



What is frozen shoulder?

- Frozen shoulder (or adhesive capsulitis) refers to a clinical condition that leads to pain and stiffness in the shoulder.
- The shoulder is surrounded by a lining called the 'capsule', which is flexible and allows large amounts of movement.
- During a frozen shoulder, the capsule becomes swollen, thickened and tight.

What are the possible causes?

The cause of frozen shoulder is not known and in most cases **it happens for no reason**. In some cases, however, it may be related to the following:

- **Injury** e.g. shoulder dislocation
- **Surgery** e.g. after a shoulder operation
- **Medical problems** e.g. diabetes, high cholesterol, heart disease or Dupuytren's contracture of the hand.
- **Age** – it can be more common in the 40-60 age group.

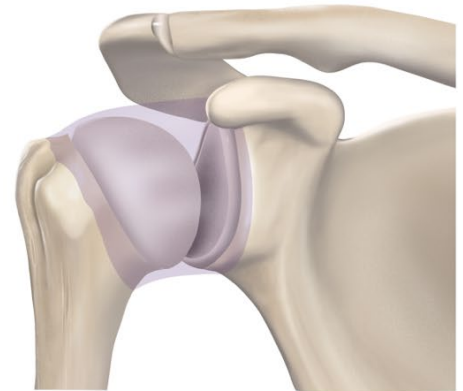
What are the symptoms?

Often, frozen shoulder develops slowly and has two main phases:

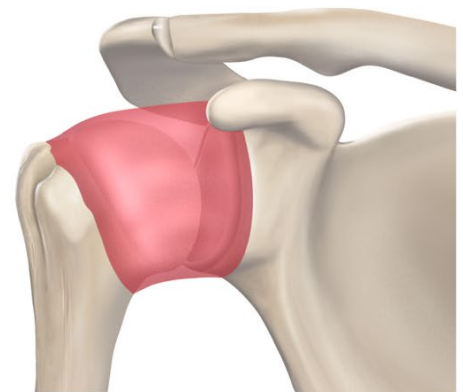
- **Pain phase:**
 - Pain felt around the shoulder can be severe and can spread down the arm
 - The pain can be worse at night and disturb sleep
 - Using the arm can be very painful, making daily activities difficult.
- **Stiff phase:**
 - Pain begins to settle but the shoulder becomes stiff/tight
 - Stiffness may prevent normal activities
 - Eventually the pain and stiffness improve.

How is it diagnosed?

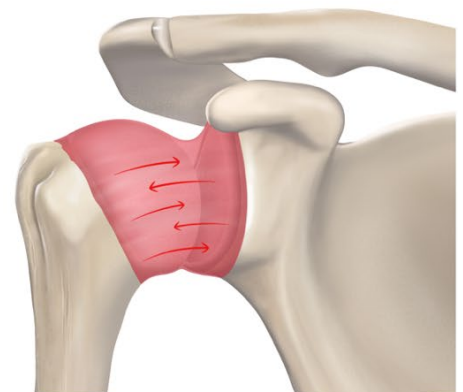
- Diagnosis is based on your history and clinical examination
- X-rays are often taken to rule out any other causes of your shoulder pain.



Normal capsule



Painful capsule



Tight capsule



How is frozen shoulder treated?

Frozen shoulder is not harmful and, in most cases, will improve on its own. It can take over a year to resolve. Treatment options include:

Medication:

- **Regular painkillers/anti-inflammatories/ice or heat packs** can be helpful and you should discuss this with your GP or Pharmacist

Maintaining a healthy lifestyle:

- Dealing with other contributing factors such as stress, smoking, alcohol intake, sleep and cardiovascular health can help. More information can be found at: www.nhsinform.scot/healthy-living.

Exercises:

- **Maintaining movement**, as your pain allows, is important to prevent the shoulder from getting weaker and stiffer. Try to use your arm as normally as possible, however, some exercises may need to be modified.
- The exercises may be uncomfortable but should not be very sore or painful. Pushing things too hard can mean your recovery takes longer.
- **Physiotherapy** can help to establish a diagnosis and facilitate/support your recovery.

Steroid Injection:

- This can help to reduce inflammation and control your pain in the pain dominant stage. Sometimes the pain can come back when the steroid wears off.

Distension Arthrogram:

- This is a specialist injection performed under x-ray guidance where fluid (local anaesthetic & steroid) and air are injected into your shoulder joint. This stretches the tight soft tissues that are causing problems with pain and movement.
- This does **not cure the condition** but **allows you to do the physiotherapy** exercises so you can heal yourself.
- The injections have very few complications, all of which are rare. These include infection, pain (often the first few days after the injection are more painful), change in skin colour at the injection site. Sometimes the injection does not work.

Surgery

- **Surgery** to release the tight tissue is only considered if the methods described above have not been successful.

Useful phone numbers

NHS Lothian switchboard: 0131 536 1000