



OrthoInfo Basics

Frozen Shoulder

The shoulder is a complex structure that does a lot for us.

The design of your shoulder helps you scratch your back, reach an item on the top shelf, or throw the perfect pitch. Because we use our arms so much, anything that limits our ability to move them has a huge effect on our everyday lives.

Frozen shoulder, which is also called adhesive capsulitis, causes pain and stiffness in your shoulder. Over time, the shoulder becomes very hard to move.

What does frozen shoulder feel like?

Pain from frozen shoulder is dull and aching. It gets worse when you move your arm.

The hallmark sign of the condition is being unable to move your shoulder. It develops in 3 stages.

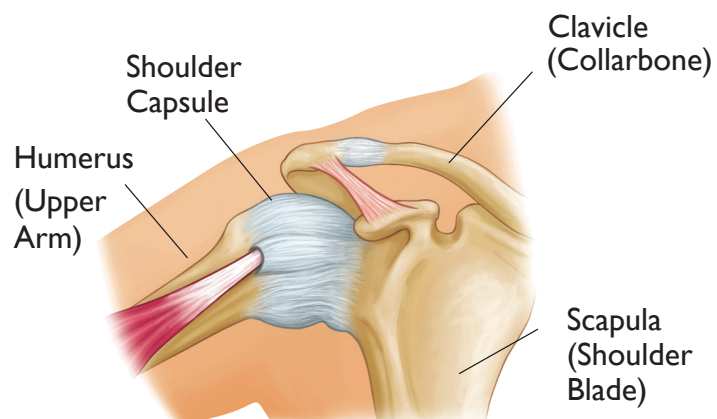
Freezing. There is a slow onset of pain during this stage. As the pain worsens, your shoulder loses range of motion and you may have trouble sleeping. Freezing typically lasts from 6 weeks to 9 months.

Frozen. Painful symptoms may actually improve during this stage, but stiffness continues to worsen. During the 4 to 6 months of this stage, daily activities may be very difficult.

Thawing. Shoulder motion gradually improves during this stage. Completely regaining strength and motion typically takes from 5 months to 2 years.

What parts of the shoulder are affected?

Your shoulder helps you lift your arm, rotate it, and reach up over your head.



(continued on page 2)

(Shoulder Anatomy — continued from page 1)

It is a ball-and-socket joint made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle).

The head of your upper arm bone fits into a rounded groove in your shoulder blade. Strong connective tissue, called the shoulder capsule, surrounds the joint.

To help your shoulder move more easily, synovial fluid lubricates the shoulder capsule and joint.

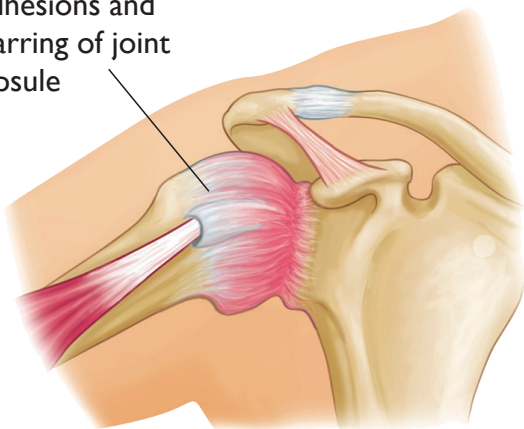
In frozen shoulder, the shoulder capsule becomes tight and stiff. In many cases, there is less synovial fluid in the joint.

How does frozen shoulder happen?

The causes of frozen shoulder are not fully understood.

Over time, the shoulder capsule thickens and stiff bands of tissue—called adhesions—develop. It becomes painful and more difficult to move your shoulder.

Adhesions and scarring of joint capsule



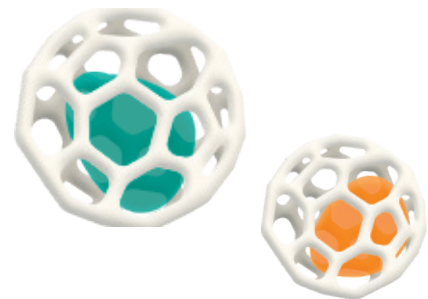
A few factors may put you more at risk for developing frozen shoulder.

Age. People 40 to 60 years old are more likely to develop frozen shoulder.

Immobilization. If your shoulder has been immobilized for a period of time—whether from surgery or injury—you may be at risk.

Diabetes. People with diabetes are more likely to develop frozen shoulder. The reason for this is not known.

Other disease. Some diseases associated with frozen shoulder include hypothyroidism, hyperthyroidism, Parkinson's disease, and cardiac disease.



How is frozen shoulder treated?

Over time, frozen shoulder will get better on its own.

Simple treatments often help control pain and restore motion.

Nonsteroidal anti-inflammatory medicines. Drugs like aspirin and ibuprofen reduce pain and swelling.

Steroid injections. Cortisone is a powerful anti-inflammatory medicine that is injected directly into your shoulder joint.

Physical therapy. Specific exercises will help restore movement and strengthen your shoulder. Physical therapy is most often the key ingredient in treating frozen shoulder.

Surgery. Frozen shoulder rarely requires surgery. However, if your symptoms do not respond to all other treatments, your doctor may recommend it.

The goal of surgery for frozen shoulder is to stretch and release the stiffened joint capsule.

Manipulation under anesthesia. During this procedure, you are put to sleep. Then the doctor forces your shoulder to move, which causes the capsule to stretch.

Arthroscopy. Your doctor will cut through tight portions of the joint capsule. This is done using pencil-sized instruments inserted through small incisions around your shoulder joint.

What will rehabilitation be like?

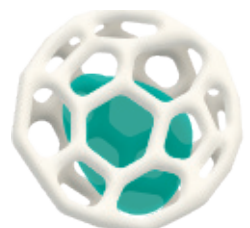
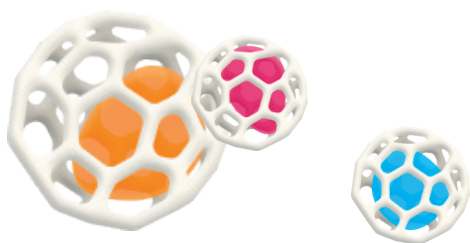
Whether your treatment involves surgery or not, rehabilitation plays a vital role in getting you back to your daily activities.

Your doctor may suggest you work with a physical therapist to regain strength.

Your therapist may also teach you to use ice and heat treatments to help manage your pain. If stiffness in your shoulder makes exercise

difficult, your doctor may use nerve blocks to limit pain and allow for more aggressive therapy.

A complete recovery may take from 12 to 28 months. Although it is a slow process, your commitment to therapy is the most important factor in returning to all the activities you enjoy.



For more information

For more information about shoulder pain, its causes, and treatment, visit *OrthoInfo* at www.orthoinfo.org.

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