Royal Devon University Healthcare NHS Foundation Trust

Physiotherapy and frozen shoulder

Other formats

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The aim of this information sheet is to give you some understanding of the problem you may have with your shoulder. It has been divided into sections, describing your shoulder, what we know about frozen shoulder and your treatment options.

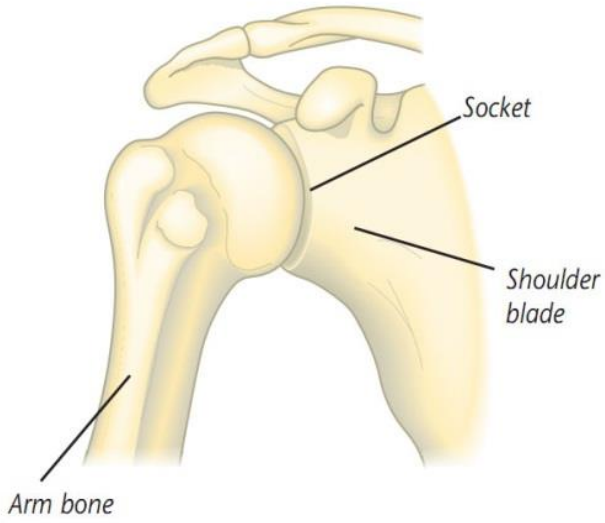
About your shoulder

The shoulder is designed to have a large amount of movement so that we can use our hands/arms in a wide variety of positions. Some movement occurs between the shoulder blade and chest wall. However, most shoulder movements are at the ball and socket joint.

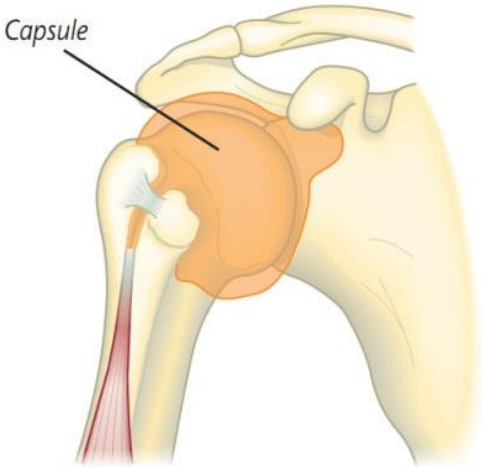
The ball at the top of the arm bone (humerus) fits into the shallow socket (glenoid) which is part of your shoulder blade (scapula). There is a loose bag (capsule) which surrounds the joint. This is supported by ligaments and muscles, which collectively provide movement and stability of the shoulder joint

Right shoulder (view from front)

Bones



Capsule



What is ‘frozen shoulder’?

Typically the joint becomes stiff and initially painful, often starting without any apparent cause. The loose bag (capsule) around the shoulder joint becomes inflamed and appears to tighten or shrink. This tightening, combined with the pain, restricts the movements of the shoulder and may significantly reduce its function.

Why does it occur?

Primary frozen shoulder – occurs spontaneously where the exact cause is unknown. It has been associated with other underlying conditions such as diabetes, cardiovascular disease, high cholesterol and thyroid disorders, as well as those who have Dupuytren’s contracture of the hand. Sometimes, adults who have previously had frozen shoulder on the other side, may be more susceptible.

Secondary frozen shoulder – occurs as a result of trauma/injury or when the shoulder is kept still for some time, for example after surgery. It may also occur secondary to other shoulder conditions such as rotator cuff disorders, or due to hemiparesis (one sided weakness following a stroke or other trauma etc.). About 15% of patients link it to a minor injury to the shoulder.

Research continues to get updated.

How common is it?

It is most common in people between the age of 35 and 65 years and has been estimated to affect at least one person in 50 every year. It is also slightly more common in women than men.

It is a difficult condition to treat.

What is likely to happen?

There are 3 main phases.

1. Pain predominant phase (which can last from two to nine months)

The pain often starts gradually and builds up. It may be felt on the outside of the upper arm but can extend down to the elbow and even into the forearm. It can be present at rest and is worse with arm movements. Sleep is often disrupted, and lying on the affected shoulder is often painful or impossible. During this phase, pain is the main feature but movements of the shoulder begin to reduce. Sometimes this phase can take longer, particularly if you are diabetic.

