

Patient information

Frozen shoulder

Therapies Department

What is it?

It is a condition which presents with pain and stiffness in your shoulder joint. This reduces the normal amount of movement in your shoulder and is why the term “Frozen Shoulder” is commonly used.

What Causes Frozen Shoulder?

The cause is not clear.

Sometimes people describe a normal activity such as ‘reaching into the back of a car’ or ‘picking up shopping’ as the onset of their symptoms. However sometimes people cannot remember a specific event that started their symptoms.

There is often a rapid increase in severity of pain and reducing range of movement in your shoulder which reduces your ability to undertake normal daily activities.

It is unusual for frozen shoulder to reoccur in the same shoulder, but a small number of people can develop it in the opposite shoulder.

Risk Factors

Certain factors may increase your risk of developing frozen shoulder.

Age

People age forty and older are more likely to have frozen shoulder.

Immobility or reduced mobility

People who have had prolonged immobility or reduced mobility of the shoulder are at higher risk of developing frozen shoulder.

Immobility may be the result of many factors, including:

- Shoulder injury
- Broken arm
- Stroke
- Recovery from surgery

Diseases that might increase risk of developing frozen shoulder include:

- Diabetes.
- Overactive thyroid (hyperthyroidism).
- Underactive thyroid (hypothyroidism).
- Cardiovascular disease, such as high blood pressure

If you have any of these factors, you are likely to take longer to respond to treatment.

What are the Symptoms?

The typical symptoms are pain and persistent stiffness of the shoulder. Everyday activities such as dressing, driving and sleeping are usually affected. Some people may be unable to move their shoulder very much.

The symptoms are usually experienced in three stages and are spread over a number of months or years.

- **'Painful' Phase** - The shoulder starts to ache and feel stiff before becoming very painful. It can be particularly painful at night and it can be difficult to get comfortable. This 'painful' stage usually lasts between two and nine months.
- **'Stiffening' Phase** - The shoulder becomes more and more stiff limiting the movement in your shoulder, although the pain does not normally get worse and actually usually improves. The muscles may start to get weaker as they are not being used. This 'stiff' stage usually lasts between 4 and 12 months. However, there are a number of treatment options which are detailed below that can reduce the length of this phase.
- **'Resolution' Phase** - This is the recovery stage in which the movement gradually returns, and the pain improves as the stiffness eases. Although you may not regain full movement in your shoulder, you will be able to perform your day-to-day tasks more easily. This stage usually lasts between one to three and a half years.

X-Ray

You may have an X-Ray of your shoulder. Frozen Shoulder cannot be identified on an X-Ray however it is helpful for clinicians to rule out other conditions that may present in a similar way.

Treatment Options

It is really important that you understand all the treatment options available to you and through discussion with clinicians you can make the best choices for you.

The treatments aim to reduce your pain and improve the movement in your shoulder.

Many patients do well with appropriate medication and physiotherapy.

Medications

Painkillers

You may have been prescribed painkillers by your doctor (GP) to help with your pain, or you can use painkillers, such as paracetamol, which you can purchase yourself over the counter. Your Pharmacist can give you advice about the best options for you.

Anti-inflammatories

You may have been prescribed anti-inflammatory medication by your doctor (GP). The side-effects mean that they are not suitable for everyone. They can help reduce inflammation and pain in the shoulder.

Injections

Steroid Injection

An injection of steroid and local anaesthetic into the shoulder joint. When injection is combined with physiotherapy there can be effective reduction in pain and improvement in movement in your shoulder.

Hydrodilatation Injection

An injection of saline, steroid and local anaesthetic into the shoulder joint. This can improve pain and movement in your shoulder. It is performed by a radiologist who uses an ultrasound scan as guidance to ensure the injection is accurately placed. This does not require a general anaesthetic.

You will also have physiotherapy and possibly hydrotherapy arranged for you to commence one to three days following a hydrodilatation injection. This is important to maintain and further improve the range of movement in your shoulder.

For further information please ask for a copy of PIF 9879 Shoulder Hydrodilatation.

Physiotherapy

Physiotherapy can include a variety of techniques to help reduce your pain and improve the movement in your shoulder, including:

- Education about your condition and the treatment options available to you.
- Advice on things you can do to help reduce pain.
- Advice on how you can change and adapt your activities.
- Stretching exercises.
- Strengthening exercises.
- Joint mobilisations.

Hydrotherapy

Hydrotherapy involves carrying out exercises and specific physiotherapy techniques in warm water to help relieve pain, relax and strengthen muscles, increase circulation and improve function.

Other Treatment Options

There are a number of other treatment options you may read about on the internet, such as acupuncture, but there is not enough evidence within the available research to support its use or effectiveness in current practice.

Referral to an Orthopaedic Surgeon

If other treatments have not helped and your symptoms have not improved, a consultation with an Orthopaedic Shoulder Surgeon may be helpful.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Useful Websites

<https://www.shoulderdoc.co.uk/article/1010>

<https://bess.ac.uk/>

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