

FACT SHEET

Frozen Shoulder

What Else is it Called?

Adhesive capsulitis of shoulder

What Is it?

- A chronic inflammation of the shoulder joint tissue (capsule). This process leads to a gradual and progressive restriction of motion and the insidious onset of pain.
- Frozen shoulder is more common in women and diabetics and usually begins after age of 40.

How Is It Diagnosed?

History:

- Onset is gradual. Pain is constant and may not develop until shoulder motion is lost.
- There is usually no specific area of tenderness.
- There may be a history of repetitive activity or trauma followed by a period of immobility or restricted shoulder motion.
- When the individual starts to use the shoulder the pain starts, the arm is immobilized again, which starts a vicious cycle.

What to look for:

- Generalized pain over the shoulder area, decreasing over time. In fact, the pain may be absent by the time the individual seeks care.
- Individual sometimes let their arm hang limply at their side as a protective mechanism.
- Individuals will not be able to move their arm more than slightly in any direction.

Tests:

- The diagnosis is often made by clinical evaluation alone.
- Plain x-rays of the shoulder may be taken to rule out calcium deposits in the shoulder bursa, fractures, arthritis, or tumours. The x-rays are often reported as normal.
- Plain x-rays of the neck (cervical spine) may be needed to further evaluate nerve problems starting in the neck.
- Laboratory blood tests will be ordered if there is suspicion of diabetes, gout, infection or an inflammatory condition like arthritis.
- For severe cases without progress from treatment, shoulder arthrogram or MRI may be ordered to evaluate the rotator cuff and joint capsule.
- EMG may be needed to assess nerve function.

What is the Expected Return to Work Time?

Duration depends on whether dominate or non-dominate extremity is involved and job requirements for use of upper extremities.

Job Classification.....	RTW Minimum – Maximum
Sedentary Work.....	0 days – 21 days (calendar days)
Light Work.....	7 days – 42 days
Medium Work.....	42 days – 112 days
Heavy Work.....	84 days – Indefinite
Very Heavy Work.....	84 days – Indefinite

FACT SHEET

Frozen Shoulder

Continued from page 1

How is it Treated?

- Initially, oral medication is used to decrease the inflammation and, in turn, decrease pain.
- Medications for relief of pain are used, especially at night, as adequate rest is an important part of the treatment.
- Injections of corticosteroid and local anaesthetic medications may increase comfort and allow for more aggressive therapy.
- Immobilization should be avoided, such as the use of slings. The main treatment goal is to regain motion.
- Physical therapy should begin immediately to restore motion and strength of the shoulder and arm.
- Ice packs and continued range of motion exercise at home are recommended. If the individual is unable to regain motion despite therapy, manipulation while under general anaesthesia may be beneficial.

What is the Predicted Outcome?

Recovery is usually complete, but may take several months of treatment to regain strength and motion and to alleviate pain. With no treatment, recovery frequently occurs but can take up to two years. During this time, the individual has significant restrictions for the use of his or her shoulder and arm.

What are the Work Restrictions and Accommodations?

- Limitations on lifting, carrying, and reaching overhead will be determined by the degree of motion, strength and pain present.
- Individuals with very limited shoulder motion should be thought of as losing their arm function, but usually would retain use of their hand.
- Time must be allowed for extensive therapy sessions several times a week early in treatment.
- Individuals need access to ice packs and rest periods to continue range of motion exercise during the workday.

What Are the Common Prescriptions?

- Anti-inflammatories
- Steroid injection
- Analgesics
- Muscle relaxants