



Keeping You Active

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## Oct 2019 Newsletter

# Frozen Shoulder

**Frozen shoulder is a painful condition mostly affecting people in their 50's and may limit daily activities. In the UK, its prevalence has been estimated as 1.4 per 1000 patients.**

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*The Three Phases  
are Pain,  
Stiffness and  
Resolution and  
may overlap one  
another!*

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### **Rule out**

***Glenohumeral  
Arthritis, Cervico-  
thoracic neural  
involvement, Cuff  
impingement / tears,  
Brachial Neuritis /  
Parsonage turner type  
presentation, Axillary  
nerve injuries, etc.***

*Physiotherapists at  
Ealing Physiotherapy  
work closely with  
various expert  
radiologists and  
consultant surgeons to  
guide the right care at  
the earliest!*

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### **The Symptoms**

Pain accompanied with restriction of movement both actively and passively are a primary differentiating factor from rotator cuff disease and other causes of shoulder pain. Three main phases are described (Pain, Stiffness and Resolution), but they could often overlap. Patients may have a "pain predominant" or a "stiffness Predominant" frozen shoulder. IN its early stages it can be referred to as Adhesive Capsulitis.

### **Diagnosis**

The pain may have started insidiously in deltoid region with increasing shoulder stiffness over time. An injury may or may not precede this disorder. It becomes paramount to rule out other causes such as Rotator cuff injury / tears, Bursitis, Shoulder glenohumeral arthritis, Shoulder muscle weakness from cervico-thoracic neural compressions, brachial neuritis / Parsonage Turner syndrome, Peripheral nerve lesions etc.

Looking for movement restrictions and pattern on how it is restricted becomes important to establish. In adhesive capsulitis / frozen shoulder, external rotation is most commonly limited followed by flexion / abduction / elevation movements both actively and passively.

X-rays may be quite normal. If it does show abnormality, we may then have to reconsider the diagnosis. It is helpful to rule out other causes including OA changes at the Glenohumeral joint. AP & Axial views are helpful and would serve as a precheck prior to proceeding with glenohumeral joint injections when required.

### **Management**

Frozen shoulder can take a long period to recover, though with advent of treatment interventions these can be reduced. Physiotherapy is one of the mainstays in treating this condition which involves various methods of mobilizing and manipulation the shoulder joint capsule, spinal joints and reconditioning the surrounding musculature at shoulder, scapula and cervicothoracic spine. Acupuncture and other electrical stimulation have also been used to address pain.

Research has shown a combination of physiotherapy including manual therapy, Steroid injections / hydro-dilation procedures at the right time shows significant improvement in frozen shoulder when intervened at the right time. One should note this may vary between patients. Some patients may also undergo surgery when initial conservative measures fail to achieve the benefit.

**Our team at Ealing Physiotherapy** Limited are highly trained clinicians and among many shoulder conditions, we do see many frozen shoulder patients. ***We also have advanced ultrasound scanning clinics performed by both consultant radiologists and consultant physiotherapist.*** Our unique ability to work as a team with expert professionals gives us a great understanding in treating the shoulder pain towards recovery.