Frozen shoulder (adhesive capsulitis)

Management advice and treatment options following a diagnosis of a frozen shoulder.

What is a ‘frozen shoulder’?

A frozen shoulder describes a shoulder that has become very painful and stiff. This often occurs without an injury to the shoulder. The capsule surrounding the shoulder joint becomes painful and subsequently stiff, resulting in a loss of movement.

What causes a frozen shoulder?

The cause of frozen shoulder is unknown and in many people, we never find a reason for it.

Who does it affect?

Anyone can develop a frozen shoulder; however, we know there are certain conditions associated with it. These can include:

- Diabetes
- Cardiovascular (heart) disease
- Parkinson disease
- Stroke
- Hypo- or hyper-thyroidism (underactive or overactive thyroid)
- Hyperlipidaemia (high cholesterol)
- Autoimmune diseases
- Dupuytrens disease.

Smoking, being overweight and being physically inactive can also increase your risk of developing this condition.

What are the symptoms?

To begin with, the shoulder will be very painful, which will stop you from moving it. You may have difficulty in doing everyday activities such as combing your hair and getting dressed. You may often find it too painful to lie on that shoulder at night. Rapid stretching or jarring movements may bring tears to your eyes!

What will happen over time?

Your shoulder is likely to get better on its own but research shows that it can take up to, on average, 2-3 years to recover fully and that 20-50% (1:5 up to 1:20) people affected may be left with some pain and stiffness long term.

Up to 17% may go on to develop a frozen shoulder on the other side within five years.

How is a frozen shoulder treated / managed?

- You may need to **modify your normal activities and sports** as pain allow.
- You may need to **take pain relief** as advised by your GP or pharmacist.
- **Cortisone (steroid) injections / hydrodilatation (injection of saline, local anesthetic, and steroid)**. These options may be discussed during your clinic appointment.
- **Physiotherapy / regular and gentle exercises** may be useful to try and improve the stiffness in the shoulder but are most effective once your pain is well controlled.
- **Surgery** – An arthroscopic capsular release operation may be helpful if other treatments have not worked. It involves keyhole surgery to carefully divide the scar tissue from inside the joint. Two or three small incisions (5mm) will be made around your shoulder.
  The surgery can include risks such as:
  - *Anaesthetic complications*, such as sickness and nausea or, rarely, cardiac, respiratory or neurological (less than 1% each, i.e. less than 1:100).
  - *Infection*. This is usually a superficial wound. Occasionally, deep infection may occur after the operation (less than 1%).
  - *Failure of the operation to improve the pain or movement* in your shoulder (up to 30%).
  - *Nerve* and *blood vessels damage* (less than 1%).

Useful link and further reading:

https://www.nhs.uk/conditions/frozen-shoulder/
www.shoulderdoc.co.uk is a reputable and useful British website for further information.

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust
Orthopaedic Physiotherapy Department
Royal Berkshire Hospital
London Road, Reading RG1 5AN
Tel: 0118 322 7812 / 7811
For questions or concerns please contact: rbft.physiotherapy@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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