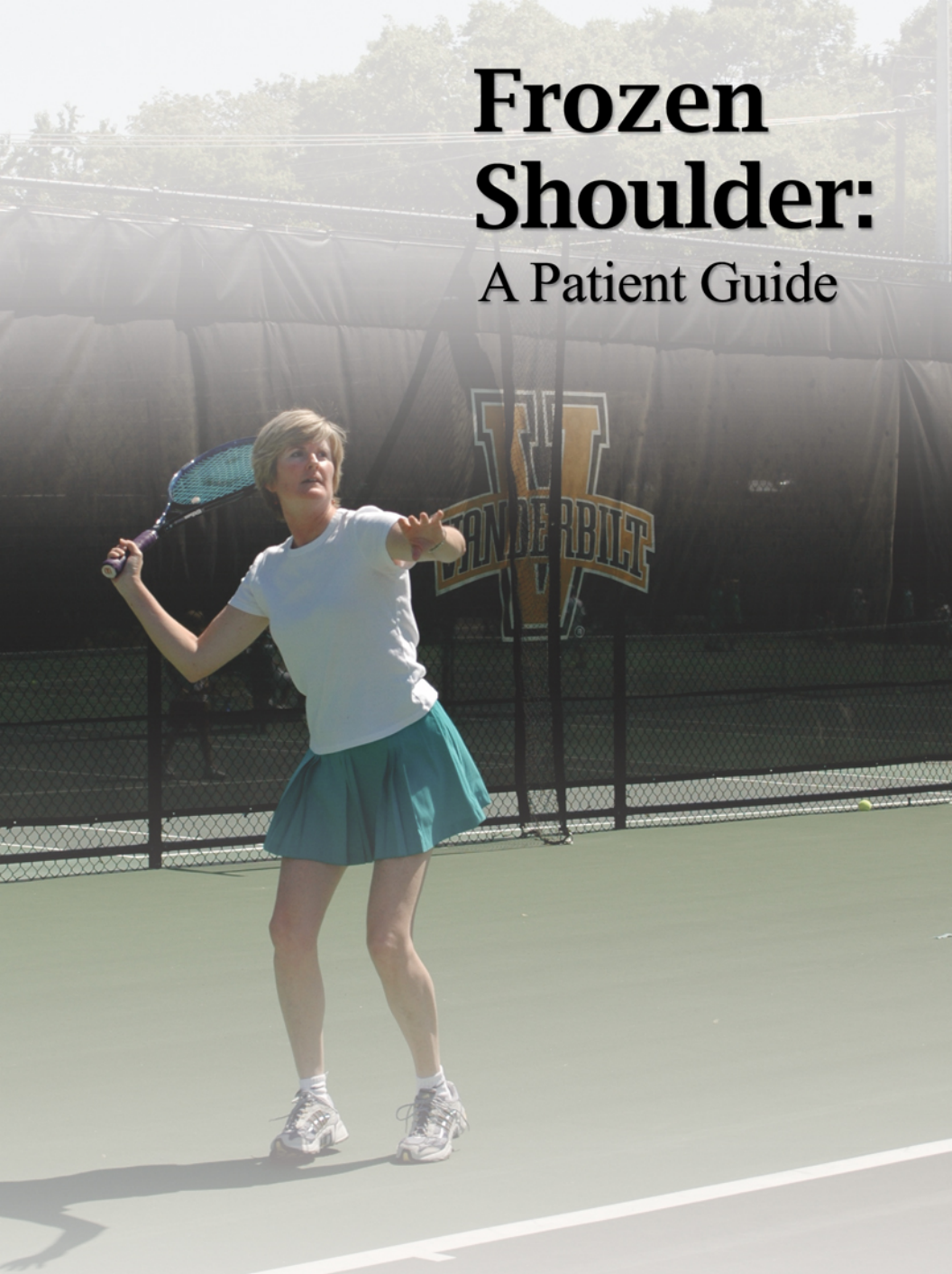
Frozen Shoulder:

