

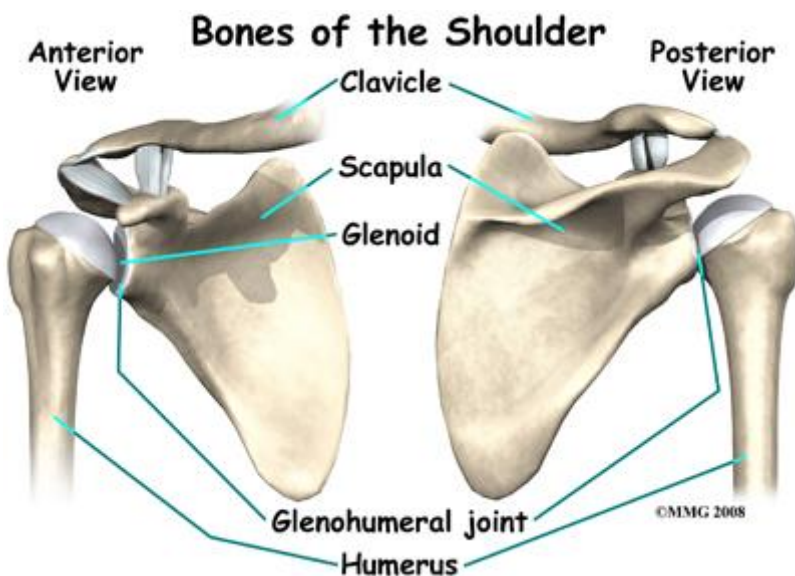
Physiotherapy advice for adhesive capsulitis (frozen shoulder)

Introduction

The information and exercises in this leaflet will help you to manage your lower adhesive capsulitis. The leaflet has been designed by Senior Physiotherapists and it is important to follow the information carefully. If completing the exercises causes your pain to get worse, please speak to your GP or Physiotherapist for advice.

What is adhesive capsulitis?

Adhesive Capsulitis, also known as frozen shoulder, is one of the main conditions affecting the shoulder. It occurs within the glenohumeral joint, where the joint capsule becomes thickened and contracted which result in pain and reduces movement. Adhesive capsulitis can occur suddenly, following a rotator cuff injury, as well as following periods of immobility e.g. being in plaster following a fracture. You are more susceptible to frozen shoulder if you suffer with diabetes.



Information for patients

Understanding adhesive capsulitis

There are three distinct phases of adhesive capsulitis:

1. Freezing
2. Frozen
3. Thawing

Initially, during the freezing stage the pain worsens and movement becomes restricted. This stage typically lasts between three and nine months.

During the frozen stage, the pain generally stays the same. Due to the limitation of movement this can result in muscular weakness due to non-use. This stage can last between four and 12 months.

During the 'Thawing' phase pain begins to settle and movement gradually increases towards a normal range. The length of time of this stage varies considerably but generally lasts for 12 to 42 months.

Physiotherapy is one of the possible treatments for adhesive capsulitis aiming to increase the range of movement of the glenohumeral joint and allowing function of the shoulder to be returned.

Pain management

There are several treatment options which ease shoulder pain. Whilst they will not provide a cure, they may help to reduce the pain and allow you to get your shoulder moving.

Hot/cold

Using hot (such as a hot water bottle) and cold (such a packet of frozen peas) packs before and after completing the shoulder exercises can help to reduce pain and increase movement. Apply for a maximum of 15 minutes and allow at least two hours before applying again. The hot or cold pack should be wrapped in a towel before being applied to the skin.

Pain killers

Paracetamol is a good pain killer to start with. Taken regularly as prescribed, it helps to reduce pain and control your symptoms. Anti-inflammatory medication may also be useful, and we recommend you speak to your Pharmacist for advice about taking this type of medication.

