



Frozen shoulder

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Version 2

> About this leaflet

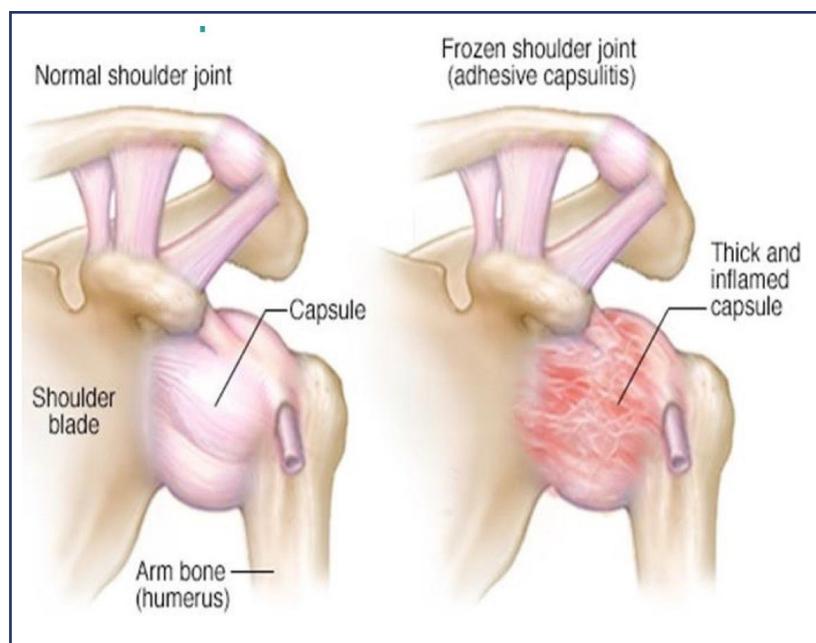
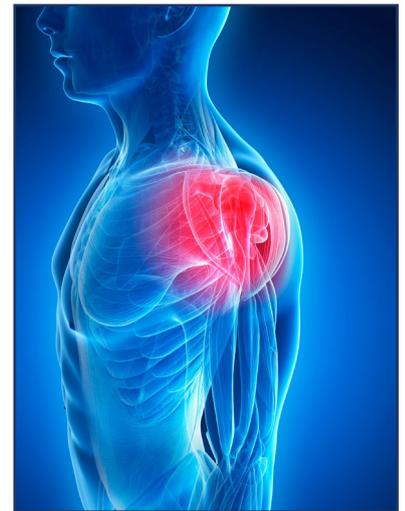
The purpose of this leaflet is to provide information to staff (or colleagues) diagnosed with frozen shoulder, on risk factors associated with frozen shoulder and how to manage the condition effectively.

> What is frozen shoulder?

Frozen shoulder is a condition that leads to pain and stiffness of the shoulder and is also known as adhesive capsulitis. Typically, you'll experience shoulder pain that can become more severe over a number of months, usually followed by increasing stiffness. The stiffness may affect your ability to carry out everyday activities, but in particularly severe cases, you may not be able to move your shoulder at all.

The soft tissue surrounding the shoulder joint (capsule) is usually stretchy and elastic, allowing joint mobility. Frozen shoulder occurs when the capsule initially becomes inflamed, then thickens, resulting in a stiff and painful shoulder.

The majority of people who experience frozen shoulder will eventually get better with or without treatment.



Symptoms of frozen shoulder

Typically, symptoms will gradually worsen over time with no specific injury or trauma preceding any pain, however, it can sometimes come as a complication following shoulder surgery or injury.

Pain and persistent stiffness in the shoulder joint are the 2 main symptoms of a frozen shoulder. This makes it painful and difficult to carry out the full range of normal shoulder movements. You may find it difficult to perform everyday tasks, such as:

- bathing;
- dressing;
- driving; and
- sleeping comfortably.

Symptoms vary from mild – with little difference to daily activities; to severe – where it may not be possible to move your shoulder at all.

Stages of frozen shoulder

There are 3 separate stages to the condition, but sometimes they are difficult to distinguish. Symptoms may also be very different for each individual.

Stage 1

This is often referred to as the “freezing” phase, your shoulder starts to ache and can become very painful. The pain is often worse at night and when you lie on the affected side. This stage can last from between **2 and 9 months**.

Stage 2

Stage 2 is often known as the “frozen” phase. Your shoulder may get stiffer, but the pain doesn’t usually get worse and may even decrease. The stiffness in your shoulder can continue to affect your day to day activities and this stage usually lasts between **4-12 months**.

Stage 3

This is known as the “thawing” phase. During this period, you’ll gradually regain movement in your shoulder. If pain is still present it should start to fade, although it may come back occasionally as the stiffness eases. This stage can last **12 months or more**.

