

FROZEN SHOULDER

What is it?

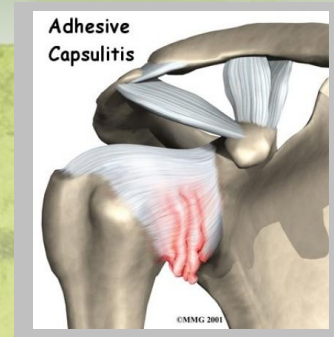
A frozen shoulder is a shoulder joint with painful loss of its range of motion in all directions. The range of motion is limited not only when the patient attempts motion, but also when the physio attempts to move the joint while the patient relaxes. A frozen shoulder is also referred to as adhesive capsulitis.

What causes it?

Frozen shoulder is the result of inflammation, scarring, thickening, and shrinkage of the capsule that surrounds the shoulder joint. They can occur without obvious cause or an injury to the shoulder can lead to frozen shoulder, including tendonitis, bursitis, and rotator cuff injury. Frozen shoulders occur more frequently in patients with autoimmune conditions like diabetes, chronic inflammatory arthritis, or after chest or breast surgery.

How is it diagnosed?

A frozen shoulder is suggested during examination when the shoulder range of motion is significantly limited, with either the patient or the examiner attempting the movement. Underlying diseases involving the shoulder can be diagnosed with the history, examination, blood testing, and radiological examination of the shoulder. Although not usually necessary an MRI scan with contrast dye could assist the diagnosis.



Frozen Shoulder



Simon Burley is a shoulder physiotherapist with 20 years experience with a subspeciality in shoulder treatment. He is also the physio for the sunshine coast shoulder clinic with the coasts leading shoulder surgeon and medical specialists.

What conditions can be misdiagnosed as frozen shoulder?

Inflammation of the shoulder joint (arthritis or osteoarthritis) or the muscles around the shoulder can cause swelling, pain, or stiffness of the joint that can mimic the range of motion limitation of a frozen shoulder.

Bursitis is often found on ultrasound scan in the early phase of frozen shoulder sometimes resulting in this diagnosis.

Shoulder tendonitis (tendons of the rotator cuff) can limit shoulder-joint range of motion, but usually not in all directions. Often during the examination of a shoulder with tendon injury (tendinitis or tendon tear), the physio is able to move the joint with the patient relaxed beyond the range that the patient can on their own.

Can it be speeded up?

Sometimes a frozen shoulder is resistant or too slow to respond for the patients liking. Patients may consider release of the scar tissue by hydrodistension and manipulation of the scarred shoulder under anaesthesia or occasionally arthroscopic surgery. These aim to physically break up the scar tissue of the joint capsule. It is very important for patients that undergo manipulation or surgery to partake in an active exercise program afterward.

How is it treated?

The treatment of a frozen shoulder usually requires a combination of pain relief with anti-inflammatory medication and/or cortisone injection(s) into the shoulder, and physiotherapy to restore range of motion.

Diligent physiotherapy is important and once the pain is controlled combines some sessions of manipulation and massage to help restore movement and home stretching exercises. The process often takes 12 to 18 months for recovery, depending on the severity of the scarring of the tissues around the shoulder. Without regular home stretching the research suggests there is a 50% chance of being left with a permanent restriction.

It is very important for people with a frozen shoulder to avoid continually hurting the shoulder during the rehabilitation period yet they should keep using the arm as much as they can. Avoid stretching out too far or sudden, jerking motions or heavy lifting.

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