



FROZEN SHOULDER (ADHESIVE CAPSULITIS)

- ▶ **SJOG WEXFORD MEDICAL CENTRE**
Suite 15, 3 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **MURDOCH SQUARE**
Suite 205, 44 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **SJOG MT LAWLEY MEDICAL CENTRE**
Suite 113, Ellesmere Road,
Mt Lawley WA 6050

Frozen shoulder, also known as adhesive capsulitis, is a very painful condition of unknown origin, in which movements of the shoulder become restricted. The condition is thought to be the result of inflammation and swelling in the lining of the shoulder joint (capsule) and its associated ligaments, with resultant contracture of the shoulder joint capsule.

The lining loses its normal characteristic of flexibility and elasticity and becomes stiff and painful. The key characteristics of frozen shoulder are gradual onset of shoulder stiffness and pain which can be severe.

THERE ARE GENERALLY 3 PHASES

PHASE 1 (PAINFUL FREEZING PHASE) – there is progressive stiffening and loss of motion in the shoulder with increasing pain on movement which may be worse at night (months 1 to 9);

PHASE 2 (ADHESIVE PHASE) – there is a gradual decrease in pain but stiffness remains and there is considerable restriction in the range of movement (months 4 to 12);

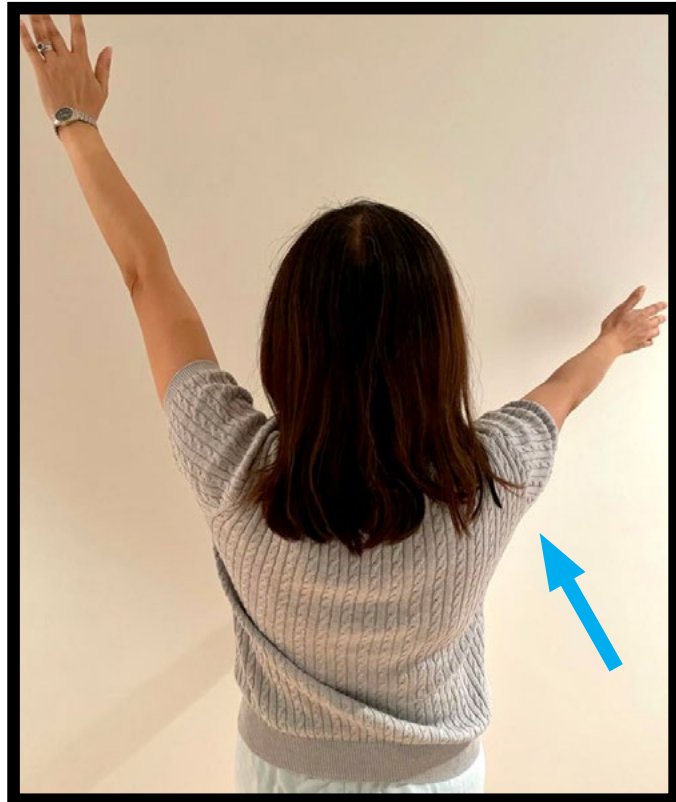
PHASE 3 (RESOLUTION PHASE) – there is an improvement in range of movement (months 12 to 18).

Although the condition is classically described as having a resolution phase there may not be a complete resolution for all patients. Almost 60% of patients are left with some degree of pain and minor loss of motion.

It is most common in a patients 50's, more common in women and associated with diabetes, heart disease and after trauma.

DIAGNOSIS AND MANAGEMENT

Diagnosis is based on clinical examination and medical history and a key feature is restriction of shoulder movement in all directions.



Reduced elevation of right arm indicated by arrow



Reduced external rotation of right arm indicated by arrow

Frozen shoulder is commonly managed in the primary care setting. There are a number of management options, both surgical and non-surgical, but there is no consensus about management. The aims of treatment, depending on stage of condition, are pain relief, increasing movement, reducing the duration of symptoms and return to normal activities for the patient.

TREATMENT ALGORITHM

- Oral medications such as non-steroidal anti-inflammatory drugs (NSAIDs) and Panadol osteo, opioids in severe cases
- Gentle exercise supervised by a physiotherapist or as part of a home exercise program. Aim to maintain ROM and avoid stiffness. Take care not to over-do these as vigorous exercises can increase pain.
- Shoulder joint steroid injections to reduce inflammation and provide pain relief.
- Arthroscopic capsular release, a key-hole surgical procedure conducted under general or regional anaesthesia during which the contracted tissue is released in combination with Manipulation Under anaesthesia (MUA). This is usually done at least 6 months after the onset of frozen shoulder if there are no further improvements with non-operative measures.