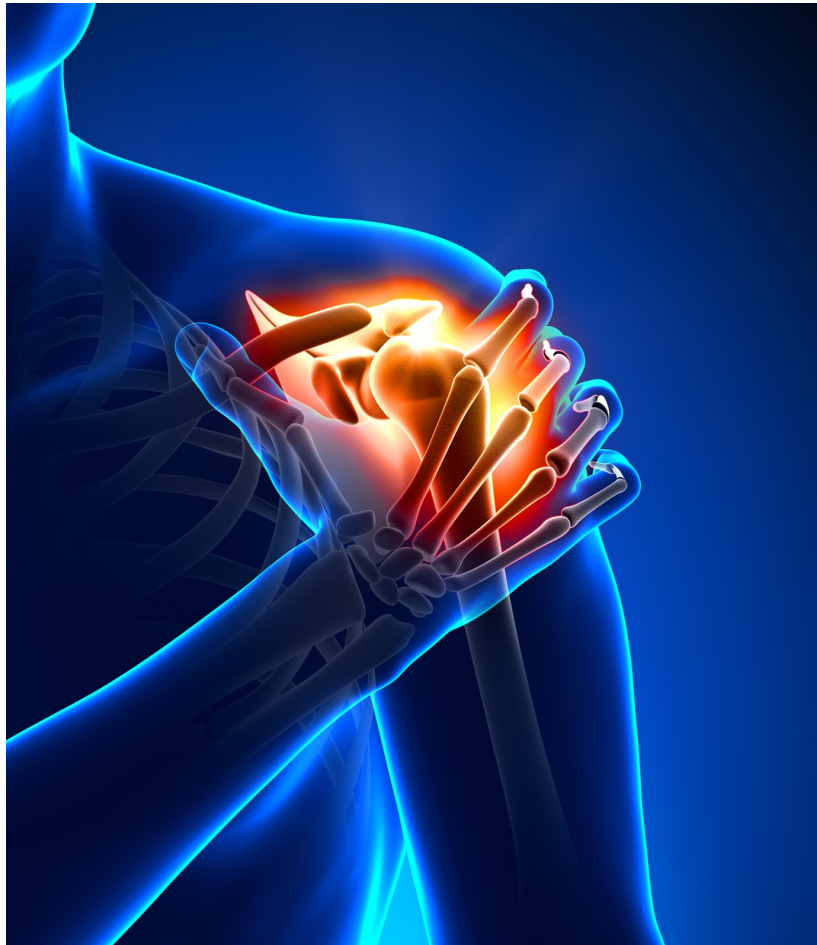


Frozen Shoulder

Have you recently had an injury or had a condition that forced you to keep your arm immobilized and now you are experiencing tightness, pain, and lack of movement in your shoulder? If you relate to this then you may want to consider asking your doctor or physiotherapist about the condition known as a frozen shoulder.

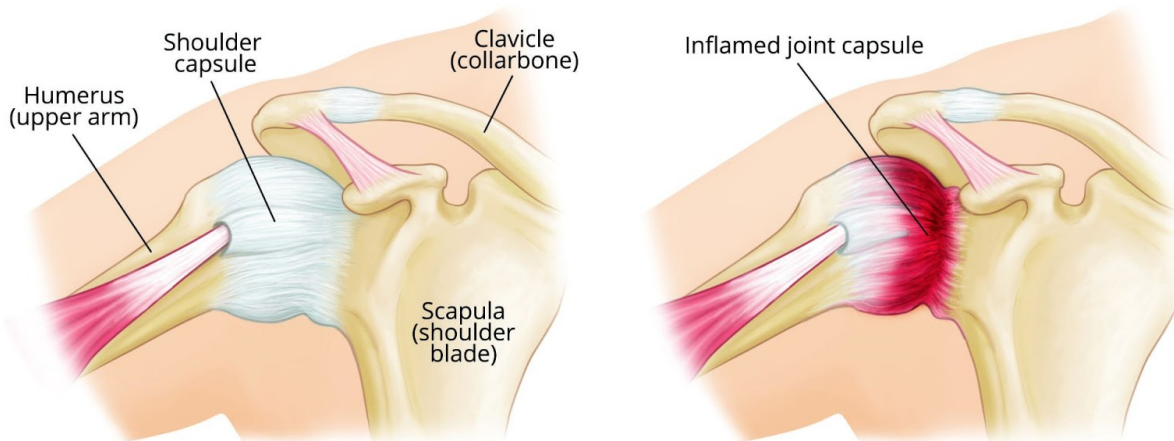


So what is a frozen shoulder?

