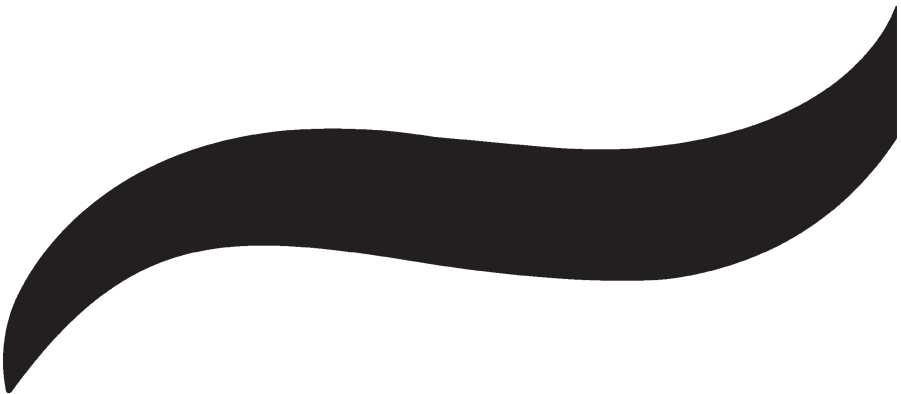




# Frozen shoulder

Information for patients  
Physiotherapy Department



# WHAT IS A FROZEN SHOULDER?

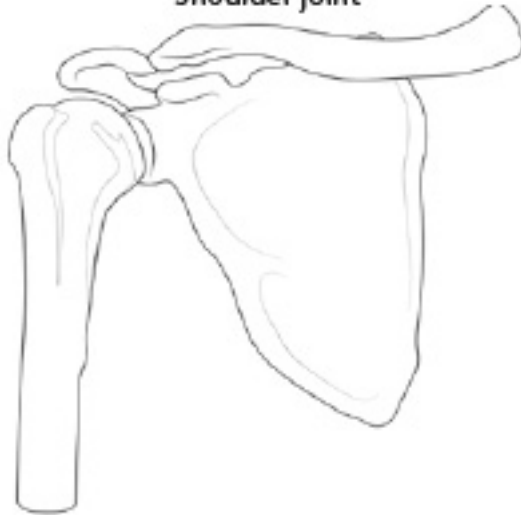
It is a condition which affects the lining that surrounds the shoulder joint, which is called the capsule. This becomes inflamed, which is painful and the shoulder also stiffens up.

## Key points

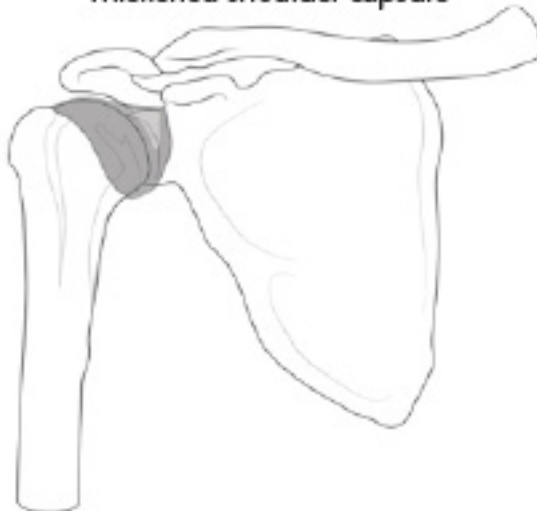
- ❖ A frozen shoulder is a painful stiff shoulder
- ❖ People often experience significant pain and very restricted movements; the pain can last for between two and nine months
- ❖ It can take anywhere between 12 and 42 months to fully resolve
- ❖ Most of the care is about pain control, accepting the limitations and waiting for it to get better
- ❖ Physiotherapy and shoulder injection can be helpful for some people
- ❖ Some people whose symptoms do not improve may need to have surgery

The capsule thickens over time which limits movement. When it does start to improve it tends to be a slow process but your shoulder may always have some movement restriction in the future. Although the pain usually gets better, it may never go away completely.

