

Frozen shoulder

Your physiotherapist has diagnosed you with frozen shoulder.

This booklet provides information on what this means, the common causes, the evidence-based management options and how physiotherapy can help. If you have any questions, please speak to your physiotherapist

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What is frozen shoulder?

Frozen shoulder (also known as adhesive capsulitis) is a condition that causes pain and gradual stiffness in your shoulder joint. The capsule around the shoulder joint tightens and thickens. This makes it hard to move, causing pain and stiffness.

Typically, symptoms tend to be split into two stages. The length of each stage can vary a lot between people.

Pain dominant stage

Pain tends to be worse than stiffness. The shoulder is often very painful and it is difficult to move the shoulder because of the pain.

Stiff dominant stage

Stiffness tends to be worse than pain. Stiffness will be worse turning the arm outwards, reaching behind your back and lifting the arm to the side. The pain has usually eased a bit but the shoulder often becomes very stiff and difficult to move.

What causes frozen shoulder?

The exact cause of frozen shoulder remains unknown. There are three main ways it can start.

- After a shoulder injury
- After shoulder surgery
- Idiopathic (arises spontaneously or for no known reason)

However, there are a range of contributory factors which may increase the risk of developing frozen shoulder.

Contributory factors

Age

Frozen shoulder is more likely to occur between the ages of 50-65 years.

You have had a frozen shoulder before

You are more likely to develop a frozen shoulder if you have previously had one on the other side.

Comorbidities (other health problems)

There is a link between diabetes and hypothyroidism (under active thyroid gland) and frozen shoulder. Often symptoms can last longer if you have any of these conditions, particularly if poorly managed.

Lifestyle factors

Smoking increases the risk of developing over 50 serious health conditions including cancer, heart disease and stroke. It also seems to make frozen shoulder more likely. If you would like help to give up smoking, please speak to your physiotherapist or call the Trust stop smoking service, t: 020 7188 0995, or call the NHS Smoking Helpline, t: 0300 123 1044.

How is frozen shoulder managed

Often, specific treatments for frozen shoulder are not particularly effective. Usually, frozen shoulder improves gradually over time, however you may find some of the following helpful during the two stages of frozen shoulder.

For the pain dominant stage

- Pain medication
Regular pain and anti-inflammatory medication can help manage the pain. Your doctor may be able to prescribe stronger medication if needed.
- Modify activity
It is safe to continue with normal daily activities. Pain with frozen shoulder does not mean you are causing damage.

Reducing or modifying an activity to make it easier can help keep your shoulder moving and may help control pain in the long term.

For the stiff dominant stage

- Return to normal activity
One of the most beneficial things you can do is to try to use the affected arm as much as you are able to and aim to make a gradual return to normal activity and exercise.

How and when can physiotherapy help?

For the pain dominant stage

It can be helpful to make a plan of how to control your pain and manage your activity with a physiotherapist. They can guide you on exercises for the mobility and use of your arm. However, during this phase physiotherapy doesn't help relieve the pain, so it is important that any exercise does not cause you additional pain.

For the stiff dominant stage

A physiotherapist can guide you on shoulder and arm exercises to maintain (and improve) shoulder mobility and strength. Having an exercise programme that you do regularly will help you return to usual activities and function.

How long does it take to get better?

Frozen shoulder tends to get better with or without treatment. Recovery varies a great deal and can range from 6 to 30 months. Some people may be left with long lasting stiffness. If you have other health conditions such as diabetes, you are more likely to have longstanding symptoms.

Do I need a scan?

Sometimes an X-ray can be helpful to rule out osteoarthritis of the shoulder, which can also cause stiffness. An ultrasound or MRI scan is not usually necessary.

What other options are available?

There are other treatment options available and these vary depending on the stage of your condition.

- **Corticosteroid injection**
If painkillers are not helping control the pain, it may be possible to have a corticosteroid injection in your shoulder joint. It often helps with the pain in the early stages but does not change stiffness. It generally does not speed up recovery from this condition.

- **Hydrodilatation injection**
This is an ultrasound guided injection of a large amount of fluid designed to stretch the shoulder capsule. This may improve pain and stiffness of the joint if stiffness is persistent.
- **Surgery**
People do not normally need surgery for frozen shoulder, but it may be recommended if pain and stiffness persist. The options will be discussed by the surgical team.

It is important to consider and discuss the benefits, risks, implications and alternative options of any treatment (including having no treatment) before deciding which is most appropriate for you. You are encouraged to do this with any healthcare professional you see, including your physiotherapist.

Exercise examples in pictures

These are a few examples of exercises that can be used to help with pain and movement. If you require any further information about these exercises, please speak to your physiotherapist.

Pain dominate stage (pain more than stiffness)

Pendular exercises



Isometrics (push and holds)



Table top slides



Stiff dominant stage (stiffness more than pain)

Closed chain flexion stretch



Shoulder press



Across body stretch



Where can I get further information?

NHS website: Frozen shoulder

<https://www.nhs.uk/conditions/frozen-shoulder/>

The British Elbow and Shoulder Society (BESS)

Patient Care Pathways and Guidelines

<https://www.bess.org.uk/index.php/patients/patient-care-pathways>

Versusarthritis (previously Arthritis Research UK) –
Shoulder Pain booklet

<https://www.versusarthritis.org/media/1264/shoulder-pain-information-booklet.pdf>

Contact us

If you have any questions, please contact your
physiotherapist

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For more information leaflets on conditions, procedures,
treatments and services offered at our hospitals, please
visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your
medicines, please speak to the staff caring for you or
call our helpline.

t: 020 7188 8748, Monday to Friday, 9am to 5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111 **w:** www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.

w: www.nhs.uk



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