

Frozen Shoulder

Information for patients

The information in this leaflet is intended solely as a guide. If you have questions about any aspect of your care or this booklet, please ask a health professional.

This leaflet will give you some information about:

- Frozen shoulder
- How you can help yourself with simple treatments
- Other treatment options.

What is Frozen Shoulder?

Frozen shoulder (or adhesive capsulitis) refers to a clinical condition that leads to pain and stiffness in the shoulder.

The shoulder is surrounded by a capsule. This is like a thin, loose bag covering the shoulder joint. It is normally an elastic structure that is flexible and allows large amounts of movement. With frozen shoulder, the capsule and its ligaments become swollen, thickened and tighten up.

The exact cause of frozen shoulder is not well known. In most cases it happens for no reason. Sometimes it can start after a mild injury to the shoulder or after surgery (such as heart or breast surgery). It can be associated with other conditions such as: diabetes, high cholesterol, heart disease and Dupuytren's contracture in the hand. It tends to be more common in people aged between 40-60 years old. This is not a harmful or serious condition, and in most cases it will get better on its own, although it can take a few years to fully resolve.

What are the symptoms?

Typically, frozen shoulder develops slowly and has two main phases:

Pain dominant phase

- Pain felt around the shoulder that can be very severe and may spread into the arm
- The pain can be worse at night and it can be difficult to sleep
- Using the arm can be very painful, making daily activities difficult
- Although the pain can be severe it does not mean that you are damaging your shoulder.

Stiff dominant phase

- Pain begins to settle but the shoulder becomes gradually stiffer
- The stiffness might prevent you from being able to do daily activities or hobbies
- Eventually the pain and stiffness start to get better and activities become easier.

Sometimes you might read that there are 3 phases: freezing stage, frozen stage and thawing stage. This describes the same evolution of the condition. On average, it can take 2-4 years (or sometimes longer)

to get better but that doesn't mean that the pain will last for that long. In some cases milder pain and stiffness can persist with this condition. This may affect your ability to work or do normal everyday activities.

How is it diagnosed?

Frozen shoulder is a clinical diagnosis based on your history and a physical examination. Therefore it is always important to have your shoulder clinically assessed by an appropriate health professional. Sometimes an x-ray might be requested to help to rule out other causes for your shoulder pain.

What can I do to help it?

Frozen shoulder is not a harmful or serious condition and the majority of cases will get better naturally with time. Some people may not want or need specific treatment and may decide to let their shoulder heal naturally. However, there are some things that you can do yourself (self-treatment) which may help to improve your shoulder.

Treatment is aimed at controlling pain and improving your movement and may include:

- **Painkillers/ anti-inflammatory medication/ ice or heat packs**
You should consult your GP or pharmacist before taking medication, especially if you have other health problems.
- **Maintaining movement**
Try to keep your arm moving as your pain allows. This can help prevent it getting weak and stiffer. You might need to modify what you can do, particularly in the pain dominant (early) phase, but try to get back to moving and using your arm as normally as you can.
- **Maintaining healthy lifestyle habits**
Our general health can have an impact on the pain levels we experience, as well as on the condition itself. More information can be found at:

www.nhsinform.scot/healthy-living



Exercises

Exercises to help regain movement and strength have been shown to be helpful. These can be self-directed stretches and strengthening exercises. How much you can do might depend on your pain levels. Everybody is different but remember, in frozen shoulder, pain does not necessarily mean you are harming or damaging your shoulder.

Visit the website or scan the QR code below for some shoulder exercises to get your arm moving:

BESS – Frozen Shoulder

www.bess.ac.uk/frozen-shoulder/



If you feel you need more support you may be referred to physiotherapy.

Physiotherapy

Through an examination a physiotherapist can:

- Help you establish a diagnosis
- Provide you with a personal treatment plan to keep your shoulder strong and flexible
- Advise and arrange further investigation if required.

Other treatment options

In some cases, people may wish to consider other options if they are struggling with their symptoms. As these treatments are more invasive, they carry more risk. They may not be safe or appropriate for everyone.

Speak to your GP or health care professional about the options available to you.

These options may include:

- **Steroid injection**
This can help to reduce inflammation and control pain in the pain dominant stage. Sometimes the pain can come back when the steroid wears off.
- **Distension arthrogram**
Under x-ray guidance, fluid and air is injected into the shoulder joint to help break up areas of tight tissue that might be causing pain and issues with movement. This fluid is a mixture of a local anaesthetic (similar to the numbing injection you might have had at the dentist) and a steroid.
- **Surgery**
In rare situations the tight capsular tissue in your shoulder may be released surgically if the pain and stiffness cannot be controlled with the methods described above.

More information can be found at:

NHS Inform – Frozen Shoulder

www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/conditions/frozen-shoulder

