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BERKSHIRE SHOULDERS
Specialist Shoulder Clinic

Patient Information

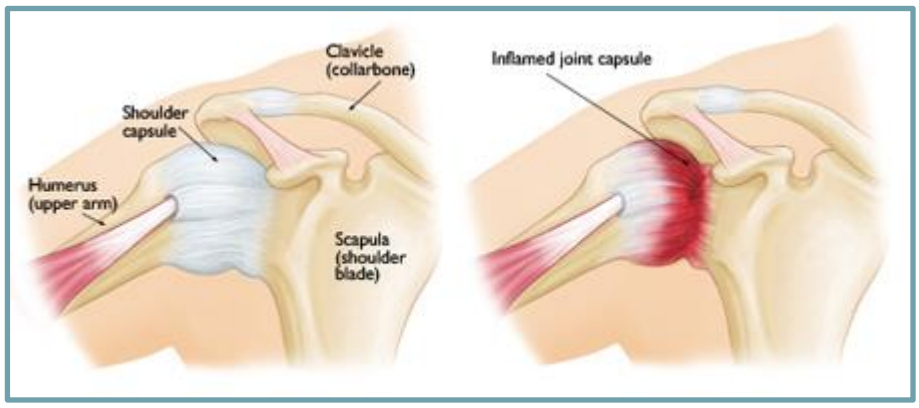
Frozen Shoulder

KEY POINTS

- In most people we don't understand why it started.
- Diabetes and other hormonal issues are recognised risk factors.
- In most people it will get better on its own, even without any specific treatment, over the course of about 18 months (much longer in diabetics).
- The painful phase can be helped with a cortisone injection into the shoulder joint.
- The stiffness (lack of movement) can be helped by an operation.
- Physiotherapy during the painful phase is not helpful.

What is a "frozen shoulder"?

A frozen shoulder describes a shoulder joint that has become very painful, stiff and tight. The lining of the shoulder joint becomes inflamed and angry which causes pain. The surrounding capsule becomes thickend and tight which makes the shoulder tight or stiff. Frozen shoulder is also known as "adhesive capsulitis".



What causes a frozen shoulder?

Nobody knows the cause of frozen shoulder, and in many people we never find a reason for it. However, the following are more likely to get a frozen shoulder:

- People with diabetes or other hormonal issues.
- People aged between 40 and 60 years of age.
- People with heart disease.

It also can come on after a minor accident/injury, or after an operation.

What are the symptoms?

The two main symptoms are pain and reduced movement. To begin with the shoulder will become painful. After a few months it also becomes stiff which may stop you from moving your shoulder normally. You may have difficulty in doing everyday activities such as combing your hair and getting dressed. Night pain can be a major issue. Rapid stretching or jarring movements may bring tears to your eyes!

What will happen over time?

Your shoulder usually, and strangely, gets better over time. It is typically a journey of about 18 months from start to finish at the end of which your shoulder will be normal again. If you are diabetic you should double this time frame.

What is the chance of my other shoulder becoming frozen?

About one in five people (20%) get a frozen shoulder on the other side.

What if I have diabetes?

It is much more common to get a frozen shoulder on the other side. The stiffness takes a much longer time to go away, and may never go away entirely.

What tests will my doctor do?

A shoulder X-ray is useful: it should look normal but is useful to rule out arthritis ("wear and tear"). An MRI is not usually very helpful except sometimes to exclude other diagnoses.

Do I have to have treatment?

No, since the pain and stiffness will improve over time anyway.

Are there any treatments available?

Yes, there are several options and you may wish to discuss these with your doctor before deciding which is the most appropriate.

- Modify activity and sport to avoid the pain. It is quite safe to continue with any activities or sport as long as it doesn't cause you too much pain. Jarring movements such as hitting a divot will be very uncomfortable but gentle swimming or aerobics will probably be fine.
- Painkillers. These include simple painkillers such as paracetamol, as well as anti-inflammatories such as ibuprofen. They can be bought over the counter.
- Cortisone (steroid) injections. Cortisone can be injected into the joint to calm down the inflammation. It often helps with the pain of a frozen shoulder but does not speed up the time it takes for the stiffness to get better. The injection is uncomfortable and can make the pain worse for a few days. Cortisone injections are useful for controlling the pain for those people who do not wish to have surgery but they do not help with the stiffness.

What operations / procedures are available?

The two procedures are *manipulation under anaesthetic* and *arthroscopic capsular release*.

During a *manipulation under anaesthetic* the tight capsule will be torn by careful stretching of the arm while you are asleep and then a steroid injection is given into the shoulder. Whereas the *arthroscopic capsular release* involves keyhole surgery to carefully divide the scar tissue from inside the joint using a specialised instrument. Both options require a general (full) anaesthetic and both are performed as a daycase. The decision as to which is the best option for you depends on a number of factors and should be discussed with your surgeon.

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