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Frozen Shoulder (Adhesive Capsulitis)

Adhesive capsulitis is commonly known as a frozen shoulder. Adhesive capsulitis has a gradual onset of decreased range of motion. Many people notice they have difficulty reaching overhead or behind their back.

Who's at risk?

- The most common risk factor is diabetes mellitus, especially type I. Adhesive capsulitis affects approximately 10% to 20% of all diabetics.
- Affects more women than men.
- Usual onset begins between ages 30 and 65.
- Other predisposing factors include:
 - o A period of enforced immobility, resulting from trauma, overuse injuries or surgery
 - o Hyperthyroidism
 - o Cervical disk herniation
 - o Cardiovascular disease
 - o Clinical Depression
 - o Parkinson's disease
 - o Breast or chest surgery

Causes of frozen shoulder

Most cases of adhesive capsulitis do not have a predisposing risk factor involved and are called idiopathic. The cause of this type of frozen shoulder is unknown, but probably involves an underlying inflammatory process. The capsule surrounding the shoulder joint thickens and contracts. This leaves less space for the upper arm bone (humerus) to move around. Frozen shoulder can also develop after prolonged immobilization because of trauma or surgery to the joint. Usually only one shoulder is affected, although in about 1/3 of cases, motion may be limited in both arms.

If a risk factor or predisposing factor is present and treatable, the underlying stiffness and pain in the shoulder will resolve with physical therapy and treatment for the underlying condition.

Stages of (idiopathic) development: Frozen shoulder develops slowly, and in three stages.

- Stage One: "Freezing"- Pain increases with movement and is often worse at night. There is a progressive loss of motion with increasing pain. This stage lasts approximately 2-9 months.
- Stage Two: "Frozen"- Pain begins to diminish, and moving the arm is more comfortable. However, the range of motion is now much more limited, as much as 50 percent less than in the other arm. This stage may last 4-12 months.
- Stage Three: "Thawing"- The condition begins to resolve. Most patients experience a gradual restoration of motion over the next 12-42 months; surgery may be required to restore motion for approximately 5% of patients.

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Treatment

Non-operative treatment includes:

- Medications to reduce the inflammation and relieve the pain
- A program of physical therapy, often combined with home exercises and other therapies to actively stretch

and help restore motion and function

- Heating or icing the shoulder
- Corticosteroid injections

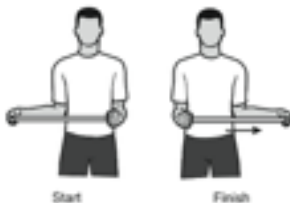
Surgery is an option, but only if the pain has improved and the stiffness remains after many months of guided physical therapy. Arthroscopic surgery can successfully release and repair the shoulder, but an exercise program to maintain motion and restore function must be initiated immediately after surgery.

Shoulder Stretches

Hold each stretch for a count of 10 and repeat 10-15 times. Once a day



1. Pendulum- Lean forward and place one hand on a counter or table for support. Let your other arm hang freely at your side. Act as if a clock is on the ground. Gently swing your arm forward and back (12-6 o'clock). Repeat the exercise moving your arm side-to-side (3-9 o'clock), and repeat again in a circular motion (around the clock). Perform each direction 20 times.



2. External rotation- Grasp a broom stick, golf club or cane with the unaffected arm and cup the other end of the stick with the affected arm. Keep the elbow of the shoulder you are stretching against the side of your body and push the stick horizontally as shown to the point of feeling a pull without pain. Hold for 10 count and then relax for 30 second repeating 10-15 times.



Sleeper position



3. Sleeper Stretch- (Internal rotation)- Lie on your side on a firm, flat surface with the affected shoulder under you and your arm bent, as shown. You can place your head on a pillow for comfort, if needed. Use your unaffected arm to push your other arm down. Stop pressing down when you feel a stretch in the back of your affected shoulder. Hold this position for 10 count, then relax your arm for 30 seconds repeating 10-15 times.



4. Again with a broom stick, golf club or cane, held with an overhand grip, shoulder width apart. Elevate the unaffected arm while allowing the affected arm to passively elevate until you feel a stretch in your armpit of the affected shoulder. Hold for a count of 10, then relax your arm for 30 seconds and repeat 10-15 times.