



# Physiotherapy update - do you have a frozen shoulder?



**FROZEN** shoulder, or adhesive capsulitis, is a condition affecting the shoulder joint causing restricted and painful movements.

This occurs due to tightening of the encapsulating connective tissue and the development of scar tissue within the joint. The exact cause is unknown, however there are many contributing factors. These may include: trauma, surgery, hormonal, systemic conditions, such as diabetes (diabetics are 20 per cent more likely to develop a frozen shoulder), hypothyroidism, Parkinson's Disease, cardiovascular disease and after a period of immobilisation.

Frozen shoulder affects three to five per cent of adults, commonly aged between 40 and

60 years old, and is four times more common in women than men. The average duration of frozen shoulder is between one and three years.

The main symptoms of frozen shoulder are pain and stiffness, making it very difficult to engage in functional tasks.

People often describe the pain in the shoulder region as dull or aching. In some cases, the pain can extend to above your shoulder to your neck, and below the shoulder in the arm.

There are three phases in frozen shoulder. Each stage presents with different symptoms and has its own timeframe.

**1. Freezing Phase**

The gradual development of often constant shoulder pain, which often is described as

'sharp' and 'severe' with end-range movements. Pain at night is common, along with sleep disturbances. The restriction often gets worse with time. This stage commonly lasts anywhere from three to six months.

**2. Frozen Phase**

Resting shoulder pain slowly begins to subside with often sharp pain described only at the end-ranges of movement. Concurrently, the shoulder becomes progressively stiffer, and shoulder range of motion is significantly reduced. This stage can last four to 12 months.

**3. Thawing Phase**

Within this phase, range of motion improves and slowly returns to normal. Pain is significantly reduced and functional activities can be com-

pleted again. This phase can take anywhere from six months to two years.

In many cases, a physical examination is often sufficient to diagnose a frozen shoulder. Various manual tests, along with active and passive movements, and a comprehensive history is conducted. Unless other simultaneous patholo-

gies are present, X-ray imaging is often not required.

Treatment is very individual, however anti-inflammatory medication, in the form of a tablet or an injection, is often suggested at some point within the first two stages. Treatment should also include physiotherapy, which incorporates

various strengthening, movement and stretching exercises. The goal of treatment is to maximise daily function and to establish independence.

Book in with Robert and Jeff (bookings can be made on the website: [www.ngp.net.au](http://www.ngp.net.au) or by calling 9203 7771 for an assessment, treatment and an exercise program.



by Robert Vander Kraats and Jeff Wong, Physiotherapists



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Sandra Barnsley

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