Torbay and South Devon
NHS Foundation Trust

PATIENT INFORMATION

Frozen Shoulder

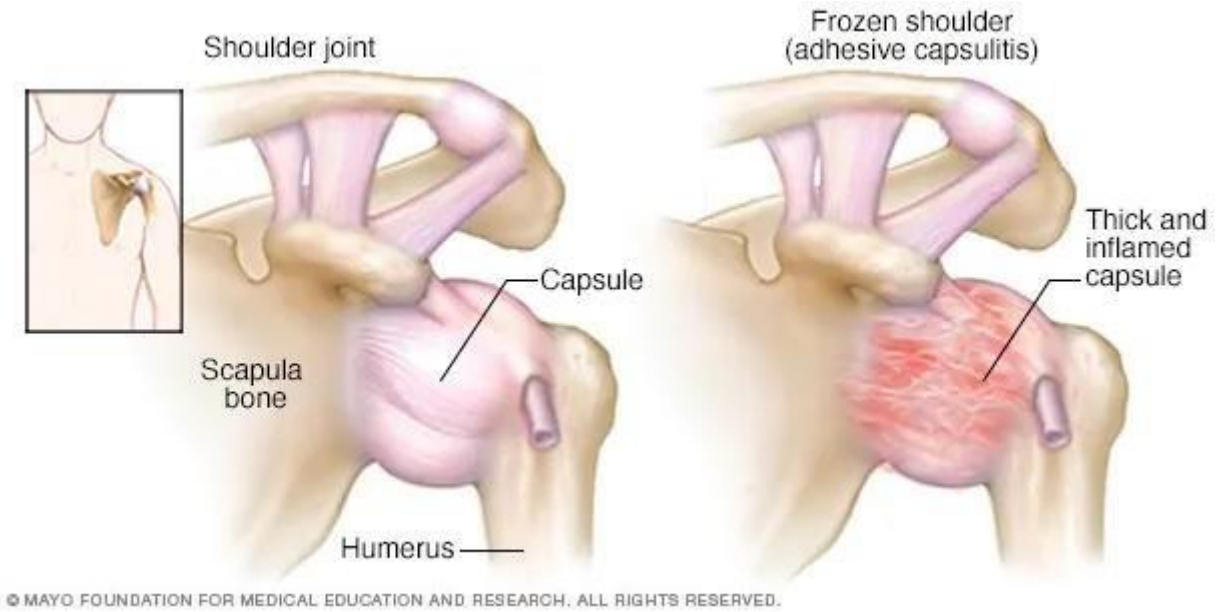
Advice and Information

Your Physiotherapist has diagnosed you with a Frozen Shoulder.

This booklet provides information about what this is, the latest evidence for the best way to manage a frozen shoulder and how physiotherapy can help you.

What is a ‘Frozen Shoulder’?

A Frozen Shoulder is a condition that causes pain and gradually increasing stiffness in your shoulder joint. The capsule that surrounds the joint thickens and tightens. This tightening, combined with the pain make it difficult to move your shoulder.



It is most common in people between 40 and 70 years of age and it is estimated to affect one person in every 50 in a year.

Symptoms are typically divided into two main stages. The length of each stage can vary considerably between different people.

Pain Predominant Stage:

In the early stages pain is the main feature of this condition. The pain often starts gradually and builds up. It may be felt on the outside of the upper arm but can be felt right down into the forearm. Pain can be experienced when resting the arm but is often worse when moving the shoulder/arm during activities like getting dressed or reaching away from the body. It is very common for this condition to affect your sleep as it is often painful or impossible to lie on the shoulder.
During this stage you may notice that the movement in your shoulder starts to become more restricted.

Stiffness Predominant Stage:

During this stage the shoulder joint becomes increasingly stiff and hard to move. You might notice that movements that turn the shoulder joint outwards, like putting your hands behind your head or behind your back or reaching out to the side become very difficult. The pain generally starts to ease during this phase so that pain is mainly experienced at the end of movements.
The stiffness and pain will, in most cases, start to resolve and you will be able to use the arm more normally.

Although we do not know exactly why a frozen shoulder occurs it is more common in people who have diabetes or a thyroid condition and is sometimes linked to a minor shoulder injury.

How is Frozen Shoulder managed?

There is no one treatment that has been shown to be effective in managing a frozen shoulder. Ultimately, a frozen shoulder, in most cases, will gradually get better over time. However, you may find some of the suggestions below helpful during the two different stages.

In the pain predominant stage:

- Pain medication – taking regular pain and anti-inflammatory medication can help manage the pain. You may want to speak to your Pharmacist/GP to prescribe something stronger if needed, particularly if the pain is affecting your sleep.

- Activity modification – it is safe to continue with normal daily activities as you are able. Reducing or modifying activities to make them easier or less painful can help keep your shoulder moving and reduce the pain in the long-term. The pain that you feel from a frozen shoulder is **not** you causing any damage.

- Physiotherapy – a physiotherapist can help you plan how to control your pain and manage your activity. This might also include the use of heat (e.g. hot water bottle) or cold (e.g. ice pack). They can also guide you through movements / exercises you can do at this stage to aid the mobility in your shoulder.

Forcing the joint to move through the pain during this stage can make your pain worse and cause the shoulder to stiffen up more.

