



Frozen Shoulder

(sometimes known as adhesive capsulitis)

Information for patients
Physiotherapy Department



Shoulder pain is very common and there are a lot of different causes of pain around this complex joint.

WHAT IS A FROZEN SHOULDER?

Inflammation and thickening of the capsule (lining) of the joint can lead to the development of a stiff shoulder. Sometimes trivial trauma will trigger the inflammation in the capsule but frequently there is no reason for the onset. It is most common between the ages of 40 and 60 with females more commonly affected than males. People with some other conditions like diabetes and hypothyroidism also have a higher risk of developing frozen shoulder. The shoulder becomes gradually more painful due to the inflammation and then stiffens. Basically the lining of the joint gets ‘stuck together’ so any shoulder movement increases your pain.

Typically, this is a condition which improves on its own, however, recovery can be slow. The pain may last for up to 18 months but will gradually reduce in time. The stiffness, however, may remain for up to two and a half years but again will gradually improve with time.

Symptoms

You may experience some or all of these symptoms:

- ❖ Pain felt around the joint, often spreading down the arm to the wrist. It can also spread to the neck if pain at the shoulder leads to bracing of the region
- ❖ Pain worse at night, with disturbed sleep and difficulty lying on that side.
- ❖ Restricted movement causing loss of function.

TREATMENT

Pain Relief

An important aspect of treatment is adequate pain relief with appropriate medication. Please seek advice from your General Practitioner (GP).

Exercise

It is also important in the early stages of this condition to prevent stiffness from setting in. It is therefore essential to exercise your shoulder within the limits of bearable pain.

The majority of people do not require to be referred to Physiotherapy. In this case your GP will manage your symptoms with appropriate medication and self-management exercises.

If you are referred to Physiotherapy, your Physiotherapist will assist with self-management. A corticosteroid injection may be considered as part of your treatment programme.

FURTHER INFORMATION

Further information on managing musculoskeletal conditions can be found at www.nhsinform.co.uk

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