**Shoulder joint**



**Thickened shoulder capsule**



## WHAT ARE THE SYMPTOMS OF A FROZEN SHOULDER?

- ❖ Pain in the shoulder and upper arm
- ❖ The pain can be severe and tends to be constant, which can interfere with your sleep
- ❖ Pain can be a lot worse on reaching for things or when lying on that side
- ❖ The shoulder may stiffen up quickly
- ❖ The restricted movement can stop you putting your hand behind you, or being able to reach as far as the back of your head

### HOW COMMON IS A FROZEN SHOULDER?

It is quite common in people aged 40-60 and more common in people who have diabetes or cardiovascular disease.

## WHAT CAUSES A FROZEN SHOULDER?

We don't know. Sometimes a specific event will happen that results in a frozen shoulder, like an injury or a recent surgery. Most of the time there is no obvious cause.

### WILL IT AFFECT THE OTHER SHOULDER?

About 10% of people can expect to experience symptoms in their other shoulder in the future. This risk is higher in people with diabetes.

# WHAT CAN HELP WITH A FROZEN SHOULDER?

No one treatment has been shown to cure a frozen shoulder and on average a frozen shoulder can last about two and a half years.

## WHAT CAN YOU DO TO CONTROL THE SYMPTOMS?

The aims of treatment are:

- ❖ Pain relief (analgesia)
- ❖ Improving range of motion
- ❖ Reducing duration of symptoms
- ❖ Returning to normal activities

Shoulders are designed to move and inactivity is harmful to the tissues around the joint. With a frozen shoulder pain doesn't equal damage therefore maintaining movement within the limits of your pain is important. However, you may want to avoid doing tasks that aggravate your pain too often. Changing how you do certain tasks can help manage your pain, for example, putting your sore arm in first to a jumper or jacket and taking it out last.

## WHAT EXERCISES CAN I DO TO HELP MY FROZEN SHOULDER?

The following exercises can help with improving movement and function of your shoulder and arm.

### Early Shoulder Movement



- ❖ Stand with one foot in front of the other.
- ❖ Rest your good hand on a table or kitchen worktop for support
- ❖ Bend forwards at your waist and allow your affected arm to hang, relaxed in front of you.
- ❖ Slowly move your arm forwards and backwards in a small movement like the pendulum on a clock – repeat 10 times
- ❖ Repeat this exercise side to side – again keep the movements small – repeat 10 times
- ❖ Finally move the arm in a small circle 10 times then change direction and repeat 10 times
- ❖ Repeat these exercises once a day.

## Early Shoulder Movement



- ❖ Lie on your back with your elbows bent.
- ❖ Cup the end of a stick in the hand of the affected arm. The other hand can hold the stick however is comfortable.
- ❖ Keeping the upper arms by your side, push the stick towards the painful side to turn the hand outwards away from the body.
- ❖ You should feel the stretch across the front of the shoulder and even across the chest.
- ❖ Move as far as is tolerable.
- ❖ Hold this stretch position for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.

## Early Shoulder Movement



- ❖ Stand upright holding a stick in front of your body with the palm of the affected arm facing forwards.
- ❖ Using your unaffected arm, keeping your elbows soft, gently push your affected arm out and upwards away from the body.
- ❖ Move as far as is tolerable.
- ❖ Hold this stretch position for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.



## Middle Shoulder Movement



- ❖ Stand side on in a doorway facing the doorframe.
- ❖ Bend your elbow of the arm to be stretched to a right angle.
- ❖ Place the inside of the forearm against the doorframe.
- ❖ Turn your body away from the painful side as far as is tolerable, keeping your elbow close to your side.
- ❖ You should feel a moderate stretch across the front of the shoulder and even the chest.
- ❖ Hold this stretching position for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.

## Middle Shoulder Movement



- ❖ Get a long towel or a belt.
- ❖ Hold the towel in your unaffected hand and drape it over your unaffected shoulder to hang down your back.
- ❖ Reach behind your low back with your affected arm and take hold of the towel.
- ❖ Gently pull the towel up with your unaffected arm to allow the hand behind your back to move across and up with the towel.
- ❖ A moderate stretch should be felt in the front or side of your shoulder.
- ❖ Hold this stretching position for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.

