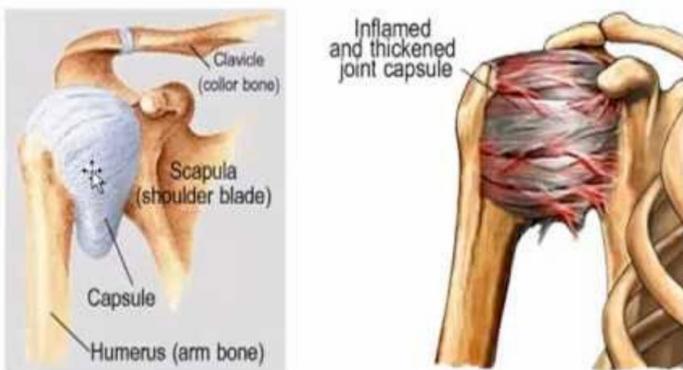# Frozen shoulder

What is frozen shoulder?

A 'frozen' shoulder is where the capsule (covering) of the joint tightens and stops you moving the shoulder (the medical name for this is 'adhesive capsulitis').

Why does it happen?

It is not known why a frozen shoulder occurs. Often it happens for no apparent reason, although it may follow an injury or sometimes a stroke or heart attack. It usually occurs in middle age, and is much more common in people with diabetes.

How is the condition treated?

Although the condition will usually resolve itself in 2–3 years, physiotherapy or a steroid injection into the shoulder may be tried.

The main aim of treatment is to reduce the pain and give you back the movement once the pain has improved.

Pain control

Pain can be particularly bad at night and you may need painkillers and anti inflammatory medication to deal with this.

Sometimes a steroid injection may help but generally this has to be given within the first three months.

Once the pain begins to lessen it is important to regain your shoulder movement, and you will probably need physiotherapy at this point.

What next?

If your shoulder movement remains very restricted then an injection of fluid to stretch the capsule, keyhole surgery to release the capsule or manipulation under a general anaesthetic may be helpful; these treatments can also be combined if necessary, although these are quite rare.

In any event you will need to follow a programme of physiotherapy afterwards to reduce the risk of your frozen shoulder returning.[1]

[1] Information from (ARC) website: **www.arthritisresearchuk.org**
General information on shoulder pain is also available on the above website.

If you have any further questions, please ask your GP to refer you for assessment with a physiotherapist if they feel it is appropriate. Alternatively, call NHS 111.

Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email **lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages on request.

Rehabilitation exercises

The following exercises that may help you to improve your shoulder range of movement but should only be done if you remain pain free.

Complete the exercises to the point of discomfort and ensure that the pain lasts no more than 1 hour after exercise. If so, reduce the amount of exercises or wait until you see a physiotherapist.

## A Active-assisted shoulder flexion in standing position

- In standing position, hold your hands together.
- Lift both arms forward then above your head.
- Take your shoulders up to the point of discomfort only.
- Repeat this exercise until your muscles feel tired. Stop if your pain significantly increases.
- Perform exercise 3 times a day.

B Active-assisted shoulder flexion in lying position

- Lie on your back holding your hands together.
- Lift both arms upwards then over your head.
- Take your shoulders up to discomfort only.
- Repeat this exercise until your muscles feel tired. Stop if your pain significantly increases.
- Perform exercise 3 times a day.

C Active-assisted shoulder abduction
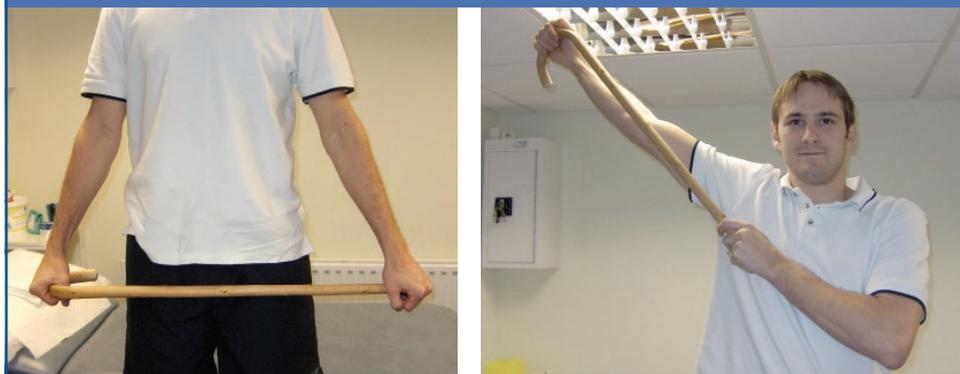
- In standing position, using a walking stick.
- Hold one end of the stick in each hand then push your right or left arm to the side.
- Hold for 10 seconds.
- Repeat this exercise until your muscles feel tired. Stop if your pain significantly increases.
- Perform exercise 3 times a day.

D Active-assisted shoulder lateral rotation

- Hold the handle of a walking stick in your right or left hand.
- Push your hand away from you keeping your elbow tightly into your side.
- Hold for 10 seconds.
- Repeat this exercise until your muscles feel tired. Stop if your pain significantly increases.
- Perform exercise 3 times a day.