Frozen shoulder information booklet
What is a frozen shoulder?

Frozen shoulder is a condition characterised by shoulder pain and significant stiffness. It is associated with a lack of both active (movement that you can do) and passive (movement performed on your shoulder by the therapist) range of movement of the shoulder.

An x-ray of your shoulder will typically not demonstrate anything to be concerned about. The x-ray report findings will be discussed with you.

Frozen shoulder is usually self-limiting and often has three distinguishable phases:

- **Pain-predominant phase**: pain in your shoulder is the main feature and you may experience sleep disturbance.

- **Stiffness-predominant phase**: a restriction in the range of movement of your shoulder is the main feature although you may still be experiencing some pain.

- **Resolution phase**: the range of movement of your shoulder should begin to return and you should expect to experience minimal pain.

Why have I got a frozen shoulder?

Frozen shoulder affects 2-5% of the population.

The reason why some people get a frozen shoulder is not known.

Sometimes people who get a frozen shoulder have other medical conditions including:

- diabetes
- thyroid dysfunction
- trauma to the neck or shoulder
- problems with the muscles of the shoulder
- after having a stroke

Will it get better?

Frozen shoulder tends to resolve spontaneously over months to years. The average time that it takes to resolve is approximately 30 months.
What can I do to help myself?

In the early pain-predominant stage the priority is to get your pain under control. It is important not to try to force your shoulder movement through pain.

Pain control may be achieved with the following measures:

- **Painkillers and anti-inflammatory medicines** which can be prescribed by your GP. Your local pharmacist can also advise.
- **Heat**: you can apply a hot water bottle or wheat bag wrapped in a towel to your shoulder. This may be applied for between 10-20 minutes. It may be helpful to apply heat before exercising your shoulder (see below). Please take care not to burn yourself.
- **Injection therapy**: An injection can be administered by your GP or a specialist physiotherapist trained in injection therapy. This may be beneficial but it is not guaranteed.

The injection will include a combination of a steroid and analgesic injection that can be administered to help with pain and stiffness.

If you wish to pursue the option of an injection after you have seen a physiotherapist, please be advised that you can book directly into the injection clinic on **0208 732 6813** to see Prof Jeremy Lewis or Mr Noel Regan (a female physiotherapist can also be arranged).

**Corticosteroid injection:**

A corticosteroid is a medicine which can relieve swelling, stiffness and pain by reducing inflammation.

**Why do I need a steroid injection?**

It should help reduce your pain. You can then start rehabilitation sooner, have fewer treatment sessions and return to normal activities more quickly.
Are there any times when I should not have an injection?

1. If you are currently being treated, or recently have been treated for cancer, tuberculosis, HIV.
2. If you have a cough, cold, chest infection, urinary tract infection (UTI) or an infection anywhere else in your body including the skin.
4. Unstable blood pressure or a serious heart condition.
5. If you are known to be allergic to local anesthetic and/or steroid.
6. If you are due to have surgery soon.
7. If you are pregnant or breast feeding.
8. If you are under 18 years.
9. If you do not want the injection.

There are other concerns and your therapist will discuss these with you.

What are the possible side effects?

These are very rare and your physiotherapist will discuss them with you prior to your injection. They include:

1. Flushing of the face for a few hours.
2. Small area of fat loss or a change in colour of the skin around the injection site.
3. Diabetic patients may notice a temporary change in blood sugar levels.

If you are diabetic please ensure someone attends the clinic with you in the event of you feeling unwell should your blood sugar levels alter.

4. Infection: if the area becomes hot, swollen and painful for more than 24 hours, you should go to A & E immediately.
5. Allergy: you will be asked to wait for 30 minutes after the injection to ensure there is no allergic reaction to the drug (most allergic reactions happen within this time). Allergic reactions are very rare but if they occur they may present as an emergency and you may have to receive other medicine immediately and will need to be taken to hospital.
How is the injection done?

The skin is cleaned with antiseptic. A needle is gently put into the shoulder and the solution is injected through the needle. Sometimes the injections are done using ultrasound to guide the needle. This type of injection can take longer than landmark guided injections performed without ultrasound. On some occasions two injections (to different parts of the same shoulder) are done on the same day.

Is the injection painful?

Not particularly, many people describe the sensation during the procedure as being similar to a blood test or flu vaccine. Sometimes it can be sore for a few hours, but you will be told what to do about this.

How many injections can I have?

This will be decided by both your physiotherapist and you. Usually one injection is sufficient, but if the pain is severe or has been there for a long time, you may need more.

What should I do after the injection?

You will need to relatively rest the injected area for about a week. You will need to start slow gentle movements on the day you had the injection.

Will I have to be seen again?

In some cases, the clinician who gave you the injection may wish to review you again. You will be given a telephone number to contact the service should you have any questions in the meantime.

Important note: PLEASE MAKE SURE YOU HAVE had something to drink and eaten PRIOR TO YOUR APPOINTMENT FOR AN INJECTION

What else can I do to help myself?

