DR BOB JANG

Orthopaedic Surgeon

Patient Name _____

Frozen Shoulder (Adhesive Capsulitis)

Frozen shoulder (adhesive capsulitis) is a condition where increasing pain and stiffness is experienced in an adult patient's shoulder. There is no known cause for this condition. It is more common in diabetics. Frozen shoulder is usually broken up into 3 overlapping stages which can span up to 24 months:

1. **Freezing Stage: 0-6 months**
   The shoulder is becoming increasingly painful and stiff. There may or may not have been a traumatic onset which "triggered" the pain. Classically, aggressive physiotherapy makes the pain and stiffness worse, as the inflamed shoulder joint becomes more inflamed with the increased demands place upon it.

2. **Frozen Stage: 6-12 months**
   The pain in the shoulder begins to settle, but the shoulder is now very stiff, classically lacking external rotation and forward elevation.

3. **Thawing Stage 12- 24 months**
   The shoulder gradually regains its range of motion.

Most patients (80%) make an acceptable recovery from this condition, however it can take from 12 to 24 months for the recovery to occur. In diabetics, there is a 20% chance of the condition also affecting the other shoulder. There are numerous treatments described, which classically depend on the stage of the disease:

- **Freezing Stage:** This stage is best treated with a cortisone injection given into the true shoulder joint. This should not be done in a doctors office, as the true shoulder joint can be difficult to enter. Therefore, it should be done under XRAY control to assist in getting into the right space and help confirm that the injection has been given into the right space. The earlier the injection is given the better the chance of a positive outcome. Other treatments for this stage include rest, analgesics, and activity modifications.
- **Frozen stage:** This stage is best treated with physiotherapy to progressively achieve an increased range of motion.
- **Thawing stage:** This stage is best treated with ongoing physiotherapy.

Numerous other treatments are described in the literature including rupturing the shoulder joint with fluid (hydrodilatation). The mainstay of treatment is adequate analgesia, activity modification, and graded physiotherapy in the stiff but less painful stages of the disease.

If despite trying the above measures a patient continues to suffer with pain and stiffness, consideration can then be given to performing surgery (releasing the scar tissue with keyhole surgery) to improve the range of motion.