Risk factors associated with the development of frozen shoulder

This condition can appear without any apparent reason, however, your risk of developing a frozen shoulder can increase if you have, or have had:

- A previous shoulder injury or shoulder surgery.
- Diabetes or a thyroid problem.
- Dupuytren’s contracture – a condition where small lumps of thickened tissue form in the hands and fingers.
- Health conditions such as heart disease and stroke.

If you are overweight (BMI > 25) or obese (BMI>30) you are at a higher risk of developing a frozen shoulder. People between 35-65 years old are particularly affected and women account for 70% of all frozen shoulders.



What should I do if I have frozen shoulder?

Activity modification and pain control

When the shoulder is painful, continue to use the arm to maintain movement and ease spasm. Avoid movements which worsen the pain. This may require time off work or away from leisure activities.

Try icing your shoulder regularly, e.g. wrap a packet of frozen peas in a damp tea towel, then put it on your shoulder for up to 20 minutes, ensuring your skin doesn't turn blue or purple. Hot packs may be helpful as it can help reduce muscle spasm and pain.

In bed, support the arm with pillows to prevent rolling onto the affected shoulder.

Medication

You can use painkillers for symptom relief, such as paracetamol or a topical nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen gel. Speak with a prescribing physiotherapist or your local pharmacist for more advice on which painkillers or anti-inflammatory medications are appropriate for you.

Exercise

You should complete specific exercises that aim to maintain / improve the movement of the arm which will help you return to normal activities. Please see the end of the leaflet for suggestions of a graded exercise programme.

What should I do if this doesn't help?

If your shoulder pain does not get better after a period of 6-12 weeks following the advice above, contact the Occupational Health Physiotherapist on extension 5121, or email physio.occhealth@gjnh.scot.nhs.uk, who can assess your shoulder function, give advice around work and may recommend 1 or more of the following:

- Advice on further exercises: physiotherapy and exercise work best when the pain control is optimized.
- Contact your GP to discuss other options such as:
 - stronger pain killers.
 - injection of steroid and local anaesthetic into the shoulder. This is effective in reducing pain in the majority of very painful frozen shoulders, although the effect may not be long term. Sometimes the GP can offer an injection and sometimes the GP will refer you to orthopaedics for this.
 - Referral to orthopaedics: the GP will consider referring you to orthopaedics if you have had pain and or stiffness which has not benefited from the above conservative measures. In very occasional circumstances surgery will be considered if the stiffness has not sufficiently improved over time.

Physiotherapy exercises

The following exercises may be helpful in the stiffness phase once the resting pain has improved and should be done 5 times a week. If taking pain killers, start exercises about 1 hour after. Focus on quality of movement and do not compensate. Reps are just for guidance.

Shoulder stretches

<p>Sit on a chair near a table and place your hands on a table, with a towel under your hands and forearms resting on the table.</p> <p>Lean forwards through your hips and slide your hands along the table, gently reaching your arms forward then slide back to starting position.</p> <p>Hold for 15 seconds and repeat 3-5 times</p>	
<p>Sit or stand. Place your hands behind your head, elbows pointing forward.</p> <p>Move your elbows out to the side.</p> <p>If this is too much of a stretch put your hands in front of your face.</p> <p>Hold for 15 seconds and repeat 3-5 times.</p>	
<p>Sit or stand with both elbows at right angles.</p> <p>Place a rolled towel between your elbow and side.</p> <p>Hold a stick with both hands. Push the stick to move the arm outward as far as you can.</p> <p>Hold for 15 seconds and repeat 3-5 times.</p>	
<p>Stand holding a stick behind your back with your elbows straight.</p> <p>Bend your elbows to raise the stick up the back until you feel a stretch.</p> <p>Hold for 15 seconds and repeat 3-5 times.</p>	

How to tell if you are exercising at the right level

This guide can help you to understand if you're exercising at the right level. It will also let you see how much pain or discomfort is acceptable and can be helpful to rate your pain out of 10 (0 being no pain and 10 being the worst pain you have ever had), for example:

- 0 to 3 – minimal pain
- 4 to 5 – acceptable pain
- 6 to 10 – excessive pain

Pain during exercise

Aim to keep your pain within a rating of 0 to 5. If your pain gets above this level, you can change the exercises by:

- reducing the number of times you do a movement;
- reducing the speed of a movement; or
- increasing rest time between movements.

Pain after exercise

Exercise should not make your existing pain worse overall. However, practicing new exercises can sometimes cause short term muscle pain as the body gets used to moving in new ways. This kind of pain should ease quickly and your pain should be no worse the morning after you've exercised.

Contact



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