

**Shoulder Adhesive Capsulitis
Common Questions
Dr. Stetson**

Shoulder Adhesive Capsulitis

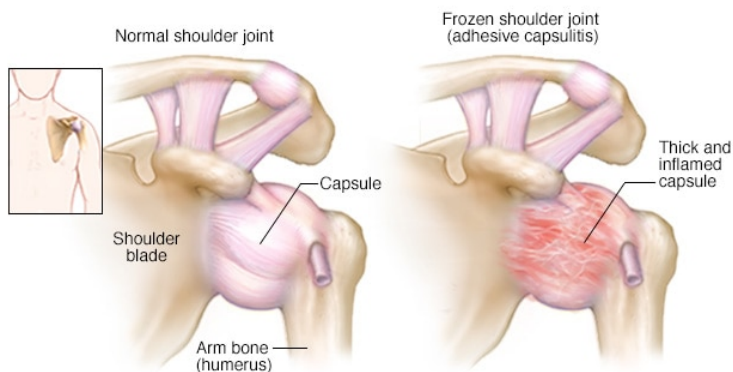
Common Questions



**More information can be found on
Dr. Stetson's website at www.sportsmedicinedr.com**

What is frozen shoulder?

Frozen shoulder is also called adhesive capsulitis. It is caused by an accumulation of scar tissue inside the shoulder joint making the shoulder very painful and difficult to move. The normally smooth tissues of the shoulder capsule become thick, stiff, and inflamed.



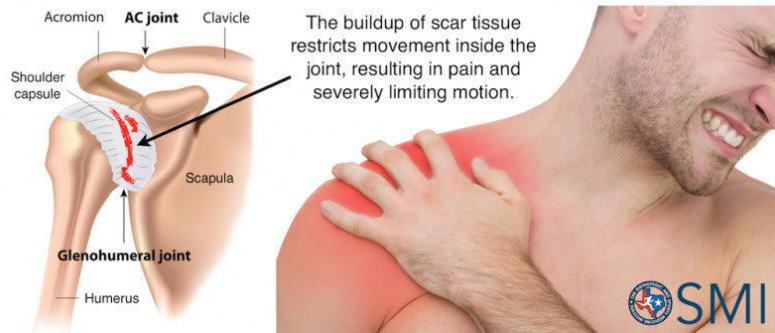
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Shoulder Adhesive Capsulitis

Common Questions

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Frozen Shoulder (Adhesive Capsulitis)



Who gets frozen shoulder?

Frozen shoulder most commonly affects people between the ages of 40 and 60 and is much more common in women than in men. You are also at an increased risk if you have diabetes or other medical problems with your thyroid or some recent trauma to your arm and shoulder.

What causes frozen shoulder?

The causes of frozen shoulder are not fully understood and there is no clear connection to arm dominance or occupation. There are factors which appear to predispose people to frozen shoulder and they include diabetes, hyperthyroidism, hypothyroidism, Parkinson's disease, and cardiac disease. You are also at an increased risk if you have had a recent medical condition such as a stroke or mastectomy which prevents you from moving your arm or a recent fracture or injury of the arm.



The red tissue is the adhesions formed from adhesive capsulitis.

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What are the symptoms and signs of frozen shoulder?

Frozen shoulder causes pain and stiffness in the shoulder and makes the shoulder very hard to move. The pain is usually dull or aching and is worse early in the course of the disease. The pain is usually located over the outer shoulder area and sometimes in the upper arm.

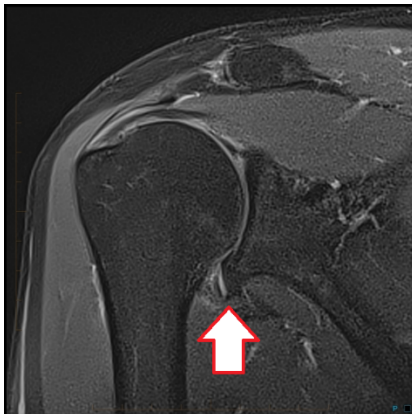


How is frozen shoulder diagnosed?

Early diagnosis and treatment is important if you suspect you may have frozen shoulder. Your doctor will take a complete medical history to determine if you have any significant risk factors for frozen shoulder including diabetes or problems with your thyroid. He will then examine your shoulder to determine how your shoulder moves in all directions including actively and passively. People with frozen shoulder have limited range of motion both actively and passively.

Are x-rays and MRI's necessary to diagnose frozen shoulder?

X-rays are helpful to determine if there are any other causes of shoulder pain and stiffness including arthritis or calcium deposits which are easily seen on x-ray. An MRI is also useful as it gives images of the soft tissues surrounding the shoulder including the rotator cuff and ligaments to make sure there are no tears to these structures.



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How is frozen shoulder treated?