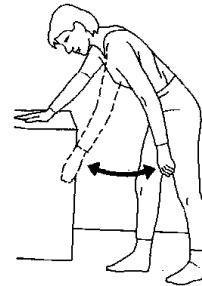
You may need to take the pain killers for a short time but occasionally you may need them for longer. Ensure you check the guidelines on the medication packet so that they do not react with other medications or medical problems you may have. If you find that these

medications are not effective in reducing your pain, consult your GP to discuss alternative medication.

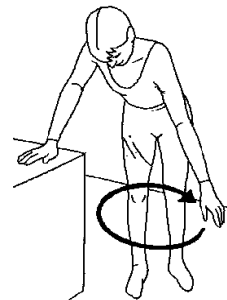
Exercises

Below is a list of exercises which can be used to increase shoulder movement and help with the management of adhesive capsulitis. Different exercises suit different people so you may not need to complete all the exercises - instead pick a select few. The exercises should only be undertaken if they do not cause you pain.

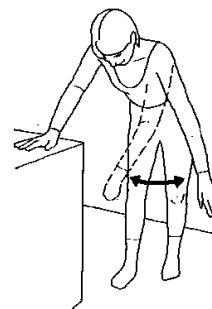
1.) Stand leaning on a table with the good hand. Let the other arm hang relaxed straight down. Swing your arm forwards and backwards.



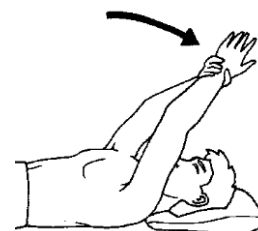
2.) Stand leaning on a table with good hand. Let the other arm hang relaxed straight down. Swing your arm as if drawing a circle on the floor, then change direction.



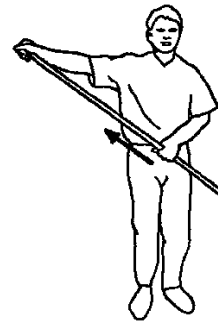
3.) Stand leaning on a table with good hand. Let your other arm hang relaxed straight down. Swing your arm to your left and then to your right.



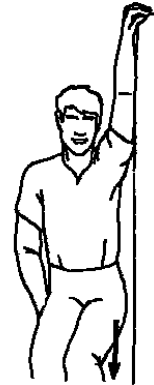
4.) Lie on your back with elbows straight. Use good arm to lift the other arm up, keeping it as close to the ear as possible.



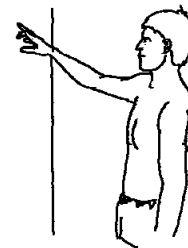
5.) Stand and grip one end of a stick with the arm to be exercised. Lift the stick up forwards or sideways by assisting with the other arm.



6.) Stand sideways against a wall. “walk” the fingers of the hand to be exercised up a wall as high as possible. Reverse down in the same way.



7.) Stand facing a wall. “Walk” the fingers of the hand to be exercised up the wall as high as possible. Reverse down the same way.



8.) Sit or stand, keep your elbows tucked into sides and elbows at right angles. Turn your forearms outwards.



9.) Sit or stand. With good arm bring a string over your shoulder and behind your back. Get hold of the string with the arm to be exercised. Pull upwards bringing the lower arm up as far as possible.



10.) Sit or stand. Place a length of rope or cord over the top of an open door to make a pulley or pull a strap through a ring or hook. Hold onto both ends of the cord or rope and use good arm to bring the arm to be exercised up as high as possible. Offer resistance when bringing the arm to be exercised down.



Contact us

Physiotherapy Department, Northwick Park Hospital, Watford Road, Harrow, HA1 3UJ, Tel: 020 8869 2229

Physiotherapy Department, Central Middlesex Hospital, Acton lane, park Royal. NW10 7NS, Tel: 020 8453 2242

General Trust information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 0800 783 4372 between 10am and 4pm or e-mail lnwh-tr.PALS@nhs.net. Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

For a translation of this leaflet or for an English version in large print, audio or Braille please ask a member of staff or call 0800 783 4372.