

# Adhesive Capsulitis

## sMSK Physiotherapy

---

Adhesive capsulitis, also known as frozen shoulder, is a strong inflammatory disorder of the main shoulder joint (GHJ) capsule. Secondary effects include a shoulder bursitis (SASD bursa) and musculo-fibrous effects depending on the individual.

Adhesive capsulitis does not image well, with several other diagnoses possible when suffering from pain and restricted shoulder movement.

Once the disorder is correctly diagnosed, here are some important do's and don'ts at the **start of your recovery**.

### Do's

- Move within your current range of motion
- Follow the structured exercise plan provided without altering the repetitions or sets
- Allow for adequate rest periods as prescribed
- Ensure you are following the AM and PM components of the routine
- Consider reducing your upper body exercise for 2 weeks to ensure the routine is successful

### Don'ts

- Do not attempt to stretch the shoulder.
- Do not perform rotator cuff exercises
- Do not perform chest stretches
- Do not attempt to hold your shoulder blade low when moving
- Avoid massage therapy to the shoulder

### Managing the Pain

- It is common for pains to shift to different areas of the body, with delayed effects in the pm due to daily activity
- Position the arm as comfortably as possible during sleep, often with pillow support
- Avoid wearing a sling
- Acupuncture or needling is typically unsuccessful for pain relief

### Medication

- Normally, oral and topical anti-inflammatories (non steroidal) are not helpful except for short term sleep assistance.
- Steroid injections or in some cases, oral steroid is the standard of treatment for adhesive capsulitis.

In most cases (80%), following the exercise routine will reduce the pain sufficiently over the first two weeks of exercise. Natural recovery of adhesive capsulitis is 15-18 months. Cameron has developed an accelerated recovery program based on 2,000+ clinical cases, with 95% recovery of normal shoulder motion and minimal pain within 8-10 weeks. Changes begin slowly and then accelerate towards the end of the 8-10 week process.

Cameron may ask you to organize x-rays with your doctor to exclude other disorders or recommend the use of steroid injections if your pain severity and / or range loss, requires medical support.

Exercise progressions are typically taught on a weekly basis.

After your first session, if you have any concerns or negative effects of the routine, please contact Cameron via email and he will normally respond within 24 hours (email: [ac\\_urgent@shoulderphysio.ca](mailto:ac_urgent@shoulderphysio.ca)).

