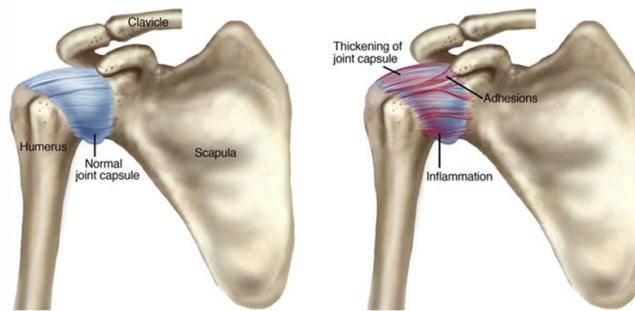


Blog Post – Adhesive Capsulitis (Frozen Shoulder)

What is Frozen Shoulder?

Frozen shoulder, also known as adhesive capsulitis, is a condition characterized by stiffness and pain in the shoulder joint. It occurs when the capsule around the joint thickens and tightens. There are two classifications of frozen shoulder: primary and secondary. Primary is associated with other diseases and conditions such as diabetes mellitus, thyroid diseases, and Parkinson's Disease. Secondary is associated with shoulder injuries or prolonged immobilization of the shoulder joint. Currently this condition is of unknown etiology but there are specific factors that place you at a higher risk.

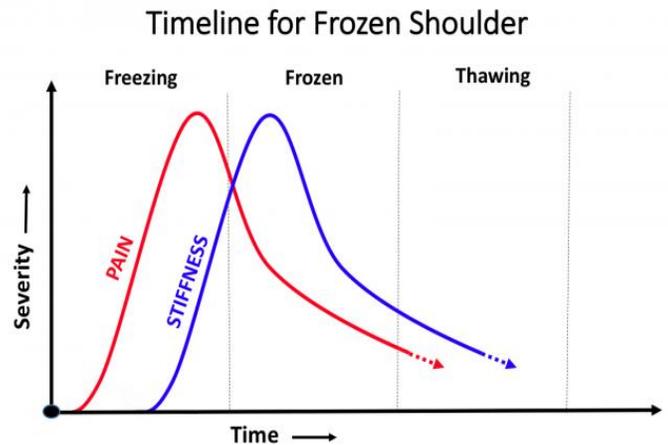
Frozen Shoulder (Adhesive Capsulitis)



Risk Factors:

- 40 years old +
- Females
- Immobility or reduced mobility of the shoulder (recovery from upper extremity surgery, broken arm, stroke, a shoulder injury)
- Having a systemic disease (diabetes mellitus, overactive/underactive thyroid, cardiovascular diseases, Parkinson's Disease)

Frozen shoulder is a condition which can take anywhere from 5 months to 2 years to return to your prior level of function. There are 3 phases associated with this condition: freezing phase, frozen phase, and thawing phase. During the freezing phase one should expect increased shoulder pain, specifically at night, and increased stiffness in the shoulder. This phase can last anywhere from 2-9 months. During the frozen phase you will notice a decrease in pain but peak levels of stiffness. This phase can last anywhere from 4-12 months. Finally, during the thawing phase you will see a gradual return of range of motion. This phase can take anywhere between 5-24 months.



Currently the treatment recommendations for frozen shoulder are varied. There are many treatment options, but not a lot of evidence to support their effectiveness. At this time the only treatment method strongly recommended by researchers is a combination of an intra-articular corticosteroid injection and physical therapy. This combination has been found effective in providing short term pain relief and improved function.

What should you expect during physical therapy? While in the freezing phase the goal is to control pain and inflammation. Possible treatments may include use of TENS, ice, gentle range of motion exercises, education of the condition/course of treatment, and activity modifications. During the frozen phase the goal is to minimize adhesions and restrictions in motion. Possible treatments during this phase may include continuation of gentle range of motion exercises and gentle scapulothoracic strengthening. It is not beneficial to complete vigorous stretching and strengthening during the early phases. The goal during the thawing phase is to treat the marked loss of motion and any abnormal movements. Possible treatments may include more aggressive stretching and strengthening of the rotator cuff muscles.

Frozen shoulder cannot always be prevented but it is important to stretch your shoulder and back muscles daily, practice good ergonomics while sitting, maintain a healthy immune system, closely monitor any diseases, and do range of motion exercises as early as possible following an injury or surgery.