## Late Shoulder Movement



- ❖ Stand inside a doorway
- ❖ Bend your elbow of the arm to be stretched to a right angle and place the inside of the forearm against the doorframe.
- ❖ Slide your hand up the doorframe aiming for your elbow to be in line with your shoulder.
- ❖ Take a step forward with the leg closest to the door frame, you should feel a firm stretch across the chest and front of the shoulder.
- ❖ Hold this stretching position for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.

## Late Shoulder Movement



- ❖ Stand in front of a worktop or table.
- ❖ Place both hands onto the surface, shoulder width apart.
- ❖ Slide the hands forwards away from you until you feel a stretch at the shoulders.
- ❖ If you need to increase the stretch further then you can lean backwards by moving your hips further back.
- ❖ Hold this stretch for up to 30 seconds.
- ❖ Return to the start position and rest for 30 seconds.
- ❖ Repeat this stretch 3 times, and do this exercise 3 times a day.

# WHAT DO I DO IF MY SYMPTOMS FLARE UP?

Flare ups of pain are common.

Some people have many flare ups of pain so it is important to know how best to manage these flare ups. In most cases a pain flare-up will settle within 6 weeks.

## Top tips

- ❖ You will likely find it helpful to rest a bit more but it is still important to keep active. This will help to avoid becoming stiff and your muscles becoming weak.
- ❖ If you aim to get a balance between rest and activity it should help your pain to settle down. You may be sore at first, however, start slowly and gradually increase the amount you do.
- ❖ Reduce movements or tasks that make your symptoms worse. This can help especially in the early days.
- ❖ Finding positions or movements that reduce your pain can be useful.

## **LIFESTYLE ADAPTATIONS**

If you have any on-going condition you may need to make some changes to your regular activities to make life easier. Here are some suggestions:

### **Washing and Dressing**

When drying hair you could try supporting your arm on a table if you find it difficult to hold the hairdryer above your head or you find it too heavy.

### **In the Kitchen**

Try to keep items that you use regularly within easy reach. Try not to overfill pots or kettles as this will make them heavier to lift. You could think about using a kettle tipper or two handled saucepan if you still find it difficult to lift them.

### **Sleep and Posture**

If you have one side that is painful try to avoid sleeping on that side especially with neck, shoulder or hip pain. You might find it helpful to use extra pillows to support your arms.

### **Housework and Garden**

Try not to attempt too many jobs in one day. Don't spend too long doing repetitive activities such as cleaning windows and hoovering. In the garden try to vary the jobs so that you don't spend too long in one position.

## Shopping

You could take a trolley round the shop rather than a basket even if you are only needing a few items as this will give you more support and means you won't have to carry heavy items.

Please see the below links for further information.

- ❖ North Lanarkshire: <https://www.makinglifeeasier.org.uk/>
- ❖ South Lanarkshire: <http://www.careinfoscotland.scot/topics/care-at-home/equipment-and-adaptionstelecare/>

### **PACING AND SPACING**

- ❖ Pacing and spacing can help you manage your pain better.
- ❖ Pacing is the term used for breaking down an activity or task. This can be done by taking regular breaks. Prioritising daily activities can also help. This can prevent “over stimulating” your pain system.
- ❖ When completing challenging tasks or activities, it may be useful to set a “baseline”. This is the amount you can manage on a good or bad day without increasing your symptoms. Therefore you can plan rests and set achievable goals.

## ANALGESIA

- ❖ Analgesia, also known as pain relief, can be an important part in helping you manage your symptoms and allow you to stay active.
- ❖ Taking the right kind of pain relief regularly allows you to move more normally and continue your usual activities without causing any damage. Pain relief won't always stop your pain completely. For this reason we use the term pain relief (A 30-50% reduction in pain would be a good success).
- ❖ Pain relievers/ anti-inflammatory medications can be used as advised by your GP or Pharmacist. If you feel the ones you usually take are not helping your pain or you have any side effects from your medicines, please speak to your GP or pharmacist.

