

FROZEN SHOULDER

Frozen shoulder (also known as Adhesive Capsulitis) is a fibrous reaction of the ligaments of the shoulder joint that occurs probably in response to an inflammatory event in the shoulder. It may follow some trauma around the shoulder, but at times it occurs spontaneously. There is an increased chance of the same condition happening on the other side. Inflammation of the shoulder joint capsule (outer covering) causes shrinking or contraction of the tissues leading to progressive stiffness over a period of weeks or months – think of it like glue has been injected in the shoulder binding all the soft tissues together.

It typically occurs in people aged 40 to 60. The natural course of the condition is that it runs for an average of 2 years, but it can last a lot longer. In the typical case there is inflammation early on resulting in progressive stiffening and increasing pain for 6 months, a period of 6 months where it remains stiff, but pain eases and then 12 months gradual recovery. It was previously thought that no treatment was necessary, but recent scientific evidence suggests that up to 50% of people still have residual stiffness at 2 years and at that stage it is difficult to improve. It is therefore important to try and recover movement well before then.

The main aim of treatment is to decrease pain and inflammation in the early phases and work on movements later. Cortisone Injections are usually required.

Treatment options are as follows:

- Rest from aggravating actions.
- Anti-inflammatory drugs - in the early stages – in mild cases this may consist of Willow Bark or the conventional Non-steroidal Anti-inflammatory drugs, but in most cases cortisone (prednisolone) will be needed. Tablets are usually not effective enough and the next step is injections.
- Injections - cortisone can be injected into the bursa that sits on top of the shoulder and / or into the joint. Between one and three cortisone injections are often required. It is worth repeating the injection if there has been a good initial response and the pain becomes prominent again.
- Hydrodilatation is a type of injection into the joint performed under x-ray control, where a high volume of local anaesthetic, saline and steroid is injected to stretch the capsule of the joint back to its normal size. It can be quite uncomfortable to have done and so it is worth taking pain killing tablets beforehand.
- Acupuncture – is sometimes useful in mild cases.
- Physiotherapy – once the inflammation is under control then treatment will consist of mobilisation and stretching exercises including work in the swimming pool.
- Operation - this can either be a manipulation under anaesthetic (slowly stretching the arm sufficiently to break adhesions), or manipulation combined with a capsular release which consists of cutting and releasing the tight covering of the joint. This is performed by Orthopaedic Surgeons in hospital, and usually requires a general anaesthetic and overnight stay.

Comprehensive spinal and joint care