Treatment in this phase

The emphasis is on pain-relief and preventing as much stiffness as possible. Therefore pain-killing tablets and anti–inflammatory tablets may be prescribed. You can also use heat, such as a hot water bottle or cold packs. Injection into the joint may also be offered if the pain continues. This is not suitable for every patient. Physiotherapy at this stage is directed at pain relief and gentle movement of the shoulder. It may also help to support your arm with pillows at night to stop yourself rolling on to the painful shoulder, which may aid better sleep.

2. Stiffness predominant phase (which can last from four to 12 months)

The ball and socket joint becomes increasingly stiff, particularly on twisting movements such as trying to put your hand behind your back or head. These movements remain tight even when you try to move the shoulder with your other hand. It is the ball and socket joint which is stiff. The shoulder blade is still free to move around the chest wall.

Treatment in this phase

As stiffness becomes the main issue then the emphasis becomes even more focused on the physiotherapy exercises and shoulder mobilisation. You will be shown specific exercises to try and get the ball and socket moving. Some of these are shown at the end of this leaflet. In addition, the therapist may move the joint for you, if appropriate, trying to regain the normal glides and rolling of the joint.

3. The recovery phase (which can last from 12 to 42 months)

The pain and stiffness starts to resolve during this phase, and you can begin to use your arm in a more normal way. The pain at the very end of your movements may persist until your frozen shoulder has completely resolved.

The total duration of frozen shoulder may be anywhere from 12 to 60 months. It is likely to be influenced by compliance and tolerance of exercises.

Surgery

If you have significant, ongoing pain and stiffness, your GP might refer you to an orthopaedic consultant. He or she might suggest a manipulation under anaesthetic or a surgical procedure called capsular release.

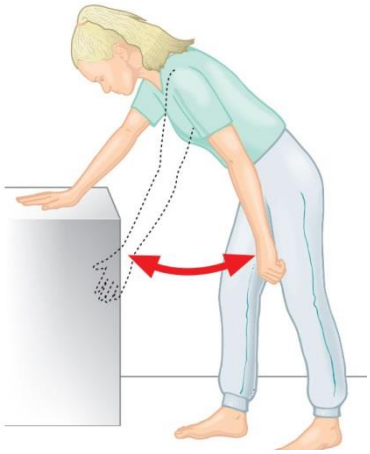
This is an operation not done routinely for frozen shoulder, only for those which are very slow to resolve.

The important thing is to realise that, although the pain and stiffness can be very severe, usually the problem does resolve. The passage of time is the main treatment!

Exercises

Keeping your shoulder moving is very important and these are a few examples of exercises to stretch your shoulder. Do these exercises regularly 1-2 times a day, (even 3-4 times a day). You don’t have to do them all at once. You may find them easier to do after a hot shower or bath. It is normal for you to feel a stretching sensation. It is safe to experience discomfort during exercise, pain levels should be acceptable to you, and avoid exercise which aggravates your shoulder for a long time afterwards. If you get ongoing pain, reduce the exercises by doing them less often or less forcefully, or stop completely if needed. If the pain is increasing, see a physiotherapist or a doctor.

Pendulum



Lean forward with support (shown for left shoulder)

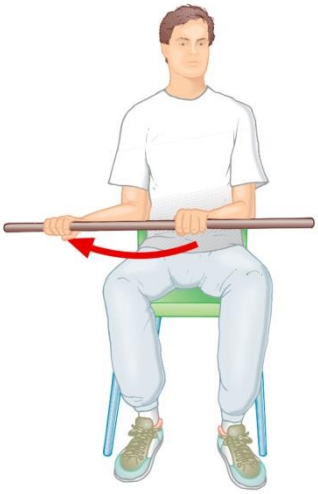
Let arm hang down

Swing arm

- forward and back
- side to side
- around in circles (both ways)

Repeat 20-30 times each movement

Twisting outwards



Sitting holding a stick (eg. rolling pin, umbrella)

