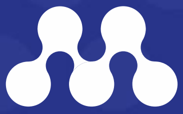

Midlands
Orthopaedic Centre

Trauma & Orthopaedics

Frozen Shoulder

Patient Information Leaflet

The Dudley Group
NHS Foundation Trust

What is it a Frozen shoulder?

Frozen Shoulder (also known as: adhesive capsulitis) is an extremely painful condition in which the shoulder becomes very stiff. Frozen shoulder often starts spontaneously, but may be triggered by a mild injury to the shoulder.

Frozen shoulder may sometimes be associated with diabetes, high cholesterol, heart disease and after surgery around the neck or chest.

The lining of the shoulder joint, known as the capsule, is normally a very flexible elastic structure. Its elasticity allows the huge range of motion that the shoulder has. With a frozen shoulder this capsule (and its ligaments) becomes inflamed, and contracted. The normal elasticity is lost and pain and stiffness set in.

Three stages of development:

Typical frozen shoulder develops slowly, and in three stages, though the stages may not always be very clearly defined:

Stage One: Pain increases with movement and is often worse at night. There is a progressive loss of motion with increasing pain.

Stage Two: Pain begins to diminish, however, the range of motion is now much more limited, as much as 50 percent less than in the other arm.

Stage Three: The condition may begin to resolve. Most patients experience a gradual restoration of motion over the next 12 to 48 months

Treatment

Physiotherapy - to prevent any further stiffness and regain range of motion, though it is not helpful in initial stages when pain is severe

Painkillers and anti-inflammatories

Injections - may reduce inflammation and provide pain relief

Manipulation - Manipulation has been shown to be of benefit after the early stages of a Frozen Shoulder, when stiffness begins to set in. It is excellent for both pain relief and restoring movement, although intensive physiotherapy is essential after the manipulation.

This involves a manipulation of the shoulder under anaesthetic for most cases. The manipulation is done under a general anaesthesia as a Day Case procedure, with an injection of cortisone and local anaesthetic given into the joint at the same time for pain control.

Surgery - If the manipulation fails, it can either be repeated, or some people may require surgical release of the tight shoulder capsule done with keyhole (arthroscopic) surgery. Keyhole surgery is also preferred in some cases as the first option; your surgeon will discuss this if this is felt to be necessary. It is also done as a day case procedure, under general anaesthesia, and the recovery is similar to that for manipulation.

Recovery - The shoulder can be moved as early as pain settles, and you may increase the movements as much as you feel comfortable doing. You will also have outpatient physiotherapy, which will be arranged for, from the hospital.
Ability to drive post-operatively varies from person to person - it is up to you to decide when you can do so. Most people are able to drive reasonably safely after a week. No more than a few days off work should be needed.

Outcome – a high proportion of people get excellent pain relief and an improved range of movement very quickly after the operation. The remaining movement then gradually returns over a number of months.
Sometimes the frozen shoulder is associated with, and masking, other problems with the tendons in the shoulder, which become apparent after the movement is regained, needing further treatments.

Risks - complications are rare. Few cases of fracture of the bones or damage to nerves have been reported.

Prevention - Largely unknown. However, since frozen shoulder may set in as a result of underuse or immobilization of the shoulder, it is important not to neglect a painful injury as it may lead to stiffness.

Follow up - after the manipulation has been done, you will have physiotherapy on an outpatient basis. The physiotherapist will monitor your progress, and will discharge you when you have made sufficient progress.
If you do not make good progress however, the physiotherapist may refer you back for an appointment with the surgeon. This may also be initiated by your GP.

This leaflet can be downloaded or printed from:

http://dudleygroup.nhs.uk/patients-and-visitors/patient-information-leaflets/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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