FROZEN SHOULDER

Frozen shoulder is also known as adhesive capsulitis as the capsule surrounding the shoulder joint becomes thick, red and inflamed which restricts movement of the shoulder (Figure 1).

It is not known what causes the changes in the shoulder capsule but classic signs are a very stiff shoulder in which you are unable to raise the arm to shoulder height. Early in the condition there is pain with movement and at night, later there is just stiffness of the shoulder.



Fig. 1

Sometimes it can be related to changes in the shoulder from previous injury; including surgery, or medical treatments, many times it happens for no apparent reason. There is a one in twelve chance that at some time the other shoulder may also be affected.

Treatment is of two methods: long term and short term.

Frozen shoulder nearly always gets better by itself, but it does take, on average, 2½ years to get better. So, one option is to wait for it to get better. Unfortunately, tablets, injections and physiotherapy do not change how quickly it gets better. They can relieve some of the symptoms – but often only by a small amount.

The other method is by 'keyhole' or arthroscopic surgery to perform a capsular release (Figure 2). Therefore it is recommended that you see an orthopaedic shoulder specialist.

The procedure is relatively quick and simple where the capsule is cut, thus releasing the frozen shoulder capsule. A manipulation of the shoulder whilst under anaesthesia is also performed.



Fig. 2 Arthroscope

This procedure has a very good outcome and within 2-3 weeks the full benefits can be experienced from the return of complete shoulder range of motion.

However, the success of the surgery is dependent on an early and aggressive exercise program, beginning the day of surgery and continuing for two weeks. Thus it is of utmost importance that a physiotherapist be seen initially after surgery to implement and maintain the proper program to keep the shoulder moving and to restore complete shoulder function.

