is more common in people with diabetes or a thyroid problem. This is known as **primary adhesive capsulitis**.

A **secondary adhesive capsulitis** can develop if the shoulder area is kept still for longer time, for example, after a stroke or heart attack. It can also occur after minor injury or surgery to the shoulder.

What tests may be done?

The main way we diagnose the problem with your shoulder is from what you tell us and from our examination. Sometimes an x-ray will be done to check there are no bone changes in your shoulder joint.

What is likely to happen?

There are 3 main phases.

1) Painful phase (which can last between 2 to 9 months)

The pain often starts gradually and builds up. It may be felt on the outside of the upper arm and can extend down to the elbow and even into the forearm. It can be present at rest and is worse on movements of the arm. Sleep is often affected as lying on it is painful or impossible. During this time movements of the shoulder begin to be reduced.

2) Stiff phase (which can last between 4-12 months)

The ball and socket joint becomes increasingly stiff, particularly on twisting movements, such as trying to put your hand behind your back or head.

3) Recovery phase (which can last between 5-26 months)

The pain and stiffness starts to resolve during this phase, and you can begin to use your arm in a more normal way.

The total duration of the process is between 12-42 months, on average lasting 30 months.

It is important to realise that although the pain and stiffness can be very severe, usually the problem does resolve. It will not bother you forever.

What are your treatment options?

There is no one agreed treatment option that has been shown to work. During the painful phase the emphasis is on pain relief. Therefore, pain relief tablets and anti-inflammatory tablets may be prescribed by your GP. You can also try using heat, such as a hot water bottle, or cold (ice packs). Injections into the joint may also be offered if the pain is not controlled.

Physiotherapy at this stage is directed at pain relief. Forcing the joint to move can make it more painful and it is best not to do this.

Once stiffness is more of a problem than pain, physiotherapy is indicated. You will be shown specific exercises to try and get the ball and socket moving.

Do the exercises 1 to 2 times a day. You may find them easier to do after a hot shower or bath. It is normal for you to feel aching or stretching sensations when doing these exercises.



Pendulum (left shoulder)

Lean forwards with support. Let arm hang down. Swing arm

- a) Forwards and backwards
- b) Side to side
- c) Around in circles

Repeat 5-10 times each movement.



Twisting outwards (right shoulder)

Sitting holding a stick. Keep elbow into your side throughout. Push with unaffected arm so hand of problem side is moving away from the mid line. Repeat 5 times.



Arm overhead (left shoulder)

Lying on your back. Support problem arm with other hand at wrist and lift in overhead. Do not let your back arch. You can start with elbow bent.

Repeat 5-10 times.



Butterfly stretch

Lying on your back, knees bent and feet flat. Place hands behind neck or head, elbows up to the ceiling. Let elbows fall outwards.

Repeat 5 times.