## SMOKING

Smoking can affect how your body recovers from musculoskeletal problems. If you smoke then the good news is that by stopping smoking it can improve your health in many different ways.

Giving up smoking is not something you have to do on your own. You're twice as likely to stop smoking successfully if you get the right support from the NHS. There is a free NHS stop smoking service available in Lanarkshire to help you succeed:

<https://www.nhslanarkshire.scot.nhs.uk/services/quit-your-way/>



## MENTAL WELLBEING

It is very important to look after your own mental wellbeing. This can have an influence on your recovery or management of your Musculoskeletal problem. For more information on mental wellbeing please follow this link. <https://www.nhslanarkshire.scot.nhs.uk/services/mental-wellbeing/>.

### Work

We know that staying in work or returning to work as soon as possible is good for your mental and physical health.

If you have problems with activities at work, it may be helpful to ask for a workstation/workplace assessment or talk with your manager or Occupational Health Department. This can help with alterations or provision of equipment or altering your working day or tasks.

There are organisations which can support you at work or help you return to work – you can ask your physiotherapist or Occupational Therapist for information.

## WHAT ARE YOUR OTHER TREATMENT OPTIONS FOR A FROZEN SHOULDER?

- ❖ **Corticosteroid injection** – Steroid injections into the joint (+/- local anaesthetic) may be offered. It can be difficult to predict how much this might help and any relief they give is generally short term.

The physiotherapist will advise you on when to re-start the exercises after you receive the steroid injection. A second injection may be required in a small number of cases. Injections may not be suitable for every person.

- ❖ **Distension arthrogram or hydrodilatation** - These are similar procedures and involve injecting a volume of fluid into the shoulder joint to stretch the capsule. Not all people are suitable for these procedures, and these treatment options are not always available in all hospitals. The results are variable and not everyone gets significant improvement from them.

- ❖ **Manipulation under anaesthesia (MUA)** – This involves direct physical manipulation of the shoulder under general anaesthetic to hopefully improve the movement.

- ❖ **Surgery** - An arthroscopic (keyhole) capsular release uses a camera in the joint to guide the release (cutting) of some of the thickened capsule. Surgery is not a reliable way to make the frozen shoulder go away but can sometimes help. If the pain associated with frozen shoulder remains severe for a long time, surgery may be discussed as an option.

## WHAT ARE THE RISKS OF SURGERY?

Risks include infection, nerve injury, bleeding and fracture of the humerus bone. A general anaesthetic is usually fairly low risk. However, if you have significant general health problems, the risks with the anaesthetic go up significantly and it may not be sensible to do surgery due to risks of stroke, heart attack and blood clots.

### WHEN TO SPEAK TO A HEALTH PROFESSIONAL

It is important to seek medical help in certain situations:

- ❖ If you are in extreme levels of pain
- ❖ If you have had a traumatic incident such as a fall, which results in you being unable to move your arm at all
- ❖ If you have any pins and needles or numbness in your arm
- ❖ If the skin over your shoulder is hot, red or swollen
- ❖ If you feel feverish, unwell or have unusual levels of tiredness
- ❖ If you have been experiencing unexplained weight loss or night-time sweating.

## HELP AND SUPPORT

If your symptoms continue to worsen or you are struggling to manage your frozen shoulder after a period of 6-12 weeks of following the advice above, a self-referral to physiotherapy can be made on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/> or via your GP. See overleaf for QR code.

# CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.



[www.careopinion.org.uk](http://www.careopinion.org.uk)

**NHS Lanarkshire** - for local services and the latest health news visit [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)

NHS Lanarkshire General Enquiry Line: 0300 30 30 243

**NHS inform** - The national health information service for Scotland. [www.nhsinform.co.uk](http://www.nhsinform.co.uk)  
Tel No: 0800 22 44 88

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 3030 243 or e-mail [info@lanarkshire.scot.nhs.uk](mailto:info@lanarkshire.scot.nhs.uk)

Pub. date:	June 2021
Review date:	June 2023
Issue No:	01
Department:	Physiotherapy
Clinical lead:	

PIL.FRZSHD.21\_12729.L