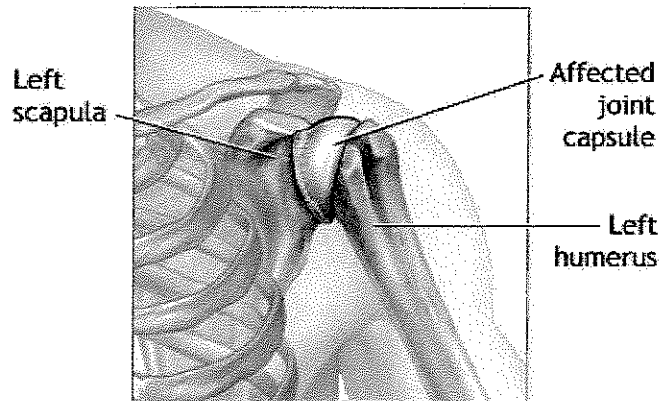




## FROZEN SHOULDER (ADHESIVE CAPSULITIS)

Frozen shoulder (Adhesive capsulitis) is a painful condition which occurs as a result of inflammation of the shoulder joint with pain leading to a loss in movements in all directions.

It affects about two percent of the general population and is more common in women between the ages of 40 years to 70 years old.



Frozen shoulder is more common in those with diabetes, affecting 10-20% of these individuals. In most cases there isn't an obvious cause but can occur after a shoulder injury leading to reduced movement in the joint and adhesions forming in the joint capsule.

Sometimes the normal course of a frozen shoulder is described in 3 stages:

**Stage 1 ("Freezing Stage")** - may last from 2-9 months

The patient develops a slow onset of pain. As the pain worsens, the shoulder loses motion.

**Stage 2 ("Frozen stage")** - may last 4-9 months

There is a slow improvement in pain, but the stiffness remains.

**Stage 3 ("Thawing Stage")** – may last 5-26 months

Shoulder motion slowly returns toward normal.

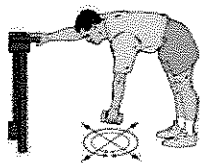
Frozen shoulder generally gets better by itself but it can take anything up to 3 years to resolve from initial symptoms. Treatment is aimed at pain control and restoration of movements.

To help reduce the pain anti-inflammatory tablets can help as can steroid injections in the first stage but the mainstay of treatment is physiotherapy. Heat applied 3-4 times a day for 20 minutes can also bring some relief.

To help prevent frozen shoulder always seek prompt treatment for a shoulder injury. Also regular strength training and range of motion exercises, will help maintain a strong and flexible shoulder joint.



## **FROZEN SHOULDER REHABILITATION EXERCISES**



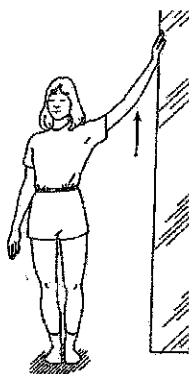
### The Pendulum

Bend forward at the waist and let the affected arm hang down. Use the other arm to support the body on a table. Make small circles with the free arm.

Start with 10 reps in both clockwise and anticlockwise directions – do twice a day (2 sets).

Gradually increase upto 3 sets of 20 repetitions.

When able to do comfortably 3 sets of 20 reps then start again with 2 set of 10 reps with a small weight in the hand and work up.



### Walking up the wall

Stand approx 30cm / 1 foot from a wall facing forward with the outer part of the affected shoulder facing the wall.

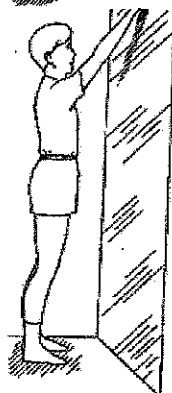
Start with arm down and touching the wall.

Walk the fingers up the wall until you are not able to go any further due to shoulder pain or stiffness.

Walk the hand down the wall again.

Repeat 10 times twice a day

Aim to get the hand higher up the wall each week



### Walking up the wall - 2

Stand approx 30cm / 1 foot facing a wall.

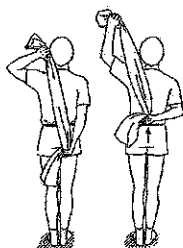
Start with arm hanging down.

Walk the fingers up the wall until you are not able to go any further due to shoulder pain or stiffness.

Walk the hand down the wall again.

Repeat 10 times twice a day

Aim to get the hand higher up the wall each week



### Towel Stretch

Hang a towel over the non affected shoulder

Grab it with your hand behind your back

Gently pull the towel upward and feel stretch in the shoulder and upper arm.

Then lower towel back down.

Repeat 10 times twice a day.

If steroid injections and physiotherapy do not appear to make any improvement the Dr may request further investigations to rule out other shoulder problems.

The Dr may also refer to an orthopaedic surgeon for an arthroscopy or manipulation under anaesthesia which is aimed at stretching or releasing the adhesions and contracted joint capsule of the shoulder.