A Patient Guide



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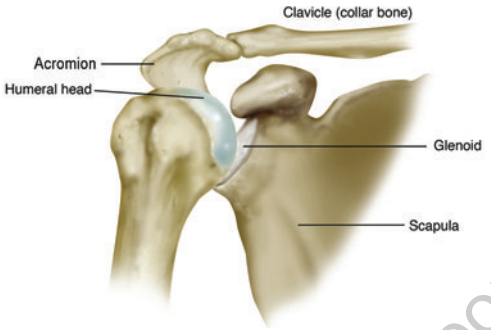
For more information about frozen shoulder:

American Academy of Orthopaedic Surgeons:
http://orthoinfo.aaos.org/fact/thr_report.cfm?Thread_ID =162&topcategory=Shoulder

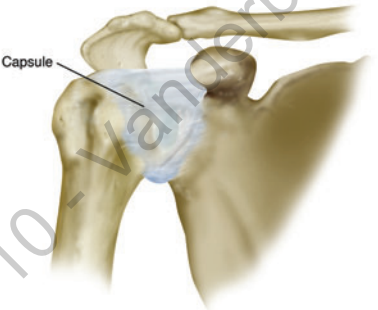
The Shoulder Joint

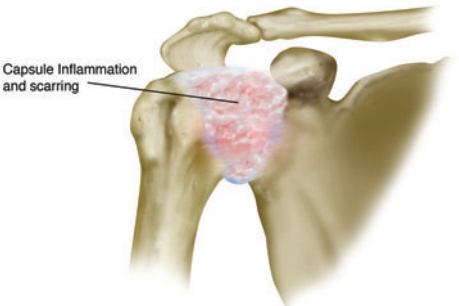
The shoulder joint is made of the humeral head and the glenoid. The humeral head rests on the glenoid like a golf ball on a tee.

The joint capsule



shoulder, the normal looseness in the capsule is lost because of the inflammation and scarring. This causes the shoulder to get stiff.





What is Frozen Shoulder?

Frozen Shoulder, also called Adhesive Capsulitis, causes pain and stiffness in the shoulder, which can be very severe at times.

With a frozen shoulder the capsule around the shoulder joint gets thick and scarred (see pictures on page 1), and this limits the normal motion of the shoulder.

It can be very frustrating for patients because most of the time the doctors don't know why it happens and can't say exactly how long it will last.

- Pain may start instantly or it may start slowly.
- Stiffness often starts slowly and gets worse with time.
- At times it may be very hard or even impossible to do simple things like comb your hair or reach in your back pocket.
- Symptoms may last for up to one year and sometimes longer.
- Symptoms may go away instantly.

Patients with a frozen shoulder often go through three stages:

Stage 1: The Painful Stage

Stage 2: The Stiffening or Frozen Stage

Stage 3: The Thawing Stage

Who Gets Frozen Shoulder?

- More common in patients 40 to 60 years old
- Slightly more common in women
- Usually affects one shoulder at a time
- Affects non-dominant shoulder slightly more (In other words, in right-handed patients, the left shoulder is affected a little bit more often.)

What are some other risk factors for getting a frozen shoulder?

Many times we never know what causes a frozen shoulder. It does seem to be more common with certain conditions such as:

- Shoulder injury or surgery: After surgery, an injury, or overuse (such as painting or working in the garden) you may have some pain so you favor your shoulder; in other words, you do not use it normally. The longer you favor your shoulder, the stiffer it gets.

- A wrist or elbow injury: It may also happen after a wrist or elbow injury because again you are not using your arm normally.

- Diabetes: About 1 to 3 out of every 10 people with diabetes will get a frozen shoulder at some point. High sugar levels may affect the tissue that makes up the capsule but we are not sure.

- Other medical problems: Such as heart disease/heart surgery, thyroid disease and Parkinson's disease

What are the Signs and Symptoms?

Stage 1: The Painful Stage

Key Point: Pain at Rest

- Achy, dull pain at rest
- Sharp pain at extremes of motion. In other words, when you move your arm as far as you can in one direction.
- Pain may be worse at night
- As the pain worsens, the shoulder starts to get stiff
- May last from 6 weeks to 9 months

Stage 2: The Stiffening or Frozen Stage

Key Point: Stiffness is the biggest problem

- Pain slowly gets better
- Pain mainly at extremes of motion. In other words, when you move your arm as far as you can in one direction.
- Stiffness is the biggest problem
- May last from 4 months to 9 months

Stage 3: The Thawing Stage

Key Point: Pain at Rest

- Stiffness slowly starts getting better
- May last from 5 months to about 2 years

How Can My Doctor Tell If I Have Frozen Shoulder?