Frozen shoulder, also known as adhesive capsulitis, is a condition that causes a painful loss of motion in your shoulder. This pain and stiffness never develops all at once, it is instead a gradual process. What some may see as good news is that this condition is self-limiting, which means that the condition will resolve on its own, however, it can take 1-3 years. Most doctors heed against this course of action since it is likely that you will still be left with some lingering problems in your shoulder.

Why does this happen?

Our shoulders are made up of three bones that form what is called a ball-and-socket joint; the upper arm (humerus), shoulder blade (scapula), and collarbone (clavicle). Within this shoulder joint there is also the shoulder capsule which is made up of connective tissue that keeps everything together. Frozen shoulder occurs when this capsule becomes thick, stiff, and inflamed. As a result of this, scar tissue begins to form around the capsule, which helps to hinder your range of motion even more.



There is no definitive answer as to what causes frozen shoulder to develop unfortunately. However, the condition is often associated with:

- Reactions after an injury to the shoulder or surgery in the shoulder
- Pain from unrelated conditions like arthritis, rotator cuff tears, bursitis, or tendinitis that causes a person to stop moving their shoulder
- Immobilization of the arm such as a sling, after a surgery or an injury

Who is at risk of this condition?

Even though there is no definite cause of this condition, there are still numerous risk factors.

These risk factors include:

- Being in the age range of 40-60 year olds. Doctors and researchers sometimes call frozen shoulder the “50-year-old shoulder” since 50 is the mean age of patients that experience this condition!

- Being a woman; almost 70% of all frozen shoulder cases are women! It is unclear why women are so affected by this condition.
- Having diabetes; around 10-20% of diabetics will develop frozen shoulder. It is also important to note that studies have found that recovery usually takes longer for those that have diabetes.
- Having any of the following conditions:
 - Recently had a stroke
 - Hyperthyroidism (overactive thyroid)
 - Hypothyroidism (underactive thyroid)
 - Cardiovascular disease
 - Parkinson's disease
 - Tuberculosis

How do I know if I have frozen shoulder?

The key symptoms of a frozen shoulder are pain and stiffness that make it either hard or impossible for you to move your shoulder.

Doctors categorize the symptoms of a frozen shoulder into three different stages:

Stage 1: Freezing

- Your shoulder starts to become stiff and painful to move
- The pain and immobility gradually increase
 - Pain may worsen at night
- This stage lasts 4-6 months

Stage 2: Frozen

- Pain may lessen at this point but stiffness and inability to move your shoulder increases so much so that it begins to interfere with your daily activities.
- This stage lasts for 4-6 months as well

Stage 3: Thawing

- This is the recovery stage
- Range of motion begins to slowly improve
- Full or nearly full strength, motion, and flexibility return
- This stage lasts 6 months-2 years



I think I have frozen shoulder, now what?

If you believe that your symptoms match that of a frozen shoulder then you should go get diagnosed by a doctor.

The typical diagnosis process will start with your doctor and you discussing your symptoms and reviewing your medical history. Your doctor will then perform a physical exam on your arm and shoulder. This assessment will include your doctor moving your shoulder in all directions, both passively and actively, to see if mobility is limited and if pain occurs with the movement. Passive range of motion is when someone else moves your shoulder and arm for you. While active range of motion is when you move your shoulder and arm on your own. For it to be considered a frozen shoulder, both ranges of motion have to be hindered.



In cases where your pain is very severe, your doctor may decide that you need an injection of an anesthetic in order to numb the pain long enough to properly perform the physical examination.

Imaging tests like x-rays, ultrasounds, and MRIs may also be used to rule out any other problems, conditions, or injuries.

So what does treatment entail?

