

OTHER TREATMENTS THAT MAY BE OFFERED

- **Physiotherapy** treatment can include mobilisations, exercises and other modalities. You will be assessed fully before treatment options are discussed.
- A **steroid injection** into the painful area may help to relieve the pain. Your GP/Physiotherapist can advise if this is appropriate for you based on your presentation and other medical factors.
- **Surgery** is not commonly used but may be offered in some cases. Your GP or physiotherapist will be able to offer more advice on this.

FURTHER INFORMATION

Below are the telephone numbers for the Community Outpatient Physiotherapy departments. Please call your local department for any further information/guidance;

Chippenham - 01249 456451
 Devizes - 01380 732520
 Malmesbury - 01666 827583
 Melksham - 01225 701027
 Salisbury - 01722 336262 Ext 4425/4413
 Savernake - 01672 517310
 Trowbridge – 01225 711341
 Warminster – 01985 224716

Useful websites

<http://www.patient.co.uk/health/frozen-shoulder>

<http://www.shoulderdoc.co.uk/section/16>

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Patient Information

FROZEN SHOULDER

NORMAL SHOULDER

The shoulder is a complex system made up of the **humerus** (the upper arm bone), the **scapula** (the shoulder blade), and the **clavicle** (the collar bone). The shoulder joint is surrounded by a fibrous capsule and ligaments that help to keep it stable. The muscles and ligaments collectively provide joint movement and stability. Pain in the shoulder joint can come from any of these structures.



WHAT IS A FROZEN SHOULDER?

A frozen shoulder is a painful condition which occurs when there are changes within the shoulder capsule which cause restrictions in the normal movement of the shoulder. This makes it difficult to lift and rotate the arm and activities such as dressing, driving and lifting may become difficult.

The exact cause of frozen shoulder is not known. Approximately 3% of adults may get a frozen shoulder at some point in their life. There are 2 main types;

Primary frozen shoulder occurs spontaneously and is more common in people with certain health conditions including diabetes, heart disease and thyroid problems. It usually occurs in patients between the ages of 40 and 60, and is more common in women.

Secondary frozen shoulder occurs as a result of trauma or a period of immobilisation for example after surgery. It can also occur secondary to other shoulder conditions such as impingement.

HOW LONG WILL IT LAST?

It often takes a year to improve but can take longer depending on the severity of your symptoms.

There are three stages of frozen shoulder:

- **Stage 1** – This stage normally lasts between 2 to 9 months, but can take longer, especially if you are diabetic. The first symptom is pain, usually worse at night and the shoulder can feel painful to lie on. The shoulder will start to become stiff.
- **Stage 2** – This stage can last between 4 and 12 months. At this stage pain is often much more manageable and you are able to sleep better at night. The stiffness remains and may worsen, especially outward rotation of the arm. Your muscles may start to waste due to you not using the affected shoulder as much.
- **Stage 3** – This stage usually lasts between 1 and 3 years. During this stage your shoulder will start to loosen and will slowly become easier to move. In some cases your normal range of motion may never fully return.

WHAT CAN I DO TO HELP MYSELF?

- It is important to keep using your arm as normally as possible, as the pain allows, which will prevent the shoulder from becoming any stiffer.
- Your shoulder movement can be affected by your **posture**. Sitting and standing in a good posture with your shoulders back will help your movement.
- Some people find **gentle heat** (e.g. a hot water bottle or wheat-bag for 10-15 minutes) will help ease the pain.
- An **ice pack** (or a bag of frozen peas) applied to the shoulder area for a maximum of 10 minutes twice a day can be a very effective way of reducing your pain. Make sure the ice is wrapped in a towel to protect your skin from burns.
- **Anti-Inflammatory medication** or **Painkillers** may be prescribed to help relieve the pain. You should take them at regular intervals according to the instructions. Consult your G.P if you don't feel your medication is helping.

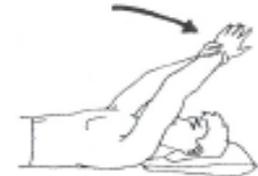
EXERCISES

Exercises are a very effective way to restore movement at the shoulder joint and help keep the muscles strong. Keeping your shoulder moving is very important but you should avoid pushing too far into very painful movement. Try the exercises below. Your Physiotherapist may change or add to them if needed.

- 1) Lean forwards onto a support
Let your affected arm hang down by your side and swing arm –
 - a) forwards and backwards
 - b) side to side
 - c) around in circles (both ways)Repeat 5-10 times



- 2) Lying on your back
Support affected arm with your other hand and lift both overhead as far as possible.
Repeat 5-10 times



- 3) Lying on your back.
Place your hands behind your neck and point your elbows towards the ceiling.
Slowly let your elbows fall outwards.
Hold for 10 seconds.
Repeat 5-10 times.



- 4) Sitting holding a stick with your arms bent and elbows into your sides.
Use your good arm to push your affected arm out to the side.



Repeat 5-10 times