

# FROZEN SHOULDER

Frozen shoulder is a common shoulder condition which is seen most frequently in patients aged between 40-60 and more commonly in females. Approximately 5% of people will develop frozen shoulder at some stage in their lives. It presents with the onset of shoulder pain which typically radiates to the mid-arm and is associated with night pain and pain with sudden movements.

The capsule of the shoulder joint which is normally very thin and flexible becomes thickened and inflamed. It is a sensitive structure so any movement or stretching of the joint is painful. In general there is no particular cause for developing frozen shoulder but it may develop after minor trauma or surgery. Diabetics and patients with an underactive thyroid frequently develop frozen shoulder which may last longer than other patients.

The diagnosis is generally clinical (i.e. from examining the shoulder). Investigations such as Xray and MRI may be useful in excluding other causes of stiffness (lack of motion) such as arthritis. In this age group MRI of the shoulder typically show other age related changes such as minor tears of the rotator cuff which may be coincidental findings.

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SPORTS SURGERY CLINIC  
Specialists in Joint Replacement, Spinal Surgery,  
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# 3 | FROZEN SHOULDER STAGES

## STAGE 1

The shoulder becomes painful and the patient notices increasing loss of motion and pain when they overextend the joint. There is often severe night pain and the shoulder becomes stiff. It is important to take adequate pain relief during this stage. Heat (hot water bottle) or cold (ice packs) may be helpful. Physiotherapy is often too painful at this stage. An intra-articular steroid injection is generally of great benefit in relieving pain and in shortening the duration of the condition. Mr Mullett can perform this at the time of the consultation and a second injection is often beneficial.

## STAGE 2

The pain settles but the shoulder remains still. Physio is helpful at this stage. There may be discomfort at the extremes of range of motion. This is not a sign of damage and patients can exercise as comfort allows.

## STAGE 3

The range of motion of the shoulder gradually returns. The whole process generally takes 9-12 months though in some patients it may last 2 years or even longer. A minority of patients who develop frozen shoulder which is very prolonged or remains very painful despite injections may require keyhole surgery (capsular release).



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