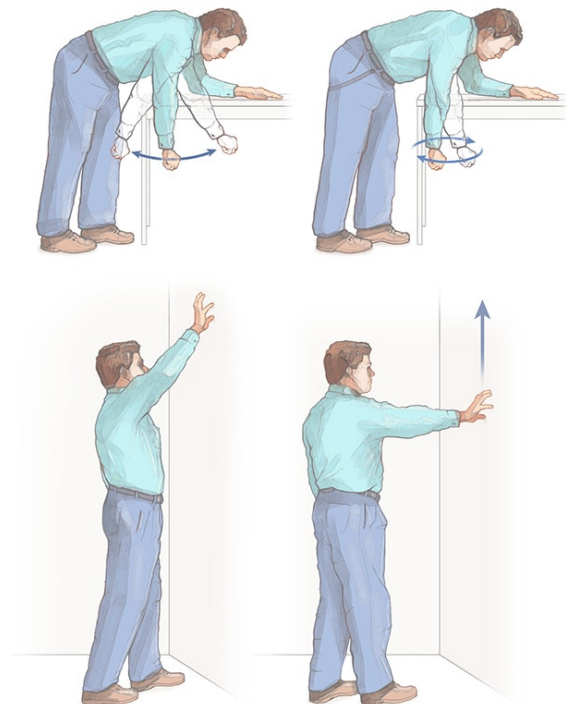
Most people with frozen shoulder improve without surgery. The focus of treatment is to first control the pain and then restore motion and strength with physical therapy. Frozen shoulder generally gets better with time but it can take a long time, sometimes up to 3 years. Drugs like aspirin or nonsteroidal anti-inflammatories can help reduce pain and swelling.

Is a cortisone injection helpful in treating frozen shoulder?

Cortisone can be a very helpful medicine if used properly. It is a powerful anti-inflammatory medicine that can give significant pain relief. It can be injected directly into the shoulder joint to help reduce the pain and swelling from frozen shoulder. It can also be injected into other places including the subacromial space for pain from bursitis which can accompany frozen shoulder.

What does physical therapy do for a frozen shoulder?

Physical therapy can help regain motion and strength for the shoulder. This is usually done under the supervision of a physical therapist and then transitioned to a home program. Therapy includes stretching or range of motion exercises for the shoulder along with strengthening once most of the motion has been restored.



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Is surgery ever necessary for frozen shoulder?

There are some cases of frozen shoulder that do not respond to non-operative treatment. These include cases where the pain cannot be reduced with medicines or injections and cases where physical therapy cannot regain range of motion. In these instances, surgery can be very useful to help break up scar tissue and accelerate the rehabilitation process.

What is a manipulation under anesthesia for frozen shoulder?

If you cannot regain your range of motion of your shoulder, a manipulation under anesthesia can be done to help break up the scar tissue of your shoulder. During this procedure, you are put to sleep under a light general anesthesia and then your doctor will move your shoulder in different directions to help break up scar tissue. This causes the capsule and scar tissue to stretch or tear. This releases the tightening of the shoulder and increases range of motion. Physical therapy and stretching exercises are started immediately after this procedure to prevent the scar tissue from reforming.

What about shoulder arthroscopy to treat frozen shoulder?

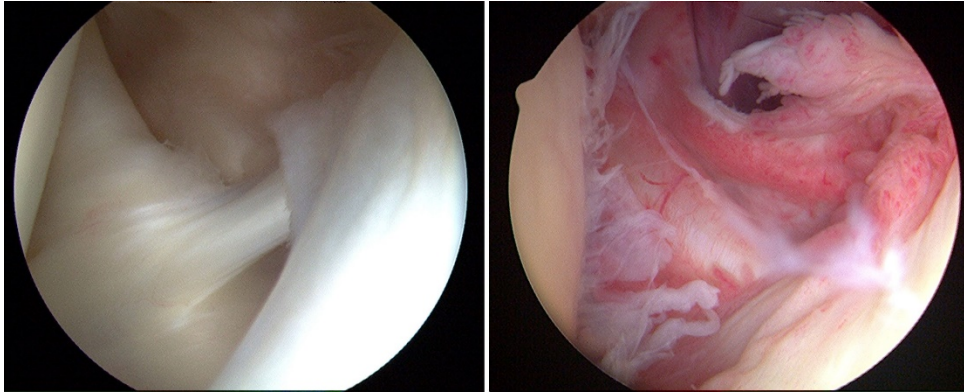
Shoulder arthroscopy combined with a manipulation under anesthesia can also be very useful for treating frozen shoulder and research has shown that it probably gives the best long term results. After the manipulation under anesthesia, the arthroscope is then inserted into the shoulder joint via two or three very small incisions. Further release of scar tissue can be done with this procedure and also any other problems inside the shoulder joint such as loose cartilage or labral tears or rotator cuff tears or bursitis can also be addressed at the same time.



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A normal shoulder on the left and a shoulder with adhesive capsulitis on the right.

Is physical therapy necessary after surgery?

After surgery, physical therapy is necessary to maintain the motion that was achieved with surgery. A home stretching program combined with seeing a physical therapist a few times per week after surgery will give the best results. Recovery times will vary but can be from 6 weeks to 3 months.

What are the outcomes or results after surgery for frozen shoulder?

Long-term outcomes and results after surgery for frozen shoulder are usually very good. Most patients will have a reduction or elimination of their pain with improved range of motion. In some cases, stiffness may persist which is more common in patients with diabetes.

Does frozen shoulder ever come back?

Although uncommon, frozen shoulder can recur, especially if there is underlying diabetes. It is more common for it to develop in the opposite shoulder and this can happen in one third to one half of the cases.

What if I have any other questions?

If you have any other questions, more information can be found on Dr. Stetson's website at www.sportsmedicinedr.com or just call Dr. Stetson's office, we are always happy to answer any questions you may have.

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