Frozen Shoulder

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A frozen shoulder describes ashoulder joint that has become painful, stiff and tight. The capsulesurrounding the shoulder joint is usually stretchy and elastic to allow for the large range of movement thatthe shoulder has. With a frozen shoulder it becomes tight resulting in pain andstiffness.

The purpose of this leaflet is to help you understand what a frozen shoulder is, and to advise you how you can help yourself. If you have any questions that have not been answered by this leaflet, please ask your physiotherapist.

What causes a frozen shoulder?

We don't really know, its most common in people aged between 40 and 60 years of age and usually comes on for no reason. It is also more common in people with diabetes or sometimes heart or thyroid disease or after a minor accident/injury, or after an operation.

What are the symptoms?

The two main symptoms are pain and reduced movement. To begin with the shoulder will be very painful. This may stop you from moving the shoulder. You may have difficulty in doing everyday activities such as combing your hair and getting dressed. You may often find it too painful to lie on that shoulder at night.

What will happen over time?

For most people, frozen shoulder has three phases: -

PHASE 1 ("Freezing"): The pain comes on and gets worse. As a result there is a loss of shoulder movement. This lasts for about 4-6 months.

PHASE 2 ("Frozen"): The pain settles down but the shoulder remains very stiff. This lasts for about 4-6 months.

PHASE 3 ("Thawing"): The stiffness improves and shoulder function and mobility returns. This takes about 6 months up to two years.

What can I do to help ease the symptoms?

- In the initial phase of frozen shoulder pain management is important. Speak with your GP about pain medication. A steroid injection may be useful to provide short term pain relief if pain medication doesn't control your pain.

- Try and keep the shoulder moving

- In most people it will eventually get better on its own, without any specific treatment, over the course of about 2 years (however longer in diabetics). BUT…

- Hydrodilatation is a good option or sometimes surgery. Speak to your doctor or physiotherapist.

The following exercises may be helpful in the stiffness phase once the resting pain has improved: -

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Video

Clasp both hands together and raise your arms to the end of the movement until a stretch is felt.

You can do the same exercise holding on to a walking stick with both hands.

Video

Sit or stand. Place your hands on a table.

Slide your hands along the table as far as you can without lifting your shoulders.

Video

Lying on your back with elbows against your body and at a right angle. Hold a stick in your hands.

Move the stick sideways thus pushing the arm to be exercised outwards.

Video

Stand or sit.

Stretch one arm over to the opposite shoulder by pushing it at the elbow with your other arm.

For further information

Please email **ghnt.newcastlegatesheadtims@nhs.net**, ring our Booking Office on **0191 4452643** or visit our website at: **www.tims.nhs.uk** which provides online guidance and support on managing your musculoskeletal (MSK) condition effectively.

The NHS website also provides trusted online information and guidance on all aspects of health and healthcare to help you manage your condition and/or inform your choices about your health: **www.nhs.uk.**

Useful links

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone **0800 032 02 02** or e-mail **northoftynepals@nhct.nhs.uk**.

Tyneside Integrated Musculoskeletal Service

TIMS is a partnership between Newcastle upon Tyne Hospitals NHS Foundation Trust and Gateshead Health NHS Foundation Trust

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Information provided by Senior Physiotherapist
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