

FROZEN SHOULDER



AOSSM SPORTS TIPS

WHAT IS FROZEN SHOULDER?

Frozen shoulder is also referred to as adhesive capsulitis and is characterized by pain and loss of motion of the shoulder joint. The exact cause of frozen shoulder is unknown, even though it has been found to affect somewhere between two and five percent of people during their lifetime. Diabetes, thyroid disorder, a history of shoulder trauma and periods of shoulder immobilization have been found to be risk factors that may lead to frozen shoulder. Females are also at higher risk. Occasionally, patients develop frozen shoulder after shoulder surgery or traumatic injury to the shoulder. Research suggests that the process is started with an inflammation of the lining of the joint within the shoulder. Gradually this area thickens and results in the shoulder becoming stiffer and more painful.

WHAT ARE THE SYMPTOMS OF FROZEN SHOULDER?

Patients with frozen shoulder often have a significant amount of shoulder pain, both when they use their arm and at rest. It is often very painful and often cannot be traced to any particular injury or event. This painful period often lasts several months. During that time the shoulder joint becomes stiffer and patients lose their range of motion. This often affects sleep and common daily activities such as dressing, reaching behind the back and any overhead activity. Gradually, after several weeks or months, the shoulder pain will diminish when the patient is not using their arm and only be present with shoulder usage and with stretching. Patients with frozen shoulder usually

experience a dramatic difference in their range of motion between shoulders when motion is measured.

HOW IS FROZEN SHOULDER DIAGNOSED?

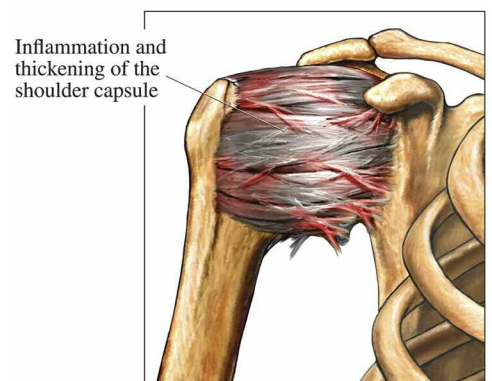
The physician examines the shoulder for range of motion and compares it to the patient's opposite side and to normal values. The diagnosis of frozen shoulder is usually evident after this examination and in combination with their physical history. Frozen shoulder does not appear on X-rays. Occasionally an MRI can confirm findings of frozen shoulder, but is often not needed.

HOW DOES FROZEN SHOULDER PROGRESS?

A frozen shoulder typically progresses through three stages. Initially there is a "painful stage" where the shoulder is very painful at rest and with use. The shoulder gradually gets stiffer during this phase. This stage typically lasts about four months, but may last up to nine months. The next stage is the "frozen stage" when the shoulder is painful with movement, but the pain at rest is resolved. During this stage the shoulder is very stiff and is painful with attempts at movement. This stage can last four to 12 months. The last stage is the "thawing stage," during which slow and steady return of motion occurs. This stage can last several months, as well. The entire course of a frozen shoulder can take 12 to 24 months to resolve.

HOW IS FROZEN SHOULDER TREATED?

The treatment for frozen shoulder requires tremendous patience on the part of the patient and the treating physician. Frozen shoulder often takes a long time to improve and there are relatively few shortcuts. Treatment during the painful stage involves medication possibly, including cortisone injections. These injections may shorten the painful stage. The cortisone injection is placed inside the shoulder joint where the inflammation is located and where the pain is generated. Patients with frozen shoulder should do physical therapy and/or a home stretching program to help limit the loss of shoulder motion that occurs in the early stages. Stretches for frozen shoulder that are helpful include walking the fingers up the wall, pulling the arm/shoulder across the chest with the opposite arm, rotating the arm with a cane or broomstick, and pulling the arm behind the back. Once the shoulder becomes less painful at rest, physical therapy and stretching are helpful in restoring lost shoulder motion.



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WHEN IS SURGERY NECESSARY?

Fortunately, surgery is rarely necessary for frozen shoulder. In fact, surgery during the early stages of frozen shoulder should be avoided because the frozen shoulder will often return. Surgery can be performed after the majority of shoulder pain has resolved and is done to improve range of motion, if the “thawing” of the shoulder is not progressing appropriately. Treatment can also include arthroscopy which releases the thickened lining of the shoulder joint. This is followed by manipulation of the shoulder to break tissue free that is restricting the shoulder’s motion. Surgery is always followed by more therapy and stretching, to maintain any gains in range of motion. Consult your specialist for further information on the decision to have surgery.

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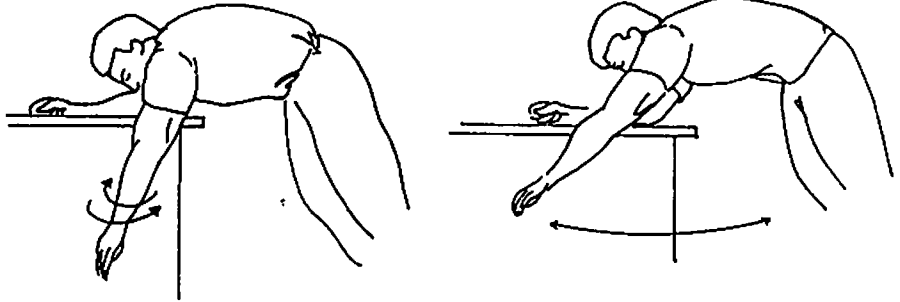
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Shoulder Rehabilitation Program

Range of Motion Exercises

1. Pendulum

Lean over table, supporting body with uninvolved arm. Let involved arm hang straight down in a relaxed position. Move your hips to cause the shoulder to move first side-to-side and then in circles, forward, and backward. Begin with small movements and gradually increase. Shoulder should move passively. Repeat _____ sets of _____ daily, _____ weekly.



