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# Frozen Shoulder

## Patient Advice Leaflet

Fracture Clinic  
Arrowe Park  
Hospital

Author: JCK  
Date of Publication: April 2013  
Date for Review: April 2015

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## **Frozen Shoulder / Adhesive Capsulitis:**

The onset of frozen shoulder syndrome is rare in those under the age of 40, and more typically develops around the age of 50 to 60 years.

Women are affected slightly more than men, and it is usually the non-dominant arm that is affected, although, in some cases the condition can develop in both shoulders.

### **Symptoms of a Frozen Shoulder:**

Inflammation of the lining or capsule of the shoulder joint leads to the condition of Frozen Shoulder.

Typically there is a period of marked shoulder pain. This gradually settles to a dull, uncomfortable ache that may be worse at night or on sudden movements.

Shoulder pain is aggravated by movement and alleviated by limiting the use of the arm. The shoulder then becomes stiff, hence the term "Frozen Shoulder", when there is then difficulty in lifting the arm away from the body. Reaching around the back can also be difficult.

Classically the arm at rest is usually held in adduction (close to the body) and internal as this the most comfortable position. As the condition progresses, muscle spasms

can develop which may further limit shoulder use, and stiffness at the shoulder can become a major complaint.

Frozen Shoulder may occur spontaneously and without cause. It can also develop after minor injury or excessive activity.

### **Treatment & Management:**

Relief of pain, restoration and preservation of movement are the main aims of treatment.

Primary treatment consists of anti-inflammatory medication, rest, physiotherapy and on occasions, cortisone injections.

Once Frozen Shoulder is diagnosed, it is sometimes necessary for surgical intervention to manipulate the shoulder joint. This will normally require the admission to hospital as a day case and would be followed by a course of physiotherapy to maintain the mobility of the joint.

This form of management for Frozen Shoulder increases the rate of restoration and shortens the length of the recovery process.

Increasingly, arthroscopic division (key hole surgery) of the joint adhesions is being used as an alternative to manipulation, which allows for a more detailed inspection of the joint at the same time.

## **Outcomes & Complications:**

Manipulation of the shoulder and arthroscopy are both successful procedures.

They relieve pain and restore movement to the shoulder. Any operation has potential complications, such as infection. Specific complications are uncommon but can include fracture of the humerus and dislocation of the shoulder joint.

Any questions or further advice can be answered by your doctor in the clinic.

For any further advice please contact the  
Fracture Clinic on

**0151 604 7069**

Mon – Fri 9am to 5pm