

FROZEN SHOULDER (ADHESIVE CAPSULITIS)

Frozen shoulder (adhesive capsulitis) is a condition with no known cause in the majority of cases, in other words with spontaneous onset. Frozen shoulder is most common in females (40 to 50 years old) but could affect males and other age groups. Although most cases are due to spontaneous onset it may follow other causes like injuries, operations or medical conditions. The most common medical condition which is associated with frozen shoulder is diabetes.

Frozen shoulder is also referred to as “adhesive capsulitis” suggesting that the capsule is inflamed and clinging (adhering) to the joint causing pain and limitation of motion.

Frozen shoulder symptoms:

People suffering with this condition would complain of severe pain and restriction of motion. Night pain can be especially troublesome and with sudden movements intense pain may follow e.g. reaching out to grab an object. Reaching the hand up behind the back is usually a problem due to the restriction. To reach overhead the shoulder blade has to be lifted.

Natural progression of frozen shoulder:

As frozen shoulder starts spontaneously it may also “disappear” without any treatment. It must therefore be regarded as a self limiting condition with an end point that will cure itself. Frozen shoulder goes through different stages:

1. The phase of “inflammation”: this is mostly associated with pain.
2. The phase of “freezing”: this is associated with pain and stiffness.
3. The phase of being “frozen”: the shoulder is now very stiff and pain may start subsiding.
4. The phase of “thawing”: the condition is now improving and will eventually improve to a point where pain has disappeared and full range of motion is achieved.

Each of these stages may last for several months and the whole process may take one to two years to go through its cycle.

Frozen Shoulder Treatment:

Medication such as pain killers and anti-inflammatories may be of value.

Cortisone injection:

Cortisone injected into the main joint in the early phase of inflammation may be of great help and may even help to stop the condition there and then. If given in the later phases of frozen shoulder it is usually less likely to be improved by such an injection. On the other hand, in such a case, the condition is closer to improvement.

Physiotherapy / stretching:

Physiotherapy may relieve pain but it has to be guarded against aggressive stretching as this aggravates the pain and will prolong the course of the condition.

Surgery:

Surgery is seldom needed as this condition is self limiting.

Frozen shoulder is therefore a self limiting condition and although a patient may suffer severe pain during the presence of this condition it has to be guarded against interventions like surgery and one can expect it to clear up as time goes on.