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FROZEN SHOULDER

Frozen shoulder is a fairly common disorder characterised by **pain and stiffness** of the shoulder. It typically occurs in the 40-70 year age group and there is a 20% chance of the other shoulder becoming involved at some stage. It occurs in 5-10% of the population.

The shoulder is surrounded by a balloon-like structure which is known as the 'capsule'. The normally lax shoulder capsule allows the shoulder its free range of motion. For reasons that are not entirely clear, in Frozen Shoulder, the capsule **thickens and contracts** around the shoulder, much like a deflated balloon.

There may be no history of any injury to the shoulder. There is a gradual onset of diffuse shoulder **pain** which is often worse at **night**. This painful period unfortunately can last from weeks to many **months**. Then follows a slowly progressive loss of shoulder movements. This may last from 3-18 months, or even longer. Activities such as swinging a golf club or tennis racquet, reaching out for a telephone, removing a wallet from a back pocket or reaching to the back seat of a car, are difficult or impossible to perform. After a variable period of time, at least some of the motion of the shoulder returns, as the tight capsule stretches out.

Treatment

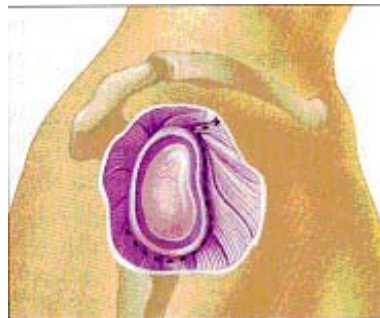
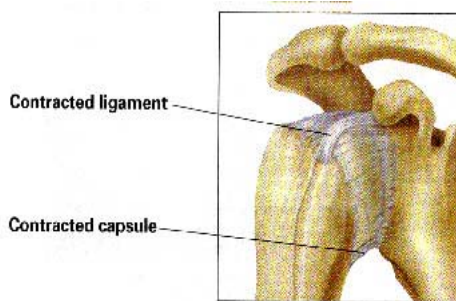
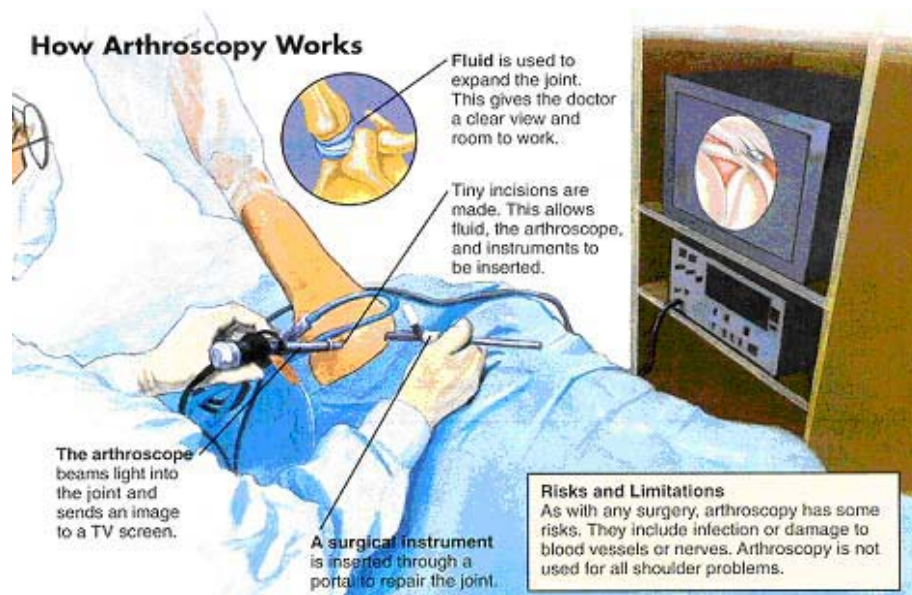
Frozen shoulder is a frustrating condition because it may take **many months** before improvement is seen.

Regular **analgesics** (eg. Aspirin, Panadeine) may be necessary, particularly at night. Anti-inflammatory tablets, unfortunately, are often of not much benefit.

Vigorous physiotherapy is often not well tolerated but it **is important** to gently move the shoulder as much as possible 4-6 times/day to **maintain the movement** that you still have. Once the movement begins to return, exercises are necessary to regain shoulder strength. Injections often provide temporary relief.

If the pain and stiffness is not resolving, an **operation** may be advised. This involves releasing the tight capsule around the shoulder and is done '**arthroscopically**'. This requires a day in hospital and usually gives good pain relief and a corresponding increase in shoulder motion.

ARTHROSCOPY & CAPSULAR RELEASE



The arthroscope is used to visualize and divide the tight and contracted capsule and ligaments around the shoulder. This should allow an immediate increase in range of shoulder motion and an early diminution of pain.

The surgery usually requires an overnight stay in hospital, although it can be done as a 'day only' operation.

You will be seen by a physiotherapist before leaving the hospital, who will instruct you on an exercise program that will need to begin immediately after the arthroscopy.

The operation is successful in approximately 80% of cases.

The possible risks of the operation include infection, thrombosis in the leg and a recurrence or even worsening of the shoulder stiffness.