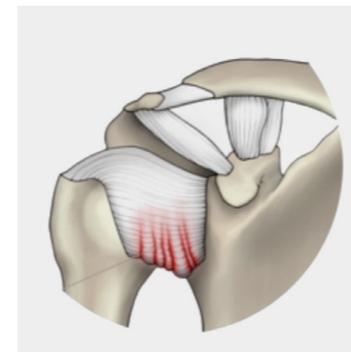


# FROZEN SHOULDER

A guide to the symptoms and  
treatment for **frozen shoulder**  
(*adhesive capsulitis*)

# FROZEN SHOULDER

Frozen shoulder is a condition that causes your shoulder to become stiff and painful. Movement becomes restricted or sometimes completely 'frozen'. The condition affects about 3% of adults at some stage in their life. Frozen shoulder usually occurs between the ages of 40 and 65, it is more common in women.



Inflammation/thickening of joint capsule

## What causes frozen shoulder?

The condition is believed to be caused by changes in the capsule, a thin tissue that covers and protects your shoulder joint. When the capsule thickens, movement is restricted and is often accompanied by severe pain.

## What are the symptoms?

The typical symptoms you will experience are pain, stiffness, and limited shoulder movement.

The symptoms typically have three phases:

- the painful **'freezing'** phase
- the stiff **'frozen'** phase
- the recovery **'thawing'** phase.

### The **'freezing'** phase

*(duration: 2–9 months)*

The first symptom of frozen shoulder is pain. This often starts at a low level and gradually builds. You may feel it on the outside of your upper arm down to your elbow and even your forearm. The pain may persist even when you rest your arm. It can also become more intense at night or when you lie on the affected side. At the same time your shoulder may become stiff and harder to move.

### The **'frozen'** phase

*(duration: 4–12 months)*

During the frozen stage, the pain gradually eases but your ball and socket joint becomes increasingly stiff. Movement in your shoulder remains limited or even deteriorates. Twisting movements such as trying to put your hand behind your back or head are particularly difficult.

### The **'thawing'** phase

*(duration: 5–26 months)*

As your shoulder recovers, the pain and stiffness you previously felt gradually subsides and movement becomes completely or almost normal.

## What type of frozen shoulder do I have?

There are two types of frozen shoulder: primary and secondary. Frozen shoulder is not a form of arthritis.

### A primary frozen shoulder:

This term is used when we cannot find an exact cause. A primary frozen shoulder is more common in people with diabetes or thyroid gland problems. About 15% of patients link their diagnosis to a minor shoulder injury.

### A secondary frozen shoulder:

This can develop if the shoulder area has been kept still for some time; for example, after a stroke or heart attack. It can also occur after a major shoulder injury or shoulder surgery.

## How will I be diagnosed?

Frozen shoulder is diagnosed through a combination of medical history, examination findings and radiological investigations, which include X-rays and MRI scans.

## How can frozen shoulder be treated?

There is no single agreed, consistently effective treatment for frozen shoulder. Ultimately, in 9 out of 10 cases, the condition goes through the three phases described and the passage of time remains the most effective treatment.



MRI scan showing the thickened joint lining

Still, there are ways in which you can increase your comfort during each phase:

### The 'freezing' phase

At this stage the emphasis is on pain relief. Therefore, pain-killing and anti-inflammatory tablets may be prescribed. You can also try using heat such as a hot water bottle, or cold such as an ice pack.

You may also be offered a treatment called hydrodistension or hydrodilatation. This is when a mixture of local anaesthetic, salt water and steroid is injected into your joint. Hydrodistension is performed using image guidance, either by ultrasound or X-ray control, and is carried out in a radiology outpatient setting, or in theatre under sedation.

In most cases, this injection provides a degree of pain relief, but it is not a cure, and it may not significantly alter the stiffness in your shoulder. It is sometimes necessary to repeat the injection.

### The 'frozen' phase

At this stage, stiffness is often more of a problem than pain, and for this reason physiotherapy may be considered. During physiotherapy you will be taught specific exercises to generate movement in the ball and socket joint. Your therapist may move the joint for you, so you can try to regain its normal glide and roll. These exercises are known as 'joint mobilisations', muscle-based movement techniques may also be employed.

Surgery is considered for a minority of patients: approximately 10%. This is when the symptoms have not resolved with time or have a considerably negative effect on a patient's day-to-day activities.

The type of surgery is usually arthroscopic (keyhole) and consists of a 'manipulation' (stretching) of the joint lining, 'release' (dividing the thickened tissue), supplemented by an anti-inflammatory steroid injection.





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