

Frozen shoulder

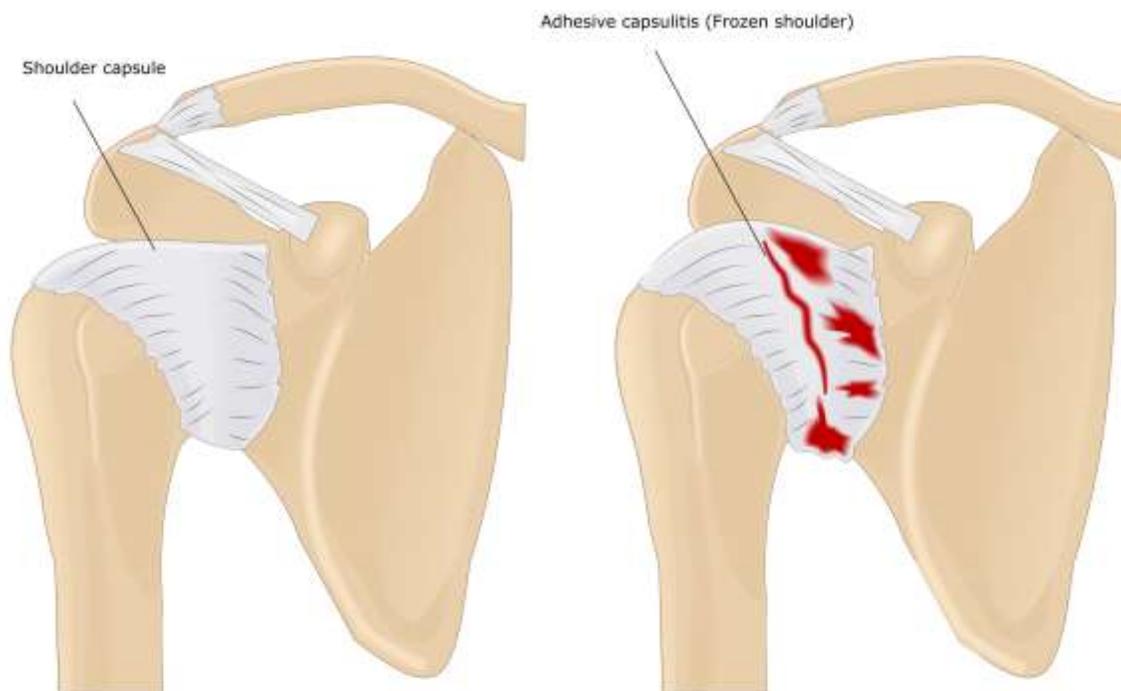
Definition

Frozen shoulder, also known as adhesive capsulitis, is a condition characterized by stiffness and pain in your shoulder joint. Signs and symptoms typically begin gradually, worsen over time and then resolve, usually within one to three years.

Your risk of developing frozen shoulder increases if you're recovering from a medical condition or procedure that prevents you from moving your arm — such as a stroke or a mastectomy.

Treatment for frozen shoulder involves range-of-motion exercises and, sometimes, corticosteroids and numbing medications injected into the joint capsule. In a small percentage of cases, arthroscopic surgery may be indicated to loosen the joint capsule so that it can move more freely.

It's unusual for frozen shoulder to recur in the same shoulder, but some people can develop it in the opposite shoulder.



Symptoms

Frozen shoulder typically develops slowly, and in three stages. Each stage can last a number of months.

- **Freezing stage.** Any movement of your shoulder causes pain, and your shoulder's range of motion starts to become limited.
- **Frozen stage.** Pain may begin to diminish during this stage. However, your shoulder becomes stiffer, and using it becomes more difficult.
- **Thawing stage.** The range of motion in your shoulder begins to improve. For some people, the pain worsens at night, sometimes disrupting sleep.

Causes

The bones, ligaments and tendons that make up your shoulder joint are encased in a capsule of connective tissue. Frozen shoulder occurs when this capsule thickens and tightens around the shoulder joint, restricting its movement.

Doctors aren't sure why this happens to some people, although it's more likely to occur in people who have diabetes or those who recently had to immobilize their shoulder for a long period, such as after surgery or an arm fracture.

Treatments and drugs

Most frozen shoulder treatment involves controlling shoulder pain and preserving as much range of motion in the shoulder as possible.

Medications

Over-the-counter pain relievers, such as aspirin and ibuprofen (Advil, Motrin IB, others), can help reduce pain and inflammation associated with frozen shoulder. In some cases, your doctor may prescribe stronger pain-relieving and anti-inflammatory drugs.

Therapy

A physical therapist can teach you range-of-motion exercises to help recover as much mobility in your shoulder as possible. Your commitment to doing these exercises is important to optimize recovery of your mobility.

Surgical and other procedures

Most frozen shoulders get better on their own within 12 to 18 months. For persistent symptoms, your doctor may suggest:

- **Steroid injections.** Injecting corticosteroids into your shoulder joint may help decrease pain and improve shoulder mobility, especially in the early stages of the process.
- **Joint distension.** Injecting sterile water into the joint capsule can help stretch the tissue and make it easier to move the joint.
- **Shoulder manipulation.** In this procedure, you receive a general anesthetic, so you'll be unconscious and feel no pain. Then the doctor moves your shoulder joint in different directions, to help loosen the tightened tissue.
- **Surgery.** Surgery for frozen shoulder is rare, but if nothing else has helped, your doctor may recommend surgery to remove scar tissue and adhesions from inside your shoulder joint. Doctors usually perform this surgery with lighted, tubular instruments inserted through small incisions around your joint (arthroscopically).

Prevention

- One of the most common causes of frozen shoulder is the immobility that may result during recovery from a shoulder injury, broken arm or a stroke. If you've had an injury that makes it difficult to move your shoulder, talk to your doctor about exercises you can do to maintain the range of motion in your shoulder joint.