

Frozen shoulder (adhesive capsulitis)

Information for patients

This leaflet will provide you with some simple information and advice on how to manage your frozen shoulder. If you have any queries or concerns please contact your GP.

What is frozen shoulder?

Frozen shoulder is a condition that can result in a painful and stiff shoulder. Within the shoulder joint there is a capsule that is normally elastic, thus allowing the shoulder to move freely. With a frozen shoulder this normally elastic capsule becomes contracted, causing pain and stiffness as a result.

Mechanism of injury

Typically, symptoms will gradually worsen over time with nil specific trauma preceding onset. However, it can sometimes come as a complication following shoulder surgery or injury. At present it is not known what causes frozen shoulder, but it is known that females within the age range of 40-59 are at the highest risk, whilst being diabetic or obese also puts you at an increased risk.

Symptoms

Often a frozen shoulder will follow three main stages; freezing, frozen and thawing. The initial 'freezing' stage is characterised with an increase in pain with movement, progressively reducing your shoulder movement. The 'frozen' stage often displays a reduction in pain however an increase in the overall stiffness of the shoulder, significantly reducing the range of movement of the shoulder. Lastly, the 'thawing' stage is when there is a gradual restoration of shoulder movement.

Management

- **Ice:** a cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every three hours and up to four times a day, ensuring the ice is never in direct contact with the skin.
- **Relative rest:** reduce activities that are making your symptoms worse, for example, the duration of time you spend on your feet.
- **Painkillers:** pain relief can help manage the discomfort in the short term. Normally painkillers bought from a pharmacist is suitable. If you have any questions please speak to a pharmacist.

- Exercise: you should complete specific exercises that aim to increase the strength of your knee. This will help with the healing process and help you return to activities. Please see below for suggestions of a graded exercise programme.
- Injection: in some cases a corticosteroid or hydro-distension injection may be needed due to the levels of discomfort and stiffness in the shoulder. However, injections are not always beneficial.

Follow-up

You do not routinely need physiotherapy for this type of injury and it should resolve itself. If your shoulder pain does not improve after 6 to 12 weeks then you may benefit from physiotherapy. We recommend you contact your GP to refer you to your local physiotherapy department.

Healing

This type of injury can take approximately 1 to 4 years to heal.

What to expect

Weeks since injury	Rehabilitation plan
0 to 2	<ul style="list-style-type: none"> ✓ Use ice and elevation to help swelling ✓ Begin the 'Stage One Exercises' at the end of this letter. ✓ Follow the management advice as per above
2 to 6	<ul style="list-style-type: none"> ✓ Once you have completed the initial exercises and finding these easier, start the exercises below labelled 'Stage Two Exercises'.
6 to 12	<ul style="list-style-type: none"> ✓ Once you are able to complete 'Stage Two Exercises' then progress onto the next stage. You may be able to progress onto these earlier than 6 weeks if your pain has reduced, sometimes it can take longer than 6 weeks to progress.
12 to 24	<ul style="list-style-type: none"> ✓ Once you are able to complete 'Stage Three Exercises', we would encourage you to continue completing these exercises in order to aid maintain your current movement and function.

Initial advice

Cold packs

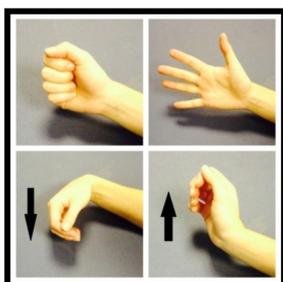
A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief. Apply this to the sore area for up to 15 minutes, every few hours ensuring the ice is never in direct contact with the skin.

Early movement and exercise

Early weight bearing (putting weight through your injured limb) helps maintain movement.

Stage one (4 to 5 times a day)

Finger and wrist flexion and extension:



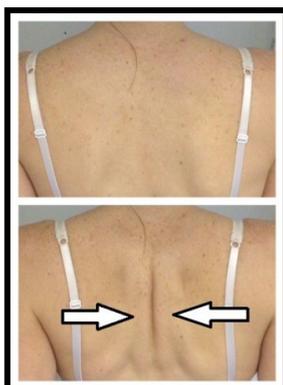
Open and close your hand as shown 10-15 times.

Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain.

Hold for 5 seconds and repeat 10 times.

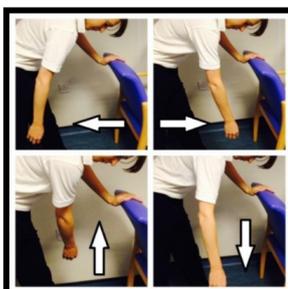
Postural awareness:



Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.

Shoulder pendulum exercises:



Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently forwards and backwards.
2. Swing your arm slowly and gently side to side.
3. Swing your arm slowly and gently in circles clockwise.

Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm

Stage two (4 to 5 times a day)

Active assisted shoulder flexion:



Use your other hand to lift your arm up in front of you as comfort allows (as shown in the pictures).

Repeat 10 times provided there is no increase in symptoms.

Active assisted external rotation:



Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards as comfort allows. Remember to keep your elbow tucked in.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards. Repeat 10 times provided there is no increase in symptoms.

Stage three

When you have completed the above exercises and no longer finding them too difficult then you can start with the below exercises. Once the below exercises become easier you can complete them whilst holding onto a weight, for example a 1kg dumbbell or a small bag of sugar.

Active forward flexion:



With your thumb facing up, try to move your arm up, keeping it close beside your body.

Active abduction:



With your thumb facing up and outwards, try to move your arm in a big arc out to the side.

Active external rotation:



With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Perform these exercises 10 times each, 3 times a day. Only go as far as you can comfortably, without doing any trick movements to try and get further. The movement should increase over time and should not be forced.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.