Frozen Shoulder

**What is Frozen Shoulder?**

The shoulder is a ‘ball and socket joint’ which is covered by ligaments and a structure called the capsule. When the capsule becomes inflamed it can cause pain (painful phase) and as it begins to contract and shrink it causes shoulder movement to become limited (stiff phase). This pain and limitation of movement is called a Frozen Shoulder.

**How is it caused?**

A primary Frozen Shoulder is when the exact cause is not known. Sometimes it can be linked to a minor shoulder injury. This is more likely to develop if:

* You are between 40-60 years of age
* If you have diabetes (the risk is also higher in insulin dependent diabetics)
* If you have a thyroid condition
* If you have a previously had a Dupuytren’s contracture
* If you have cardiovascular disease

A secondary Frozen Shoulder is more likely to develop if the shoulder has not been moved for some time for example, after a stroke or heart attack, after major shoulder injury or shoulder surgery.

**What are the symptoms?**

* Severe pain particularly in the early stages that can affect the shoulder and arm.
* Progressive loss of movement, particular rotation affecting activities such as putting on shirts/bra and brushing hair.
* Disturbed sleep.

**How is it diagnosed?**

Frozen Shoulder is normally diagnosed based on you tell us and a physical examination. X-rays are not required to diagnose the condition but can be useful in ruling out bony changes.

**What can I do?**

Exercise:

Exercise can play an important role in both the painful and stiff phases of a Frozen Shoulder. Exercise can help control pain levels, maintain strength and restore range of motion.



Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

Damp heat:

Damp moist heat applied to the shoulder may help to control pain levels and improve your ability to exercise. Consider applying for 10 minutes at a time 2-3 times per day.

**Factors influencing pain and recovery**

During your recovery a number of other factors can influence your pain levels. Keep the following factors in mind to help move the healing process along:

Work

You may be worried about continuing with work, or other responsibilities. It is important to discuss these fears with your practitioner. Remaining at work usually leads to a quicker recovery even if you have to work with modified activities.

Your relationship with your boss and colleagues, job enjoyment, feeling supported at work and returning to work are all very important in helping your recovery. Speak to your employer if you need support at work.

Look after yourself

Pain is not usually simply a physical problem. Your general well-being can make you vulnerable to pain and your wellbeing can also be made worse by pain. Looking after your general health and well-being will help recovery. There is helpful advice on this website: [https://www.nhs.uk/oneyou](https://www.nhs.uk/oneyou/)

Reduce stress and anxiety

It is normal for people with pain to have stress, anxiety and change in mood. This may affect your ability to cope with the pain and may influence your pain levels. Help is available if you are being affected by stress, anxiety or low mood – see the links below or discuss with your practitioner.

It is important that your whole nervous system is in a healthy state to aid recovery. If your brain is stressed or overworked this may slow recovery. Relaxation is an important part of your recovery. Simple relaxation techniques may help manage pain and stress. Try to set aside some time each day to relax – you can use relaxation techniques as linked below, or simply an activity you enjoy – reading, deep breathing, sitting in the garden, singing – whatever relaxes you.

Find help and support here: <https://www.nhs.uk/oneyou/every-mind-matters/>

<https://www.northessexiapt.nhs.uk/west-essex>

Physical Activity

Exercise improves fitness, confidence with movement and strength. It can also help reduce your stress and tension and improve your mood and quality of sleep, helping support you to return to normal activities. Perhaps you could simply start by trying to walk for 10 minutes per day.

Sleep

Sleep is very important for your wellbeing. Poor sleep quality, and lack of sleep can make managing pain more difficult. Consistently getting 6-9 hours is recommended. Get help and tips here:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

Nutrition and weight

Being overweight can increase the physical strain on the body and also contribute to inflammation in your body. Make sure you eat a balanced diet. Adult weight management services are available free to Essex residents here: <https://acelifestyle.org/weight-management>

Smoking

Smoking can also impact how quickly tissues can heal and affect pain levels. For help with stopping smoking <https://www.essexlifestyleservice.org.uk/stop-smoking/> <https://www.nhs.uk/better-health/quit-smoking/>

**How long will it last?**

The recovery from a Frozen Shoulder can be prolonged. It can take between 1-4 years for your shoulder to recover with the average recovery taking 30 months.

The painful phase can last anywhere between 2 to 9 months. Pain increases during this phase and is often felt on the outside of the upper arm spreading towards the elbow and sometimes forearm. It can be present at rest as well as with movement and disturb sleep making it difficult to lie on your side. Movements of the shoulder slowly begin to reduce.

The stiff phase can last between 4 to 12 months. Shoulder movements particularly those involving rotation including putting your hand behind your head or back become more significantly restricted.

The recovery phase can last between 5 to 26 months. Shoulder movements begin to recover making daily activities involving the shoulder easier.

**What other options are there?**

Steroid injection:

A steroid injection into the shoulder joint in the first 6 months following the onset of shoulder pain may help to reduce pain and increase range of motion. This can be particularly useful when your shoulder pain is disturbing your sleep.

Physiotherapy:

Physiotherapists can provide education and advice regarding exercise. They may also consider manual therapies including joint mobilisation which may help with pain control and improving movement.

If you wish to receive 1:1 physiotherapy treatment please fill out a self-referral form which can found at <https://eput.nhs.uk/our-services/essex/west-essex-community-health-services/adults/rehabilitation/musculo-skeletal-physiotherapy> and send to epunft.mskphysio@nhs.net

Hydrodilatation:

Hydrodilatation involves stretching the stiffened capsule of the shoulder joint by injecting a mixture of sterile saline, local anaesthetic and steroid. The procedure takes about 15 minutes and is usually done under X-ray or ultrasound by a Radiologist. Results vary but most people (around 70%) report some benefit from the injection.

Surgery:

In some cases where symptoms of restricted movement persist despite other treatments, you may be referred to an orthopaedic consultant for a surgical opinion. Common surgical procedures aim to stretch or release tightened capsule tissue. These include manipulation of the shoulder under general anaesthetic (MUA) or surgical cutting of the capsule known as a capsular release.