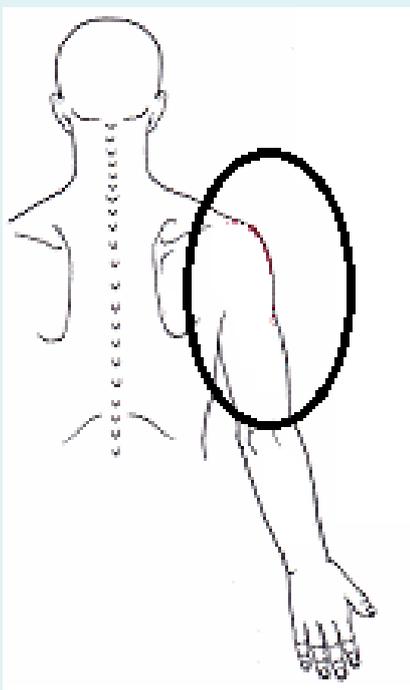


Your guide to frozen shoulder

Information for patients, service users and carers

Area of pain:



What is frozen shoulder?

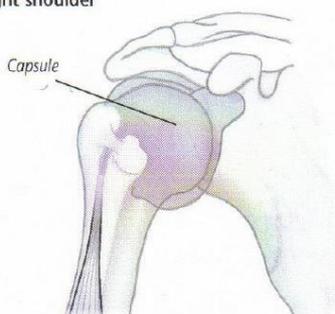
Frozen shoulder, or adhesive capsulitis, is a condition where the shoulder may become very painful and stiff. Scar-like tissue in the joint capsule causes this stiffness. Frozen shoulder will improve with time.

What causes frozen shoulder?

Frozen shoulder usually occurs between the ages of 50 – 69 years old of unknown cause. It is known the lining of the joint becomes inflamed and then the capsule thickens, which limits movement.

Onset of frozen shoulder may be associated with minor injury to the shoulder and may be common with diabetics.

Capsule of the right shoulder



Frozen shoulder may also develop if the shoulder is immobilised for some time, for example after a stroke, heart attack or surgery.

The stages of frozen shoulder:

- Painful phase (2-9 months)

The pain often starts gradually with increasing pain on movement. This pain may be constant, making sleep difficult. Diagnosis at this stage is difficult as full range of motion at the shoulder may be available.

- Stiff phase (4-12 months)

Pain may start to improve in this stage, but range of motion will reduce. Pain may be worse at end range of movement.

- Recovery phase (5-26 months)

Gradually the pain and stiffness will resolve, however, pain may remain at end range until fully resolved.

On average the total time for these 3 stages is 30 months. However it may take between 12-42 months.

You are more likely to get frozen shoulder if you:

- Are aged 50 - 69
- Are diabetic (10-36% association)

What can you do?

Use regular pain killers and anti-inflammatory as directed by your G.P or pharmacist.

Use hot and cold packs as part of pain control, especially before or after exercise.

Range of Movement (ROM) exercises may help decrease the pain and the increase your function. Evidence suggests that joint mobilizations and exercise may improve recovery times.

The following ROM exercises are recommended and should be moved to the point of tightness with tolerable pain that settles quickly after completing the exercise.

Do I need to see a physiotherapist?

If your symptoms do not improve you may benefit from supervised physiotherapy

Do I need a specialist referral?

If you have significant pain that is not controlled with painkillers and you are losing sleep. You may benefit from a specialist referral. This can be arranged by your physio or GP

Range of Movement Exercises:

Repeat all exercises ten to fifteen times, 2 or 3 x a day as tolerated.

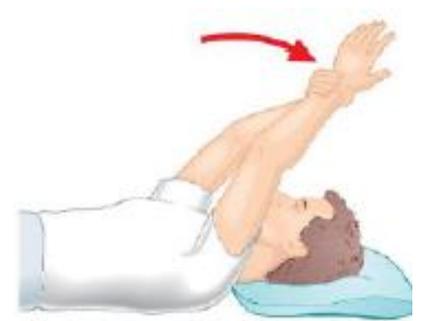
Stage 1 (painful stage)

Standing supported with your other arm, gently move the affected arm forwards and backwards, side to side across the body and rotations clockwise/anticlockwise.



Stage 1 (painful stage)

Lying or standing, take the affected arm above your head as far as possible using the other arm, or a stick.



Standing up, hold onto the end of a walking stick or broom handle with the affected arm and bring out to the side as far as possible.



Stage 3 (recovery phase)

On all fours sit back on your heels with arms outstretched. Or while standing, place arms on a table and move backwards with arms level with table.



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