To help treat the pain aspect of a frozen shoulder, your doctor may instruct you to use over-the-counter nonsteroidal anti-inflammatory drugs like ibuprofen or they may prescribe a corticosteroid injection, which is a powerful anti-inflammatory drug that will help to numb the pain.

The most common treatment that can help relieve pain and restore mobility in the shoulder is physiotherapy. By using physiotherapy to help treat your frozen shoulder your recovery time will most likely be shorter than if you were to let the injury resolve on its own!

Your physiotherapist will most likely use a combination of range of motion exercises and manual therapy at the beginning of treatment. It is also very common for physiotherapists to use modalities like heat and ice treatment to help relax and soothe the shoulder. Other modalities include ultrasound and laser therapy which can help to break down some of the scar tissue surrounding the capsule. Strengthening and flexibility exercises are usually introduced later on in the treatment once the majority of your range of motion has been restored.



Another popular treatment that is often used in combination with physiotherapy, is hydrodilation. This process involves injecting a large amount of sterile fluid into the shoulder joint to expand and stretch the shoulder joint capsule and surrounding scar tissue. This treatment is performed by a radiologist who uses imaging tools to guide the placement of the fluid.

Only in severe cases and if the above non-surgical treatments failed to work, surgery may be recommended. The goal of surgery is to stretch and release the stiff joint capsule.

Surgical treatments include:

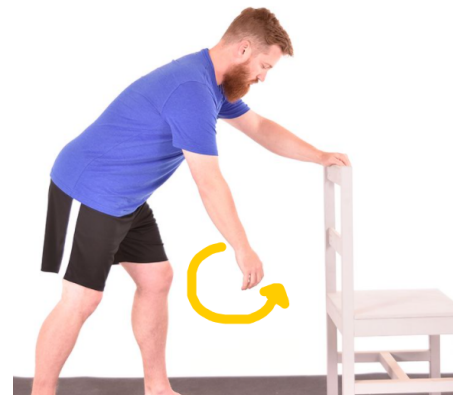
- Shoulder manipulation
 - Surgeons forcefully move your shoulder while you are under general anesthesia.
 - This causes the capsule and the surrounding scar tissue to either stretch or tear which in turn relieves stiffness and increases range of motion.
 - However, there is an increased risk of complications like fractures.
- Shoulder arthroscopy
 - The surgeon will use pencil-sized instruments to cut through the tight portions of the scar tissue and joint capsule.

Easy exercises

Here are some basic stretches that can help to improve your shoulder flexibility, mobility, and strength:

1. Pendulum stretch

Sit or stand next to a table with the affected arm dangling at your side and your other arm on the table. Lean forward from your waist. Use your body to move your affected arm in small circles, keeping your shoulder relaxed. Repeat two to three times a day for 1 to 2 minutes at a time.



2. Cross-body reach

Sit or stand. Use your good arm to lift your affected arm at the elbow, and bring it up and across your body, exerting gentle pressure to stretch the shoulder. Hold the stretch for 15 to 20 seconds. Do this 10 to 20 times per day.



3. Shoulder rolls

Sit or stand comfortably with your feet shoulder-width apart. Roll your shoulders up, then back, and then down in a smooth, circular motion. Repeat 2 to 4 times.



4. Lying down shoulder flexion

Lie on your back, holding a wand (broom handle or PVC pipe) with your hands. Your palms should face down as you hold the wand. Place your hands slightly wider than your shoulders. Keeping your elbows straight, slowly raise your arms over your head until you feel a stretch in your shoulders, upper back, and chest. Hold for 15 to 30 seconds. Repeat 2 to 4 times.



5. Shoulder internal rotation with towel

Roll up a towel lengthwise. Hold the towel above and behind your head with the unaffected arm. With your affected arm, reach behind your back and grasp the towel. Using the arm above your head, pull the towel upward until you feel a stretch on the front and outside of your affected shoulder. Hold 15 to 30 seconds. Relax and move the towel back down to the starting position. Repeat 2 to 4 times.





What Next?!

If you think you have a frozen shoulder or have been diagnosed by a doctor, you should see a physiotherapist. Together we can come up with a treatment plan that works best for you! Email us at informphysio12@gmail.com for more information!

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