



Northumbria Healthcare
NHS Foundation Trust

Frozen (Contracted) Shoulder

Issued by the Physiotherapy Department

This leaflet is to give you information about frozen shoulder.

About your shoulder

The shoulder is a very mobile joint allowing the arm to be used in a variety of positions. It is a ball and socket joint called the glenohumeral joint. The ball at the top of the arm bone (humerus) fits into the shallow socket (glenoid) which is part of the shoulder blade (scapula).

A loose bag (known as the capsule) surrounds the joint which is also supported by ligaments and muscles.

What is frozen (contracted) shoulder?

This is when the shoulder joint becomes stiff and painful and often comes on without an apparent cause. The capsule around the joint becomes inflamed and then appears to tighten or shrink. This tightening combined with the pain then restricts shoulder movement.

How common is it?

It is most common in people between the ages of 40-70 years and has been estimated to affect at least one person in 50 every year. On average a staggering one million people in the UK will have a frozen shoulder in a year.

About 10% of people may develop this condition in the other shoulder within 5-7 years of developing the first one (this tends to resolve more quickly than the first).

Although widespread, it is a difficult condition to treat. We hope that this information sheet will help to explain current knowledge of this condition.

The 3 main phases of frozen (contracted) shoulder

- 1. Painful phase** (can last between 2 and 9 months).
The pain often starts gradually and builds up. It may be felt on the outside of the upper arm and can extend down to the elbow and sometimes into the forearm. It can be present at rest as well as on movement of the arm and sleep is often affected as lying on that side is painful. During this time shoulder movement becomes restricted.
- 2. Stiff phase** (can last between 4-12 months).
The shoulder becomes increasingly stiff particularly on twisting movements such as trying to put your hand behind your back or head.
- 3. Recovery phase** (can last between 5-26 months).
Pain and stiffness starts to resolve during this phase and you can begin to use your arm in a more normal way.
It is important to realise that although the pain and stiffness can be very severe the problem does usually resolve. This condition can last between 1-3 years.

Possible causes

The exact cause of this condition is unknown. It is more common in people with diabetes and with a thyroid gland problem. A secondary frozen (contracted) shoulder can develop if the shoulder is kept still for some time e.g. after a stroke heart attack or after an episode of neck pain. It can also occur after injury or surgery to the shoulder.

What tests can be done?

Diagnosis is generally reached through verbal information from the patient and clinical examination. Sometimes an X-ray will be carried out to check that there are no bony changes in your shoulder joint.

Physiotherapy

Try to do these stretches at least twice a day.

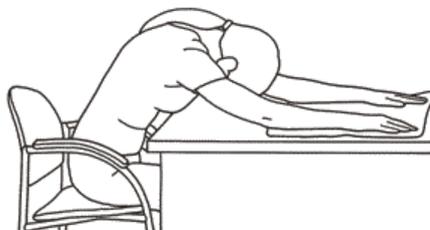
Application of heat before and / or after stretching can also be very beneficial.

Lean forwards onto a table on your good hand allowing your sore arm to dangle downwards. Then gently swing your arm forwards / backwards (repeat 10 times), side to side (repeat 10 times) and in circles (repeat 10 times).



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Sitting with forearms supported on a table, slowly bend forwards at your hips allowing your arms to gently slide along the table (you can put something under your forearms to allow them to slide more easily as shown in picture).



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Repeat 10 times, holding each for 10 seconds.

Lying on your back, place both hands behind your head with your elbows pointing up to the ceiling. Gently pull your elbows back aiming to bring them down on to the ground (as picture)



Repeat 10 times, holding each for 10 seconds.

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You might find that if you are acutely painful (in the early stages) these exercises could be difficult to tolerate. If this is the case be careful not to stretch too far and do fewer repetitions. If you are still having difficulty stop until you see your physiotherapist.

Benefits of heat and stretches

- Heat helps to ease symptoms and makes the stretches more tolerable and effective
- Stretches help to improve shoulder range of movement.

Are there any risks?

It is normal for the stretches to cause discomfort /aching in the shoulder and upper arm region. If this continues for longer than an hour after exercising then you might have been too vigorous with the stretches. The next time you do your exercises reduce the intensity of the stretches so that the shoulder does not ache for as long.

What are your treatment options and alternatives?

Pain relief

- Tablets - Anti-inflammatories and pain relief tablets
- Steroid injections
- Other physiotherapy modalities (e.g. cold packs, Tens machine, acupuncture, mobilisations).
- Hydrodilatation (requires Consultant referral)

Surgery

If your shoulder remains stiff and painful and fails to resolve, a surgical procedure known as an 'Arthroscopic Capsular Release' might be indicated. This is where, via 2 or 3 small puncture wounds a small camera and other instruments are used to cut / release the tight shoulder capsule to try and free up shoulder movement.

No Treatment

There is always the option to leave this condition untreated as it can potentially resolve on its own over a period of time.

Further advice available from:

North Tyneside General Hospital	(0191) 293 4064
Wansbeck General Hospital	(01670) 564010
Hexham General Hospital	(01434) 655031

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

www.northumbria.nhs.uk



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