

Informational Guide to Adhesive Capsulitis aka Frozen Shoulder

Introduction

Frozen shoulder (adhesive capsulitis) is a disorder characterized by pain and loss of motion or stiffness in the shoulder. The capsule of a joint is the first layer outside of the bone. The process involved with frozen shoulder includes tightening of the capsule and spasm of the muscles surrounding the shoulder joint. It affects about two percent of the general population and is most common in women between the ages of 40 years to 60 years old. The ratio of females inflicted to males is 3 to 1.

The causes of frozen shoulder are not fully understood. Frozen shoulders are categorized into primary and secondary classifications. A primary frozen shoulder occurs without trauma and thus the cause is not understood. A secondary frozen shoulder is caused by trauma, surgery and immobilization, cervical degenerative disease, cardiovascular disease and the presence of diabetes.

It is well established that diabetics that are insulin dependant have a higher incidence of developing frozen shoulder.

Symptoms

Pain due to frozen shoulder is usually dull or aching. It can be worsened with attempted motion. The pain is usually located over the outer shoulder area and sometimes the upper arm. The hallmark of the disorder is restricted motion or stiffness in the shoulder. Some physicians have described the normal course of a frozen shoulder as having three stages:

***Stage one:** In the "freezing" stage, which may last from six weeks to nine months, the patient develops a slow onset of pain. As the pain worsens, the shoulder loses motion.

***Stage two:** The "frozen" stage is marked by a slow reduction in pain, but the stiffness remains. This stage generally lasts four months to nine months.

***Stage three:** The final stage is the "thawing", during which shoulder motion slowly returns toward normal. This generally lasts five months to 26 months.

Diagnosis

Frozen shoulder is usually diagnosed by a taking a complete history and physical examination. A history of a gradual lack of function by use of arm movements is common. A lack of motion, both actively and

passively, in a predictable pattern is seen with the physical examination. X-rays and MRI may also be used to make this diagnosis.

Treatment

Non-surgical treatment typically involves physical therapy, steroid injections and anti-inflammatory medication. Anti-inflammatory medication can be prescription or over the counter. This medicine often takes the edge off the pain and allows people to sleep and function more comfortably, although that alone often does not increase range of motion.

Physical therapy involves the combination of using physical modalities such as heat, electricity and hands-on techniques to decrease pain and increase range of motion. If the shoulder pain persists and pain limits the rehabilitative effort, a cortisone injection can be very valuable. These injections are placed into the sensitive tissues and if properly placed, can reduce pain and allow the patient to tolerate the techniques and exercises involved with rehabilitation.

If pain persists and the efforts to restore motion are unsuccessful, surgery may be indicated. This surgical technique removes inflammation, scarring and bone that may cause impingement.

Rehabilitation

Physical therapists use modalities, such as ultrasound, electrical stimulation, and moist heat to decrease pain and prepare the joint for stretching.

This is the treatment of choice during the freezing stage of a frozen shoulder when pain is predominant and loss of motion is less evident.

During the frozen stage the physical therapist focuses on restoring range of motion in the shoulder using hands-on techniques. Often this process is complicated by the presence of muscle guarding to protect the shoulder. If the patient's pain prevents successful restoration of range of motion, a cortisone injection can help.

The final stage of this condition involves a gradual restoration of motion through the patient's diligence with the home exercise program.

More Information...

For more information please contact any of our three clinics in Roseville, Spring Lake Park, or Blaine where a knowledgeable therapist will be happy to assist you with your recovery needs.