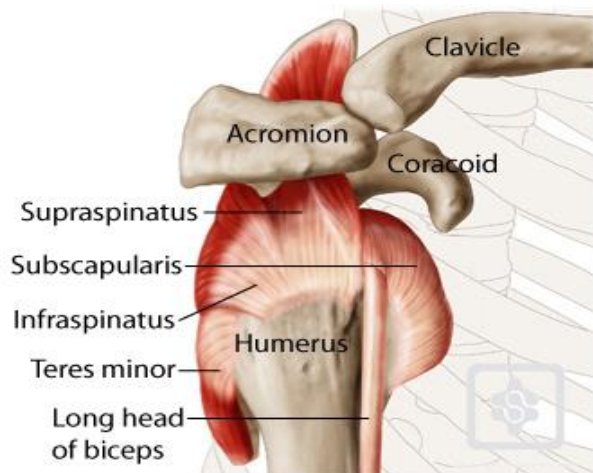


Frozen Shoulder

Patient Information



(www.shoulderdoc.co.uk)

Anatomy

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). There are numerous muscles around the shoulder that help to keep it functioning normally. Around the shoulder there is a strong connective tissue structure called the joint capsule. Synovial fluid lubricates the capsule and joint to allow it to keep moving normally.

What is a frozen shoulder?

The exact cause of frozen shoulder is complex and not fully understood. The most commonly held theory is that the capsule of the shoulder joint becomes inflamed and restricts movement, however there is not convincing evidence to support this. Approximately 3% of adults may get a frozen shoulder at some point in their life. Pain is usually over the outside of the shoulder and may radiate into the top of the arm. It is often worse when you try to move your arm and may interfere with sleep. The pain and stiffness may make it difficult to lift the arm overhead, or to put your arm behind your back. Activities such as dressing, driving, and lifting may become difficult.

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There are 2 main types of frozen shoulder.

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

Secondary frozen shoulder – this occurs as a result of trauma or a period of immobilisation, for example after surgery. It may also occur secondary to other underlying medical conditions such as diabetes, cardiovascular disease, or thyroid disorders.

How long will it last?

It can take anything from a few months to several years for a frozen shoulder to resolve. It is not known why it can take longer to improve for some people.

- **Pain predominant phase** - The first symptom is often pain, which can be constant and severe. It may be worse at night and can feel painful to lie on. The shoulder will begin to feel stiff.
- **Stiffness predominant phase** - 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 may increase, with significant restriction in your movement. Your muscles can get weaker if you are not able to use your shoulder as much.
- **Resolution** - 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, you may not regain your full shoulder mobility.

How is frozen shoulder diagnosed?

If you have new, severe, or worsening pain in your shoulder, it is important to get an assessment from a Health care professional to rule out other causes of your pain. You will usually be offered an x ray of your shoulder. The main diagnostic features of frozen shoulder are stiffness of rotational movements of your shoulder with a normal x ray. The health care professional will also ask questions about your lifestyle and medical conditions.

What can I do to help myself?

- It is important to **keep moving your shoulder** within comfortable limits. This will stop your shoulder becoming stiffer and keep the muscles strong. Gentle movement may also help to ease the pain.
- **Try and use your arm normally.** You should continue with work and leisure activities where possible. However, you may need to modify or avoid activities that cause a significant and prolonged increase in your pain. Talk to your employer if needed to see if adjustments can be made for you to continue at work.
- **Heat or cold** can be used to help pain. Use frozen peas wrapped in a damp tea towel for up to 15 minutes, or alternatively try a wheat bag/hot water bottle wrapped in a towel. Use whatever gets best results for you. Make sure to protect your skin with a towel and regularly check your skin to avoid skin damage as both can cause burns if used incorrectly.
- You may be prescribed simple **pain relief** or **anti-inflammatory medication**: take this as prescribed until the pain settles. Your GP or Pharmacist can advise you on this.
- In bed, **support your arm with pillows** to prevent yourself rolling on to your painful shoulder and aid better sleep.
- You may find simple **relaxation methods** can also be useful to relieve your pain
- **Exercises** are a very effective way to restore movement of the shoulder joint and help to keep the muscles strong. Keeping your shoulder moving is very important. You may experience a temporary increase in your pain during exercise. This should not be severe and should settle within 30 minutes of stopping an exercise. The exercises on the following pages are a useful starting point. Try 1 or 2 from each section to begin with and slowly increase as you feel able. Work within your own limits. If you get severe or persistent pain following exercises, then reduce the number and intensity until you find a comfortable level for you. You might not be able to move very far to begin with, but this should improve with time and practice.

