

Frozen Shoulder

Patient Information



THE 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.

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WHAT IS A FROZEN SHOULDER?

A frozen shoulder is a particularly painful and often debilitating condition which occurs when there are changes within the shoulder capsule, which in turn causes stiffness of the shoulder. This makes it difficult to lift and rotate the arm, or to put your arm behind your back and activities such as dressing, driving and lifting may become difficult. It may also be more uncomfortable in bed and disturb sleep.

The exact cause of frozen shoulder is not well understood. Approximately 3% of adults may get a frozen shoulder at some point in their life.

There are 2 main types of frozen shoulder;

Primary frozen shoulder – occurs spontaneously for no apparent reason. It is more common in adults aged 40 to 60 years, or if you have previously had frozen shoulder on the other side, and is also more common in women.

Secondary frozen shoulder – occurs as a result of trauma or a period of immobilisation, for example after surgery. It may also occur secondary to other shoulder conditions such as rotator cuff disorders, or due to other underlying conditions such as diabetes, cardiovascular disease, thyroid disorders or hemiparesis (one sided weakness following a stroke or other trauma etc.).

HOW LONG WILL IT LAST?

It often takes over 18 months to resolve, but may take a few years depending on the severity of symptoms. The average time for resolution is approximately 30 months.

There are usually three stages of frozen shoulder:

- **Stage 1 – Progressive and increasing pain.** This stage normally lasts between 2 to 9 months, but can take longer, especially if you are diabetic. The first symptom is often progressive and increasing pain, which can be constant. It may be worse at night and can feel painful to lie on. The shoulder will start to feel stiff.
- **Stage 2 – Stiffening or freezing.** This stage can last between 4 and 12 months. At this stage the pain starts to reduce and will become much more manageable, and you should be able to sleep better at night. The stiffness remains and may worsen, with significant restriction in your movement. Your muscles will get weaker if you are not able to use your shoulder as much.
- **Stage 3 – Resolution or thawing.** This stage can last between 12 months to a few years. During this stage your shoulder will start to loosen and will slowly become easier to move. You may still get some pain right at the end of your shoulder movements until the frozen shoulder has fully resolved. In some cases your normal range of motion may never fully return.

It may be more useful to think of your shoulder in terms of predominantly “painful” or “stiff” rather than the stage you are at.

WHAT CAN I DO TO HELP MYSELF?

- It is important to keep moving your shoulder, within comfortable limits, to help maintain your mobility and strength, and help ease the pain.
- Avoid movements which cause a significant and prolonged increase in your pain.
- Some people find gentle heat (e.g. a hot water bottle or wheat-bag for 10-15 minutes) will help ease the pain. This may be used regularly during the day as long as you do not have skin problems or reduced sensation in the area.
- An ice pack (or a bag of frozen peas) applied to the shoulder area for a maximum of 10-20 minutes every 2 hours can be a very effective way of reducing your pain. Make sure the ice is wrapped in a damp towel to protect your skin from burns. Do not use ice if your skin is in poor condition or has reduced sensation.
- The choice of use of heat or ice is up to you; use whichever you find is most beneficial.
- Painkillers or anti-inflammatory medication may be prescribed to help relieve the pain. You should take them regularly according to the instructions. Consult your G.P. if you don't feel your medication is helping. If you are in pain and have not yet been prescribed painkillers or anti-inflammatories then it's recommended to consult with a pharmacist or your G.P.
- In bed, support your arm with pillows to prevent yourself rolling on to your painful shoulder and aid better sleep.
- Your shoulder movement can be affected by your posture. Sitting and standing in a good, strong posture will help your movement. Also, try not to sit or slouch for long periods of time.
- You may find simple relaxation methods can also be useful to relieve your pain

EXERCISES

Exercises are a very effective way to restore movement of the shoulder joint and help keep the muscles strong. Keeping your shoulder moving is very important. You may experience some pain during exercise, however work within your own limits and avoid exercise which aggravates your shoulder for a long time afterwards. Try the exercises below. You do not have to do them all in one go, see what is comfortable for you and what you can manage. 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 your arm:

- a) forwards and backwards,
- b) side to side,
- c) around in circles (both directions).

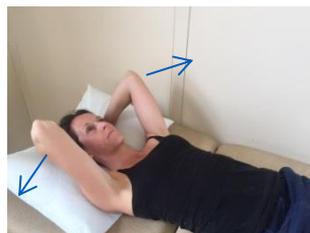
Repeat 5-10 times for each direction as comfortable.



2) Lying on your back. Support your 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. On the affected side, you can place a towel between your elbow and your side to make sure you keep your elbow tucked in. Use your good arm to push your affected arm out to the side. Repeat 5-10 times.



The next 5 exercises are all static strengthening (isometric) exercises to engage your shoulder muscles, but should not cause you pain. With all of these exercises the idea is to engage the muscles around your affected shoulder, without actually moving your arm and keeping your body still. As they become more comfortable, you can increase the effort you use, but start gently.

5) Forwards, (flexion). Stand up straight, stand in front of a wall and make a fist. Gently push your fist into the wall and hold for 5 seconds. Relax. Repeat this up to 10 times.



6) Sideways (abduction). Stand up straight next to a wall. Gently push your arm outwards into the wall and hold for 5 seconds. Relax. Repeat this up to 10 times.



7) Backwards (extension). Stand up straight with your back to a wall. Gently push your arm backwards into the wall and hold for 5 seconds. Relax. Repeat this up to 10 times.



8) Outward rotation (external rotation). Stand up straight in a doorway with the back of your hand against the door frame, and elbow tucked in at your side. Gently push your hand outwards into the door frame and hold for 5 seconds. Relax. Repeat this up to 10 times.



9) Inward rotation (internal rotation). Stand up straight in a doorway with the palm of your hand against the door frame, and elbow tucked in at your side. Gently push your hand inwards into the door frame and hold for 5 seconds. Relax. Repeat this up to 10 times.



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.
- You may be offered an X-ray and corticosteroid injection where appropriate. Your GP/Physiotherapist can advise if this is appropriate for you based on your presentation and other medical factors.
- Surgery is not commonly required, however may be offered in some cases. Your GP or physiotherapist will be able to offer more advice on this.

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in Sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).

If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.

Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net

Patient and Public Involvement

We value your opinions which will help us to further develop our services.

If you wish to provide feedback or get involved in our patient participation groups, please email the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net or telephone 01249 454386.