

The Frozen Shoulder

ORTHOSPORTS



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A frozen shoulder, or adhesive capsulitis, is a very common condition seen in about 3% of the population. It generally occurs in people over the age of 40 years and is seen far more commonly in women than in men. It commonly occurs in diabetics and people with thyroid disease.

The cause of this condition is UNKNOWN. It generally occurs spontaneously without any trauma, but can also occur after a significant traumatic event such as a fall, fracture or dislocation. The condition is also seen not infrequently after heart surgery, breast surgery or neurosurgery.

Early-on signs include pain with even slight movements of the arm, especially at night. Over weeks to months stiffness develops along with the pain. This pain and stiffness is caused by inflammation of the capsule surrounding the shoulder joint. The capsule eventually contracts, preventing normal movement of the shoulder.

As a general rule, the stiffness and pain eventually resolves on its own for unknown reasons. The length of time until resolution can vary from six months to two years.

Frozen Shoulder involves THREE distinct phases:

PHASE	TIMEFRAME	PAIN	STIFFNESS
FREEZING PHASE	Last 2 to 9 months	Severe pain at rest, with activity, and at night	Initially normal motion, but gradual onset of stiffness
FROZEN PHASE	Lasts 3 to 12 months	No rest pain, but pain at extremes of movement	Extreme stiffness preventing motion
THAWING PHASE	Lasts 2 to 6 months	Significant decrease in pain	Stiffness resolves

The pain and stiffness resolves in **80%** of patients, but some patients are left with a small and permanent restriction in range of motion. This loss of motion hardly ever worries the patient.

X-rays are important to order to rule out other causes of pain and stiffness, such as arthritis. Other tests are usually not necessary to make the diagnosis.

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TREATMENT

The goal of treatment is to maintain as much motion as possible until the shoulder recovers on its own. This is achieved by using the arm as much as possible within the limits of your discomfort. You should not under any circumstances immobilise the arm or stop using it, as this will cause the condition to deteriorate. You will require regular pain medication in the form of anti-inflammatory tablets, and perhaps some night sedation, for which you should see your family doctor.

A hydrocortisone injection is usually a temporary but very effective means of pain relief. Although it is only short-lived, an injection can help get the shoulder moving, or help to initiate physiotherapy. If you elect to have an injection, a referral from myself or your family doctor can be given for a radiologist to perform an ultrasound-guided injection.

You need to see a physiotherapist for instruction in a gentle course of range of motion exercises. The aim of the exercises is to maintain current range of motion and prevent further stiffness. These exercises **should not cause excessive pain**, as this implies too much stretching. They should be performed on a daily basis, 3 to four times a day, for five minutes at a time.

A new technique called Hydrodistention has had some promise in the treatment of frozen shoulder. A Radiologist, under ultrasound guidance, distends the shoulder joint with fluid and bursts the tight capsule. This technique has been shown to shorten the recovery time of the condition. A referral can be given to the appropriate radiologist if you choose to undergo this procedure. The doctor performing the procedure can discuss the risks and complications with you.

If your condition has not improved with treatment after six months, then there is a reasonable case to perform an arthroscopic capsular release and manipulation under anaesthesia. This involves an overnight stay in hospital. I release the capsule with keyhole surgery through three very small incisions, then manipulate to achieve a full range of motion. It is very important to have physiotherapy the next day, and a nerve block can help control the pain. The success rate of the surgery is about 70%.

Finally, I would recommend that all patients return to their family doctor to have him or her manage the pain and monitor the physiotherapy and exercises. Every patient with this condition should be tested to exclude diabetes and those patients already with diabetes need to ensure their glucose levels are well controlled.

If after reading this handout you have any questions please ring the office and leave a message for me to call back. If the condition does not improve in the timeframe indicated above, please return to see me.

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