**Frozen shoulder is another name *for adhesive capsulitis***. It can be caused by a trauma or injury, and in many cases, it can be idiopathic, meaning it has no known cause. It occurs in 2-5% of the general population. Recovery from a Frozen Shoulder can take between 6- 42 months, without any physical therapy intervention. (Siegal et al, 1999).

☑ Parkinson’s Disease ☑ Diabetes\*
☑ Thyroid Disease \* ☑ Stroke
☑ Prolonged immobilization ☑ Lung Disease
☑ Recent surgery ☑ Rheumatoid Arthritis+
☑ Trauma ☑ Heart Disease

**There are four stages to Frozen Shoulder:**

* **“Pre-freezing”** stage: Pain at end of range of motion (lasts 3 months)
* **“Freezing”** **or “painful”** stage: Pain with sleeping, at rest, and with movement, and limitation of motion. (3-9 months)
* **“Frozen” or “adhesive”** phase: Pain is somewhat reduced, pain at end-range, limitation of motion can worsen. (9-15 months)
* **“Thawing” or “recovery”** phase: Motion is returned to near normal. (15-24 months)

***During the Freezing stage, hands-on manipulation or mobilization is not recommended***. Mobilizing the joint can worsen inflammation. At this point, many doctors will send you to PT for modalities, including Ultrasound, Cold Laser, Ice or Heat. These help treat your painful symptoms but cannot reverse the freezing process.

***Q: Why did I get a frozen shoulder? Are some people more at-risk than others?***

While many cases have no known cause, there are certain factors that increase the risk of developing Frozen Shoulder:

*\*Among people with diabetes or thyroid disease, 4-38% will develop a Frozen Shoulder. In both of these conditions there are differences in the metabolic process. In diabetes, the way the body processes glucose is altered.*

*+People with systemic joint diseases such as arthritis have elevated risk due to difference in immune system function. (Siegal, 1999)*

***Q: What about steroid injections?***

Corticosteroid injections initially may help reduce the response of increased collagen formation, however it is not recommended for diabetic patients. (Bulgen & Binder, 1984)

***Because most of our patients are allowed limited visits per their health insurance providers, we recommend saving your treatments until you have reached the thawing stage, when physical therapy intervention can make a difference.***

***As an alternative, we offer 15-minute appointments at a self-pay cost of $25. These appointments will consist only of recommended modalities to decrease the pain and symptoms of frozen shoulder during the Freezing stage only. We are not trying to increase the range, just to temporarily decrease the pain.***

***Q: What are some alternatives that can help speed my recovery?***

Some physicians may consider the use of hydrodilation, a mix of corticosteroid and saline injected into the shoulder capsule. Function, pain and range of motion improved within 6 weeks, according to one study (Buchbinder & Green, 2004). This treatment in combination with physical therapy intervention resulted in better outcomes than if left untreated.

 *(continued on back)*

***Q: How does physical therapy help frozen shoulder?***

In the initial, freezing phase, the only intervention recommended is to help pain. Your therapist may use Ultra Sound, Low Level Laser Therapy, Heat or Electric Stimulation to reduce your pain.

Once the freezing phase is over, the therapist can start getting more aggressive with hands-on treatment. This includes heat and joint mobilizations to help loosen the capsule, the location of adhesions. Your therapist may also incorporate other hands-on techniques to reduce muscle guarding and tension in the rotator cuff/shoulder region.

Increasing the pain-free range of motion is paramount in returning normal function to the joint. You will be given stretching as well as strengthening exercises to help you to return to your previous activities.



Bibliography:
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**Frozen Shoulder Syndrome:**

**Treatment and Patient Education**



