

Dr Mun Khin (MK) Chan

# Frozen Shoulder (Adhesive Capsulitis)

## What is Frozen Shoulder?

Frozen shoulder (FS) is a condition affecting the capsule of the glenohumeral joint. It is characterised by shoulder pain and stiffness as a result of capsular thickening and scarring.

## Is it Common?

FS is very common. It affects about 5% of the population.

## What Causes FS?

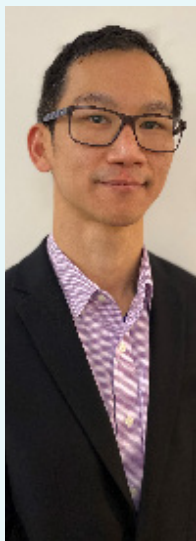
The cause is unknown but the risk factors include:

- a) diabetes (30% of patients with FS have diabetes)
- b) thyroid abnormalities  
(2.69 greater risks of developing FS)
- c) shoulder injury (even minor ones)
- d) women between 40 and 60 years old  
(4 times more common)

Therefore, it is important to screen patients with FS for diabetes and thyroid abnormalities.

## How is FS Diagnosed?

FS is a clinical diagnosis based on loss of range of motion (ROM) of the glenohumeral joint in all planes especially external rotation. It is important to stabilise the scapula to isolate glenohumeral joint motion as scapulothoracic motion is still preserved and may give a false impression that the "shoulder" is moving. The other important diagnostic process is to exclude other differential diagnoses which can cause loss of glenohumeral joint motion particularly arthritis and missed posterior dislocation. A standard shoulder Xray is adequate to exclude these.



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## What are the Stages of FS?

There are 3 stages of FS which may sometimes overlap:

- 1) Freezing stage – Pain is the main feature followed by stiffness (2-9 months).
- 2) Frozen stage – Stiffness is the main feature. Pain improves (4-12 months).
- 3) Thawing stage – ROM recovery is the main feature. Pain is absent (12-24 months).

As pain starts first followed by stiffness, the diagnosis can be missed if the patient presents with pain before stiffness kicks in. Therefore, it is important to do serial assessments if suspecting FS.

## What is the Natural History of FS?

Eight to nine out of ten patients will recover spontaneously. It just takes a long time.

## How is FS Managed?

It is important to reassure and counsel the patients to help them understand the nature of this condition.

While waiting for the symptoms to resolve, supportive management include:

- 1) Analgesia and anti-inflammatory agents
- 2) Physical therapy
- 3) Cortisone injection (GHJ, NOT subacromial bursa)  
– may help shorten the duration of recovery
- 4) Hydrodilatation (not better than CSI)

## What is the Role of Physiotherapy?

The important thing is NOT to push through the pain. Pain-free gentle motion is the way to go. Pushing through the pain will cause worsening of symptoms and delay the recovery. When the pain is minimal, formal ROM exercises will be beneficial.

## When Should the Patient be Referred to a Shoulder Surgeon?

Many shoulder surgeons give patients 12 months to recover from FS. A handful of patients do not recover within this time frame. When there is no improvement around the 9-month-mark, consider referring the patients to see a Shoulder Surgeon. If deemed appropriate, patients may be offered arthroscopic capsular release and manipulation under anaesthesia followed by immediate aggressive physiotherapy. This helps to restore GHJ ROM and alleviate pain.

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