Stay active: it is very important to keep active while you have a frozen shoulder. This is essential to maintain joint and muscle health as your condition resolves and also for overall health benefits. Brisk walking is an ideal exercise as you can swing your arms down by your side.

Exercises: although it is important not to over-stretch or force movements of your shoulder exercises are helpful in all phases.
It is also important to maintain your lower limb and trunk strength and function. This is important so that your shoulder can function well. Your legs and trunk are where most of the force for the shoulder to perform everyday activities comes from.

Please find below suggestions of exercises that can help improve your leg/trunk strength and function. Your ability to perform these will change as your symptoms improve.

**Exercise 1:**
Practice balancing on one leg. Aim for at least 60 seconds on each side.

**Exercise 2:** Perform a double or single leg heel raise. Repeat until fatigued.

**Exercise 3:** Perform a double or single leg squat. Repeat until fatigued.
Exercise 4:
Perform a cross-over lunge. Repeat on each side until fatigued.

Exercise 5:
Perform a side bend with or without a weight/theraband as resistance. Repeat to each side until fatigued.

Exercise 6:
Double/single leg bridging: squeeze your bum and raise your hips towards the ceiling. Repeat until fatigued.

Other exercises:
In the pain-predominant phase it is important to preserve the movement that you have. Exercises are outlined below and should be performed so as not to increase your pain experience.

In the stiffness-predominant phase it is important to gradually assist in increasing the movement at your shoulder and ensure that you maintain muscle strength through more progressive exercises which are outlined below.
Exercises:

How do I know that I am doing the right exercise for me?

Your shoulder may be “irritable”. This description means that your symptoms may be increased for prolonged periods of time e.g. into that night or the following day after movements or exercises. If this is the case, you need to exercise more gently. Please find below an outline of exercises that you can choose to perform depending on how “irritable” or “non-irritable” your symptoms are. Please remember that your symptoms can change.

**Pain-predominant phase**

*If irritable:*

Pendular swinging exercises.

1. Swing your arm forwards and backwards
2. Swing your arm in a clockwise and anti-clockwise direction.
3. Repeat in each direction x 8-10 times x 2-3 times per day.

Hand slides along table.

1. Slide your hand along a table (place your hand on a towel or a ball to help you)
2. Repeat in a forwards/backwards direction (first picture)
3. Repeat in a sideways direction (second picture)
4. Repeat in each direction x 8-10 times x 2-3 times per day.
**If non-irritable:**

Wall slides against the wall – upwards movement.

1) Slide your little finger upwards against the wall. Do not move into a range that causes more pain. Ensure that your hand is open with your palm facing inwards.
2) You may also perform this exercise sliding your hand along a ball or a towel against the wall.
3) Repeat x 8-10 times x 2-3 times per day.

Wall slides against the wall – sideways movement.

1) Stand perpendicular to the wall. Slide your little finger sideways up the wall. Do not move into a range that causes more pain. Ensure that your hand is open with your palm facing forwards.
2) You may also perform this exercise sliding your hand along a ball or a towel against the wall.
3) Repeat x 8-10 times x 2-3 times per day.
If non-irritable:

**Strengthening exercises-isometric (more suitable for pain-predominant phase)**

Perform each exercise below x 5 second holds x 3 sets of 8-10 x 3 times per week.

Make a fist with your hand and press forwards against the wall. Hold the pressure x 5 seconds. Relax. Repeat as per above.

Keep your hand open and move it inwards against the wall. Hold the pressure x 5 seconds. Relax. Repeat as per above.

Move your upper arm against the wall. Hold the pressure x 5 seconds. Relax. Repeat as per above.
Move your hand outwards against the wall. Hold the pressure x 5 seconds. Relax. Repeat as per above.

**Stiffness-predominant phase**

*If irritable:* continue exercises as previous and include exercises for both range of movement (wall slides) and strength (last page).

*If non-irritable:* progress to the following exercises:

**Strengthening exercises-isotonic (more suitable for stiffness-predominant phase)**

Perform each exercise below x 3 sets of 10-12 x 3 times per week.
Stand with your arm by your side and your elbow bent to 90 degrees. Hold one end of the bend and **slowly** draw it inwards as far as possible. Pause. Now **slowly** return to the start position. Keep the speed the same in each direction.

Using a weight or a band, resist the upwards movement of your arm. Pause. Slowly control the lowering part of the movement. Try to keep the speed the same in each direction.

In side-lying, keep your arm by your side and your elbow bent to 90 degrees. Use a weight or a band to resist the outwards movement of your hand. Pause. Slowly control your hand returning to the start position. Try to keep the speed the same in each direction.
What if my symptoms are not improving?

Your symptoms should gradually improve. If this is not the case or if you are not happy with the rate of your progress you may be referred to see an **orthopaedic specialist doctor**. If this is appropriate for you it may be arranged through our physiotherapy service. You can discuss this further with your physiotherapist.