Section 1 – Exercises to help with the movement of your shoulder

Some people find it useful to do these exercises after a warm bath or shower, or to apply gentle heat for 10 mins before starting the exercises.

1) Table slide

Sit down with your hands resting on a towel on a table. Slide both hands forward as far as comfortable. Hold for a few seconds (if not too painful) then return to the start position.

Aim for 5-8 repetitions, rest for a minute or two, then repeat for 5-8 repetitions.



2) Flexion in lying

Lying on your back on your bed or the floor. Support your affected arm with your other hand and lift both overhead as far as comfortable. Lower slowly.

Aim for 5-8 repetitions, rest for a minute or two, then repeat for 5-8 repetitions.



3) External rotation on a table

Sit with the elbow of your affected arm resting on a table. Hold both ends of a long pole (eg walking stick or umbrella). Push the end of the pole with your good arm to move the affected hand outwards. Make sure your elbow stays into your side throughout (you can put a folded towel between your elbow and your side to help) Hold for a few seconds if comfortable, then slowly return to the start position.

Aim for 5-8 repetitions, rest for a minute or two, then repeat for 5-8 repetitions.



Section 2 – Exercises to help with the strength of your shoulder

It is important to maintain the strength of the muscles around your shoulder. Working on strength will help greatly with your ability to carry out functional tasks and may help improve the mobility of your shoulder. The first exercise is the easiest and shouldn't cause an increase in pain. As your pain improves, you can move onto the more challenging exercises later in this section.

1) Isometric external rotation

Stand up straight with the back of your hand against the wall, and elbow tucked in at your side. Gently push your hand outwards into the wall. Your arm should not move. Hold for 30-40 seconds (as comfortable) then relax.

Aim for 5 repetitions, rest for a minute or two, then repeat for 5 repetitions.



2) Reverse wall push up

Stand with your back to a wall. Place your palms flat against the wall. Push your body away from the wall as far as comfortable. Return slowly back to the start.

Aim for 8-12 repetitions, rest for a minute or two, then repeat for 8-12 repetitions.



3) Wall push up

Stand with your arms resting on a wall just below shoulder height. Slowly lower your body towards the wall by bending your arms. Hold for a few seconds, then push your arms straight to come back to the start position.

Aim for 8-12 repetitions, rest for a minute or two, then repeat for 8-12 repetitions.



Other Treatments That May Be Offered

- Physiotherapy treatment can include manual therapy, exercises, and other modalities. You will be assessed fully before treatment options are discussed.
- You will usually be offered an X-ray as part of the process of diagnosis of frozen shoulder.
- You may be offered a corticosteroid injection, especially if your pain is affecting your sleep and ability to work. Your GP/Physiotherapist can advise if this is appropriate for you based on your presentation and other medical factors.
- Surgery is not commonly required but may be considered in some cases. This video links to a short animation on some of the research that has been done recently, and discusses some possible options if you have persistent pain and stiffness despite physiotherapy input;
<https://www.youtube.com/watch?v=l88uzfD8Y4s>

Further Information

If you would like to seek the advice of a physiotherapist, there are a number of options within Wiltshire. Please speak to your GP practice about the ways you can be referred or visit <https://wiltshirehealthandcare.nhs.uk/physiotherapy/>

Useful websites:

<https://www.shoulderdoc.co.uk/>

This is a useful website for shoulder conditions containing advice and exercises

<https://www.activewiltshire.org.uk/>

Here you will find information on improving your activity level and details of what is available in your local area.

<http://www.wiltshire.gov.uk/public-health-weight>

Here you will find information about weight management options in your local area.

<https://www.wiltshire.gov.uk/public-health-improvement-coaches>

Health Improvement Coaches work on a one to one basis to support behaviour change and improve health. They concentrate on behaviours associated with ill health including unhealthy eating often linked to obesity, stopping or reducing smoking, sensible drinking, increasing physical activity, building confidence and motivation to change and boosting self-esteem. They also signpost and support clients to access other services and activities where appropriate.

Safeguarding

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If you or your carer have any concerns regarding a child or adult's safety, please phone Wiltshire Safeguarding Team on 0300 456 0111 (Adult) or 0300 456 0108 (Child) (9am – 5pm Monday - Friday) or please call 999 if you feel they are in immediate danger.

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 123 7797 and whc.pals@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.