

General Information for the Patient With Adhesive Capsulitis

Stiffness of the shoulder can be a very debilitating problem. There are many causes of a stiff shoulder, but regardless of the cause, patients with stiff shoulders complain similarly of pain and dysfunction. Almost all patients have difficulty sleeping, especially on the side of the affected shoulder. When severe, patients often resort to sleeping in a reclining chair to get more comfortable. While some only complain of pain with certain motions or movements, many patients have pain even when the arm is at rest. Over time, even simple activities such as tucking in a shirt, reaching for a seatbelt, or washing your hair may become increasingly difficult and simply too painful to accomplish.

The terms “Frozen Shoulder” and “Adhesive Capsulitis” are often used interchangeably to describe the stiff painful shoulder. In reality, no one really knows what actually causes someone’s shoulder(s) to become painful and stiff. Often it occurs after some sort of trauma or accident in which the shoulder is injured, and in this scenario, it may only be one part of the problem.

Researchers have worked hard to identify why some people get this for seemingly no reason, and while several endocrine disorders such as diabetes and thyroid disorders seem to increase one’s risk, the majority of patients who get it seem to have little in common.

Whatever the reason, the underlying problem is usually similar. The capsule, which envelops the shoulder joint itself and holds the joint fluid, often becomes thickened and inflamed. This is a painful process, and as it becomes increasingly painful, patients will tend to depend less on that arm and move it less. This creates a cycle, which allows the shoulder to become very stiff and painful because the already inflamed tissues are now thickening and have much less elasticity.

Frequently Asked Questions Regarding Adhesive Capsulitis (Frozen Shoulder)

Are there stages of this problem or is everyone pretty much the same?

Classically, frozen shoulder has 3 phases: Freezing, Frozen, and Thawing.

Freezing: During this stage range of motion is generally preserved. The primary complaint is typically pain. This is the hardest time to diagnose this condition because it is easy to be fooled by a mildly abnormal MRI or X-ray. Fortunately, if appropriately diagnosed early and treatment is started during this time period the overall course can be shortened significantly and patients may never progress to the other stages.

Frozen: It is most common for patients to present during this phase. Pain is significant, and has usually become more than a nuisance. Additionally, range of motion begins to be limited more significantly now.

Thawing: During the final phase, pain begins to decrease and patients are often left with a minimally painful shoulder, but with moderate to advanced limitations of their motion.

How long does it take to move through the three phases?

Without intervention, it usually takes 12-24 months for the 3 phases to run their course. Everyone is a little different, but typically, patients with diabetes and other endocrine disorders tend to move through each of the phases more slowly than other patients.

What kind of treatment is there for this problem?

The effectiveness of each treatment depends mostly on how advanced the problem is when the diagnosis is made. Treatments generally include: anti-inflammatory medications, physical therapy, shoulder injections, and rarely, surgery.

What kind of injection is given and why?

I generally include a small amount of steroid and local anesthetic in the injections given for adhesive capsulitis. The local anesthetic serves two purposes. First it relieves the pain, even if for a short while. Perhaps more importantly, the injection can serve as a diagnostic tool as well. Near immediate relief of symptoms after the injection is very encouraging that we have appropriately diagnosed the problem.

The steroid component of the injection helps to decrease the inflammation of the joint capsule, which is typically the underlying cause of the problem. Decreasing the pain allows the patient to begin moving the shoulder more comfortably which, in turn, improves motion.

How many injections will I need?

Most patients only need one injection. I recommend seeing patients back after about 1 month after the injection. At that time, we usually can get a good understanding about the problem and insure we're on the right track. If symptoms have improved but not fully, a second injection may be given. This only occurs in about 10% of patients. Rarely, arthroscopic surgery may be required to release the contracted tissues if the injections do not provide satisfactory relief of symptoms.

Will I get my motion back?

Generally speaking, patients will get most of their motion back. Research has shown, that if the capsulitis is severe, that patients will often have discrepancies in motion even after the pain has subsided.

Our goal is to diagnose and treat this condition early so that we intervene before significant motion is lost. In these cases, patients are usually able to regain normal or near-normal range of motion. Most research suggests, and my clinical experience supports the notion, that if patients have severe limitations of motion at the time of diagnosis, then they very rarely regain full motion. However, they are usually able to ultimately regain "functional motion" that is painless.

But I was told (or I think) I have another problem?

It is not uncommon for patients to have more than one problem with their shoulder at the same time. For example, if you fall and sustain a rotator cuff tear, it is reasonable that you move your arm less secondary to pain. In these cases, the frozen shoulder may be a secondary problem. It is essential though that both problems be addressed. Treating one without the other will not usually lead to good results. For example, if a patient has a rotator cuff tear and adhesive capsulitis and they undergo surgery while the shoulder is "frozen" then they are likely to fail. The rotator cuff tear may heal, but the shoulder may never regain motion because the inflammation from the surgery will worsen the already present capsulitis. Therefore, we typically try to regain as motion as possible before performing any surgical procedures to treat other problems.

As a general rule, if a patient clearly has a frozen shoulder, then this will be addressed first even if another problem is known or suspected. Once the symptoms or at least the majority of symptoms have resolved, then secondary problems can be addressed. If the first injection provides no or minimal relief of pain then further investigation with other studies such as MRI, ultrasound, CT scans, or x-rays will be

ordered. Your response to the injection and follow-up physical exam will determine what steps are taken next.

What kind of therapy should I do?

Again, every patient is different. Some patients do best performing stretching exercises on their own, while other tend to do better under the guidance of a physical therapist. Either way, it is the patient who must be in charge of their stretching. Only the patient can feel the position that provides the needed stretch. Therefore, we recommend a home stretching program regardless of whether or you are also working with a physical therapist. It often takes several weeks of consistent stretching to see results....So don't give up!

We recommend stretching, not strengthening. Stretching helps treat the problem. Typically, strength is not a problem. Patients may often feel weak, but it is usually secondary to pain. Over-aggressive strengthening can increase inflammation and often harms recovery more than it helps.

Online sources for other information regarding adhesive capsulitis

**Online Disclaimer: As you know, you can find many truths and untruths on the internet. While adhesive capsulitis is a well known problem, the treatment of it remains difficult, in that it can take so long to resolve. These sorts of problems invite many theories about treatment and diagnosis, some true, some untrue, and some unknown. Feel free to browse the internet to learn as much as you would like about this problem, but beware of misinformation and untested/unproven therapies. I have listed several websites below that, in general, are truthful and accurate representations of most orthopaedic surgeons' opinions.

<http://orthoinfo.aaos.org/topic.cfm?topic=A00071>

http://www.medicinenet.com/frozen_shoulder/article.htm

http://en.wikipedia.org/wiki/Frozen_shoulder

