

## Frozen Shoulder

*The aim of this leaflet is to give you some understanding of the problem you may have with your shoulder. It is not a substitute for professional advice and should be used along with information given by your GP or Physiotherapist.*

### **What is Frozen Shoulder ?**

The shoulder has a capsule that surrounds the ball and socket joint and is usually lax to allow for a large range of movement. Frozen shoulder is a gradual tightening of the capsule, accompanied by severe pain in the early stages.

Research is inconclusive as to the cause of frozen shoulder; it affects about 3% of adults at some stage in their lives. It most commonly occurs in people aged between 40 and 65 years. It is more common in people who have diabetes, an overactive thyroid, high cholesterol, a high body mass index, heart disease and a history of trauma. It may start after an injury, but can commonly start for no reason at all.

### **What are the symptoms of Frozen Shoulder?**

Typical symptoms are pain, stiffness and limitation in the range of movement of one of your shoulders. There tends to be 3 stages to a frozen shoulder:

**Freezing stage** can be extremely painful, especially at night. Pain may be felt down the arm as far as the wrist; the pain may be felt all the time and usually becomes worse on movement especially twisting movements as in putting your hand behind your back or behind your head. This phase can last anywhere from 2 to 9 months.

**Frozen stage** is where pain gradually eases but stiffness and limitation in movement remain and can become worse. All movements of your shoulder can be affected. This phase can last anywhere from 4 to 12 months.

**Thawing stage** is where the pain and stiffness gradually settle and movement gradually returns to normal, or near normal. This phase can last anywhere from 12 to 42 months.

The time taken to progress through these phases is highly variable from person to person. Untreated on average the symptoms last from 2 to 4 years. In some cases, it is much less than this. In a minority of cases, symptoms last for several years. Often some stiffness remains, although most people regain enough movement to carry out everyday activities.

### **Do I need any tests?**

The diagnosis of frozen shoulder is usually made by clinical examination. You may have an X-ray of your shoulder joint if your symptoms do not settle. They are carried out to exclude other causes of your symptoms as a frozen shoulder presents with a normal X-Ray.

### **What are my treatment options?**

Treatment depends on the phase of the condition, severity of symptoms and degree of restriction of work, domestic and leisure activities. The aims of treatment are pain relief, to improve range of motion, reduce duration of symptoms, and return to normal activities. One or more of the following may be advised to help ease symptoms.

**Medication:** You can take medication in addition to other treatments. Paracetamol may be advised first to try to control the pain. Anti-Inflammatories, such as Ibuprofen and Naproxen can help to ease pain and reduce any inflammation in your shoulder. There are many different brands, therefore if one does not suit, another may be fine. Side-effects sometimes occur with anti-inflammatory painkillers. Always read the leaflet that comes with the medicine packet.

**Physiotherapy:** Many people are referred to a physiotherapist who can give expert advice on the best pain relieving techniques and exercises. This allows you to self-manage your symptoms whilst the condition resolves. The aim of physiotherapy is to restore your shoulder's range of motion and regain its strength and control.

**Ice or heat therapy:** Heat may be helpful in the form of a hot water bottle, wheat pack or a warm bath. This can help to relax the muscles around your shoulder and may make stretching exercises more effective. For ice therapy place a damp cloth on your shoulder and then place an icepack (or bag of frozen peas) over the top of this. Leave it on for 10-15 minutes. People should be cautious using these treatments who have altered sensation or circulatory problems.

**Exercises:** Commonly advised with the aim of regaining movement in your shoulder and decreasing pain. For most benefit, it is important to do the exercises regularly, the exercises may be uncomfortable to perform but the discomfort should wear off within 30 minutes of stopping. If the discomfort lasts for longer than this or if the pain gets worse then stop exercising and seek advice from your doctor or physiotherapist. Please see below for exercises to try.

**Steroid injection:** A steroid injection into, or near to, the shoulder joint may help to reduce pain in the early stages.

**Surgery:** The majority of cases of frozen shoulder will improve without surgical intervention. In severe cases if your shoulder does not respond to initial management you may be referred for consideration of surgery. You may need a course of physiotherapy after your operation.

### **Contact details**

Therapy Services Department: 01202 442121

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

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