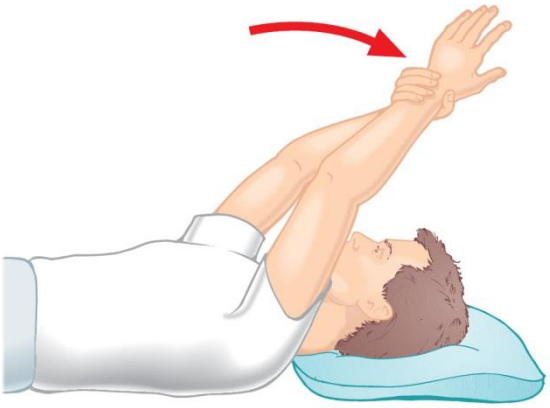
Keep elbow into your side throughout

Push with unaffected arm so hand of problem side is moving away from the mid-line (can be done lying down)

Do not let your body twist round to compensate

Repeat 20-30 times

Arm overhead



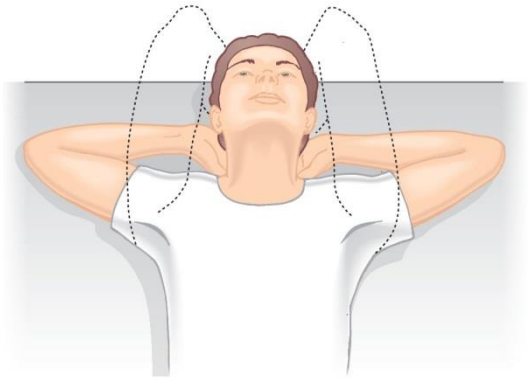
Lying on your back (shown for left shoulder)

Support problem arm with other hand at wrist and lift it up overhead

Do not let your back arch

Can start with elbows bent

Repeat 20-30 times Twisting outwards / arm overhead



Lying on your back, knees bent and feet flat

Place hands behind neck or head, elbows up to ceiling

Let elbows fall outwards

Repeat 20-30 times

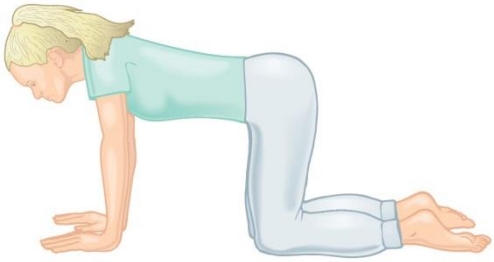
Kneeling on all fours

Keep your hands still

Gently sit back towards your heels

To progress take your knees further away from your hands

Repeat 20-30 times



Sit or stand

Try and set up a pulley system with the pulley or ring high above you. Pull down with your better arm to help lift the stiff arm up

Repeat 20-30 times

NB. Normally it is best to have the fixed pulley point behind you.

Stretching the back of the shoulder

Take hand of your problem shoulder across body towards opposite shoulder

Give gentle stretch by pulling with your uninvolved arm at the elbow

Sometimes you can feel more stretch if you lie on your back to do the movement

Repeat 5 times, holding for 20 seconds

Hand behind back

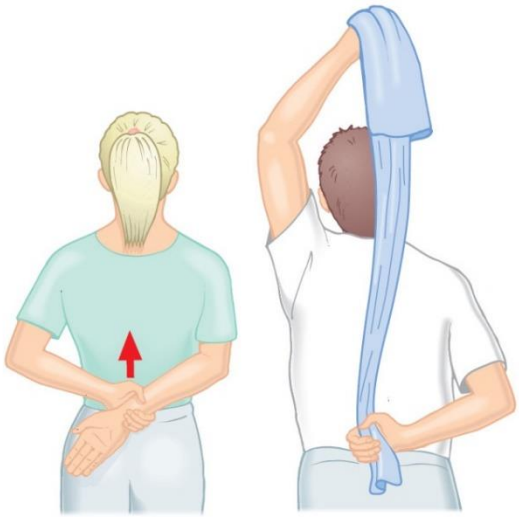
Standing with arms by side

Grasp wrist of problem arm and;

- gently stretch hand towards your opposite buttock
- slide your arm up your back

Can progress and use a towel

Repeat 20-30 times



Further information

NHS Choices (www.nhs.uk)

NHS Clinical Knowledge (www.ck.nhs.uk)

Patient.co.uk (www.patient.co.uk)

Shoulderdoc (www.schoulderdoc.co.uk)

This leaflet has been originally produced by The Nuffield Orthopaedic Centre in Oxford. They have kindly given us permission to us it in our service.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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