

Frozen shoulder is a condition that causes a thickening of the joint capsule and results in stiffness, pain and a globally reduction in shoulder movement. It is generally insidious in nature and may last on average 1.5 years. People aged 40-60 years are most at risk with a higher prevalence in females than males.

The cause of spontaneous adhesive capsulitis is unknown however links have been made with diabetes, thyroid dysfunction and post menopausal women. Trauma and post immobilisation may predispose people to the development of frozen shoulder; and hence it is important to avoid unnecessary disuse in these circumstances.

Frozen Shoulder can be categorised by 3 phases; Freezing, Frozen and Thawing.

1. **Freezing**- Increasing pain and gradual loss of shoulder movement
2. **Frozen**- Pain begins to ease but shoulder movement remains restricted.
3. **Thawing**- Shoulder movement will gradually return and any residual pain will resolve. Secondary weakness may result from disuse over the course of the condition.

In the first 2 stages if physiotherapy treatment is indicated it will target symptom relief and minimising the risk of any secondary problems. The Thawing phase is where physiotherapy treatment will be most beneficial to help regaining shoulder range of motion and address and strength loss deficits.

Surgical intervention is generally not indicated however sometimes corticosteroid injections or techniques such as hydro-dilatation may provide some symptom relief.

## Adhesive Capsulitis of Shoulder

Normal shoulder



Frozen shoulder



