

# SHOULDER, FROZEN

(Adhesive Capsulitis)

NOLENVILLE FAMILY MEDICINE

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## BASIC INFORMATION

### DESCRIPTION

A general term used to describe pain and stiffness in the shoulder joint that leads to loss of shoulder movement. Adhesive capsulitis is the medical term. It affects the shoulder capsule (tissues surrounding the ball and socket joint) and the ligaments that attach the shoulder bones to each other. Sometimes both shoulders are affected. Frozen shoulder occurs more often in people over age 40, and in women more than men. It can last a few months to a year or longer.

### FREQUENT SIGNS AND SYMPTOMS

- Stage 1 (painful)—Ache or pain in the shoulder, often mild. It progresses to severe pain that interferes with sleep and normal activities. Pain gets worse with shoulder movement. This stage may last for 2 to 9 months.
- Stage 2 (adhesive)—Less pain occurs, but stiffness increases in the shoulder. This prevents normal range of motion movement. Reduced movement increases stiffness. This stage may last 4 to 12 months.
- Stage 3 (recovery)—Healing starts. For most patients, the range of motion begins to increase. This stage may last for 12 months or up to several years.

### CAUSES

The cause is unknown. It may be due to an inflammatory process. In some cases, it may result from an injury that leads to lack of use due to pain. Adhesions (a type of scar tissue) grow between the joint surfaces, causing restricted motion. There is less synovial fluid. It normally lubricates the shoulder joint to help it move.

### RISK INCREASES WITH

- A shoulder injury, fracture, or trauma (could be very minor).
- Diabetes.
- Heart disease, stroke or lung conditions, thyroid problems, Parkinson's disease, and depression.
- Being immobile (prolonged inactivity) due to trauma, overuse injuries, or surgery.

### PREVENTIVE MEASURES

- Obtain early medical treatment for any shoulder injury, pain, or stiffness.
- Do regular stretching exercises.

### EXPECTED OUTCOMES

Most patients can expect increased shoulder mobility and function with time and treatment. It may take many months to see the improvement. You may need help in performing daily activities that require lifting your arms.

### POSSIBLE COMPLICATIONS

Some permanent shoulder disability and pain may occur despite treatment.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do an exam of the affected shoulder and ask questions about your symptoms and activities. X-rays or other tests may be done to confirm the diagnosis.
- Exercises, and sometimes, drugs are used in treatment to restore joint movement and reduce the pain.
- Apply heat (warm compresses or heating pad) to the affected area or apply ice packs if it feels better.
- Physical therapy and stretching exercises will help improve joint movement. They may be uncomfortable to do, but should not cause excess pain. You will be instructed about exercises to do at home.
- Other treatments sometimes used include acupuncture, ultrasound therapy, and electrical stimulation.
- Manipulation may help some patients. This procedure can be done under a local or general anesthesia. The shoulder joint capsule is stretched to break up scar tissue. It helps right away, but exercise is still needed.
- If other treatment does not help the symptoms after several months, your health care provider may recommend shoulder surgery. This is usually done with an arthroscope (small instrument) through tiny incisions.

### MEDICATIONS

- Nonsteroidal anti-inflammatory drugs or muscle relaxers may be prescribed. Injections of cortisone or local anesthesia into joints may help to reduce severe pain.
- For minor pain, you may use nonprescription drugs such as ibuprofen or aspirin (not for children).

### ACTIVITY

- Be sure to follow instructions for home exercises.
- Resume athletic or fitness activities as your symptoms ease and you have medical approval.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a frozen shoulder.
- Shoulder symptoms get worse after treatment starts.

Special notes:

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More notes on the back of this page