

Frozen Shoulder



WHAT IS FROZEN SHOULDER?

Frozen Shoulder or "Adhesive Capsulitis", is a progressive condition in which the shoulder becomes painful and stiff over a period of several months. This condition can last 1 to 5 years, greatly affecting quality of life and overall function. It is almost always self-resolving but can leave people with limited movement and for this reason, treatment is recommended in the early stages.

CAUSES?

Since the first frozen shoulder was documented by Codman in 1934 its true cause has never been made clear. Some studies have indicated a possible inflammatory or "fibrosing" condition. The culprit is the sleeve-like structure that holds the ball and socket portion of the shoulder joint together. When the sleeve is not stretched each day, it has a tendency to adhere to itself with tiny adhesions or strings of scar tissue. When you have a painful shoulder (ie. from tendonitis, post breast surgery, injury), you do not move the shoulder as much. Adhesions can then begin to form and the shoulder starts to "freeze" Sometimes a frozen shoulder can develop for no reason at all.

WHO GETS IT?

Anyone, but at greater risk are:

- middle ages with average age of 56 years
- equal chance of right and left side
- women greater incidence than men
- people with diabetes have greater tendency to develop frozen shoulder

HOW IS FROZEN SHOULDER DIAGNOSED?

Usually diagnosis is made by clinical examination from your physician or physical therapist. Plain X-rays are usually normal but an arthrogram (in which dye is injected into the joint and an X-ray is taken) may show up a contracted joint space. Blood tests are all normal. MRI's are of little help in diagnosing a frozen shoulder. There is usually a predictable pattern of restriction with the greatest limitation being outward rotation (external rotation) then sideways movement (abduction) followed by the least restriction in rotating the arm inward (internal rotation).

SYMPTOMS

- Gradual onset of pain which increases in intensity and steadily progresses to a deep ache down the arm, sometimes as far as the wrist. The pain may become unrelenting and constant. The capsule of the shoulder joint is very rich in nerve endings; these nerve endings signal pain messages every time you move and the capsule is stretched.
- Increasing stiffness which may begin slowly and then quickly progress to a very stiff shoulder making easy, everyday movements like dressing and combing your hair difficult.
- Loss of strength. The shoulder muscles weaken very quickly when normal motion becomes restricted. This weakness makes it even more difficult to move the shoulder.

STAGES

1. "Painful" Stages

- acute pain interfering with sleep and daily activities
- pain constant but worse with movement
- pain may spread to hand

2. "Stiffening" Stage

- progressive loss of mobility over several months
- difficulty with everyday functions

3. "Thawing Out" Stage

- pain lessens and decreases at rest
- movement is slowly regained

BENEFITS OF PHYSICAL THERAPY

- pain relief with modalities such as TENS, laser and Interferential therapy
- ultra sound to help "soften" capsular adhesions
- instruction in postures to optimize comfort

- progression of mobility exercises during all stages
- strengthening exercises starting with isometrics (contracting the muscles with no joint movement) and progressing to isotonic (strengthening muscles)
- instruction in a home exercise program