In the stiffness predominant phase:

- Return to normal activity – in this stage, one of the most beneficial things you can do is try to use the affected arm as much as you are able to and aim to gradually return to normal activities and exercise.

- Physiotherapy – a physiotherapist can guide you on exercises to maintain and improve the mobility and strength in your shoulder and arm. Having an exercise programme that you do regularly can help you return to your usual activities and function.
  They may also recommend some hands-on treatment to help mobilise the shoulder joint.

How long will it take to get better?

A frozen shoulder tends to get better with or without treatment. Recovery time varies a great deal, ranging from 6-42 months. Most people recover a normal level of function but some people may be left with some long-standing residual shoulder stiffness.

What tests can be done?

A frozen shoulder is diagnosed from the information you tell us and a clinical examination of the shoulder. Sometimes an x-ray will be organised to rule out any arthritis in the shoulder as this can also cause stiffness. An ultrasound or MRI scan are not usually helpful.

What other options are available?

There are some other treatment options available, and these vary depending on the stage and severity of your symptoms.

- Corticosteroid Injection – if painkillers are not controlling the pain and the pain is significantly affecting sleep it may help to have a corticosteroid injection into your shoulder joint.
  The latest evidence shows us that an injection with physiotherapy afterwards can be an effective way to manage a frozen shoulder (UKFROST trial,2020).
  An injection often helps in the 'pain predominant phase' but may not significantly change the stiffness.
  If your physiotherapist feels this may be a suitable option for you they can arrange an injection assessment appointment for you. You may be referred for an x-ray prior to having an injection.

- Surgery – people do not normally need surgery for a frozen shoulder but it may be recommended in certain circumstances, particularly if there is significant stiffness and pain that are impacting on your function or ability to work. If your physiotherapist feels this would be a suitable option for you they will refer you into the Orthopaedic service for a consultation where you can discuss the options.

It is important to discuss and consider the risks, benefits, implications and alternative options of any treatment (including having no treatment) before deciding what the most appropriate option is for you. You are encouraged to do this with any health-professionals you see, including your physiotherapist.

Exercise suggestions

These are a few examples of exercises that might help with pain and movement. They can be completed a few times a day.

It is normal to feel some mild stretching and aching sensations while doing the exercises but you should not push into severe pain or experience increased pain after the exercises for longer than 20-30mins. You can adjust how far you move the arm or the number of repetitions you do. If you require any further information about the exercises please discuss with your physiotherapist.

Pain predominant phase: (Pain greater than stiffness)

1. **Pendular exercises**

Lean your body forward, supporting yourself as shown.

Let your painful arm hang down. Swing your arm within your comfortable range:
- forward and backward
- side to side
- round in circles

Repeat 10-15 times in each direction.

2. **Table-top slides**

Sitting at a table. Place both hands / forearms on top of a towel or similar, thumbs pointing upward.

Slide your hands along the table, gently reaching your arms forward until you feel a mild stretch sensation in your shoulder.

Slide back to the start position.

Repeat 5-10 times.

3. **Isometrics (push & hold muscle contractions)**

Stand tall, sideways against a wall with your elbow at a right angle and close to your side.

Push your hand and wrist against the wall as if you were going to rotate your forearm outwards.

Hold for 5 -10 seconds and then relax.

Repeat 5 times.

Stiffness predominant phase (stiffness greater than pain)

1. Work-top flexion stretch

Stand in front of a table or kitchen worktop and place your hands on it.

Leaving your hands in position, step back, then bend at the hips. Move your bottom back and lower your chest towards the floor until you feel a stretch in your shoulder.

Keep your neck and back straight.

Hold for 15-20 seconds. Repeat 3-4 times.

2. Cross-body stretch

Stand up tall or sit up straight.

Take your stiff arm across your chest toward the opposite shoulder. Use your other hand to pull the arm slightly further across and in towards your body until you feel a stretch in the back of your shoulder.

Hold for 15-20 seconds.
Repeat 3-4 times

3. Rotating outwards stretch

Sit or stand with both elbows at right angles.

Place a rolled towel between your elbow and side. Hold a stick with both hands.

Push the stick to rotate the stiff arm outwards until you feel a stretch.

Hold for 15-20 seconds.

Repeat 3-4 times.

4. **Hand behind head stretch**

Lying on your back with hands either resting on your forehead or behind your head / neck and elbows pointing towards the ceiling.

Move your elbows apart and lower them down to towards the bed until you feel a stretch in your shoulder.

Hold for 15-20 seconds.

5. **Shoulder press**

Hold a weight (e.g. tins of beans) in each hand at shoulder height.

Push the weights up towards the ceiling as far as you comfortably can. Return back to the starting position in a controlled manner.

Repeat as many times as you can until your muscles start to feel tired.

Where can I get further information?

NHS website: Frozen shoulder
https://www.nhs.uk/conditions/frozen-shoulder/

The British Elbow and Shoulder Society (BESS) Patient Care Pathways and Guidelines
https://bess.ac.uk/frozen-shoulder

Versusarthritis (previously Arthritis Research UK) – Shoulder Pain booklet
https://www.versusarthritis.org/media/1264/shoulderpain-information-booklet.pdf

Physiotherapy contact information:25828

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.