Your doctor can tell you have a frozen shoulder by getting a good history and doing a good physical exam.

X-rays or an MRI are not needed to make the diagnosis of frozen shoulder. Sometimes your doctor may get an x-ray or an MRI to make sure something else isn't causing your pain or symptoms.

How is it Treated?

Treatment depends on the stage of the disease. Most patients will get better with medicine, therapy and sometimes a steroid injection (or shot).

Stage 1: The Painful Stage

Goal: To reduce your pain

You may use your arm in pain-free motions – If it hurts, don't do it.

- Your doctor may suggest an anti-inflammatory medicine (such as Aleve or Naprosyn) to help with the pain and inflammation.
- Your doctor may suggest giving you a steroid injection (shot) in your shoulder to help with the pain and inflammation.

Note: If you have diabetes, a steroid shot may increase your blood sugar. You should check your sugar closely for 1 - 2 days after the shot.

- Your doctor may send you to physical therapy or may suggest some home exercises, depending on the amount of pain you are having.

Stage 2: The Stiffening or Frozen Stage

Goal: To start increasing your motion

- When your pain at rest is gone your doctor will send you to physical therapy to start working on your motion.
- Again your doctor may suggest giving you a steroid injection (shot) to help decrease the pain.

Stage 3: The Thawing Stage

Goal: To keep increasing your motion

- Your doctor will continue your therapy. The therapist or athletic trainer working with you may start to use different machines or exercises to help increase motion and to help make the shoulder stronger.
- You will be switched to a home exercise program. The therapist or athletic trainer will show you what exercises to do at home and will tell you how many times a day or week you should do them.

Sometimes even though you work hard, you may not get enough of your motion back.

If this happens and your symptoms have been going on for many months, your doctor may suggest surgery and/or a manipulation under anesthesia.

Manipulation Under Anesthesia

- While you are under anesthesia your doctor moves your shoulder in different directions to break up the scar tissue. Your doctor may do this alone or in addition to surgery.

Surgery (Arthroscopy, Capsular Release)

- Your doctor uses a camera to look inside your shoulder and then cuts the scar tissue away. During the surgery, your doctor will make two small incisions (or cuts) - one for the camera (arthroscope) and the other one for the tool(s) needed during surgery. After your doctor cuts the scar tissue during the arthroscopy, he/she may also do a manipulation under anesthesia.

Frequently Asked Questions

1. Why did I get a Frozen Shoulder?

Many times the cause of frozen shoulder is not known. It may be related to your diabetes or an injury/surgery of your shoulder, elbow or wrist. Many times though it starts with no injury or warning.

2. How long do I have to go to therapy?

The length of therapy varies from patient to patient. It usually starts in Stage 2 with you going to formal therapy three times a week. As your pain decreases and your motion starts to increase your doctor may switch you to a home exercise program. All in all you may have to do some form of therapy for several weeks or months.

3. Will I get all of my motion back?

Some patients regain full motion back but other patients may only get partial motion back. Even if you don't get your full motion back, the amount of motion lost does not seem to get in the way of normal daily activities. In other words, you can usually do your daily activities without any problems.

4. How can I prevent it from happening to my other shoulder?

Some patients will get a frozen shoulder in their other shoulder. It usually occurs within five years, after the first shoulder has gotten better but again we are not sure why.

If you have an injury to your shoulder or if it starts to hurt after doing some sort of activity (such as raking leaves or painting or moving furniture) make an appointment with your doctor if it doesn't get better within a couple of days. Do not wait until you can no longer take the pain or cannot move your shoulder.

5. Is it normal for my shoulder to hurt so much at night?

Yes. Many patients with shoulder problems, especially frozen shoulder, have pain at night and trouble sleeping. Some things that may help are sleeping more upright, like in a recliner or propped up on pillows. You may also ask your doctor about medicine to help you sleep.

For more information on this and other injuries see our website:
www.vanderbiltorthopaedics.com