2. Rope and Pulley

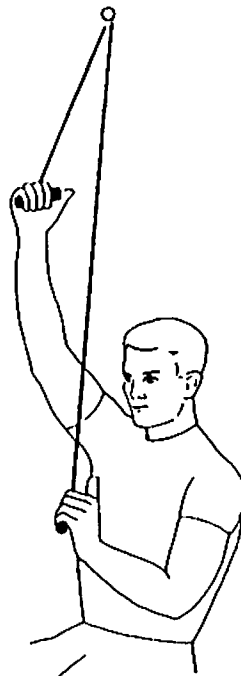
The overhead rope and pulley should be positioned in doorway. Sit in chair with back against door, directly underneath pulley.

A. Shoulder Flexion:

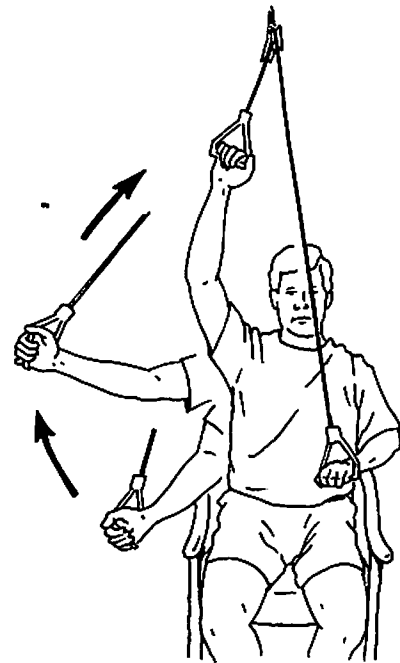
With elbow straight and thumb facing upward, raise involved arm out to the front of body as high as possible. Assist as needed by pulling down with uninvolved arm. Hold overhead 5 seconds and repeat.

B. Shoulder Abduction:

With elbow straight and palm against side, raise involved arm to the side of body as high as possible, turning the palm up as you approach 90°. Assist as needed by pulling down with the uninvolved arm to control lowering and repeat.



A

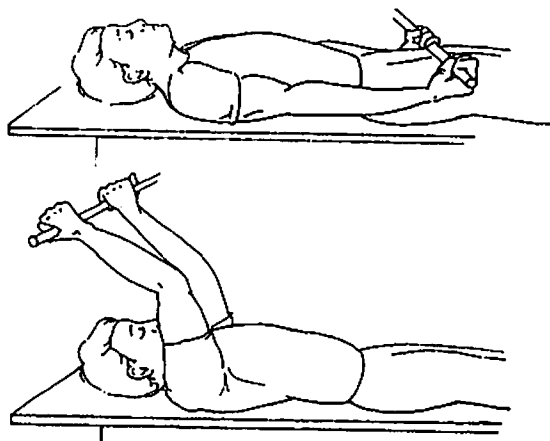


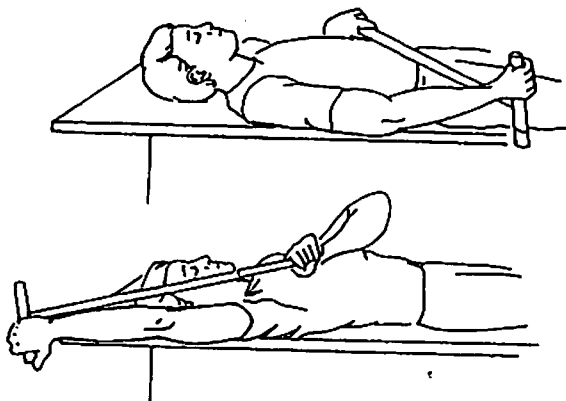
B

3. T-Bar Exercises

A. Shoulder Flexion:

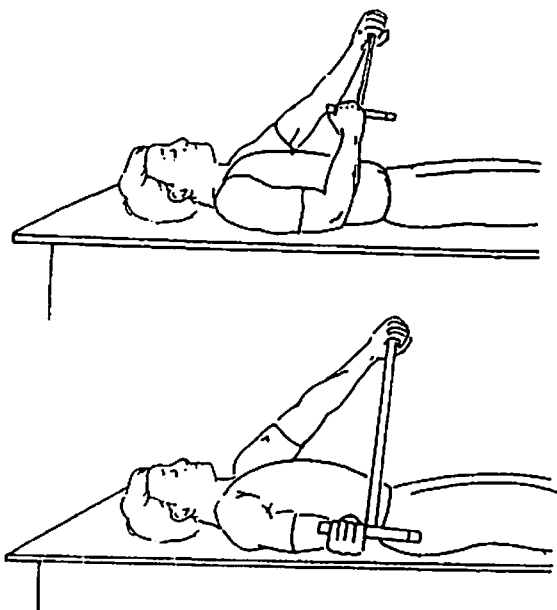
Lie on back and grip T-bar between index finger and thumb, elbow straight. Raise both arms overhead as far as possible keeping thumbs up. Hold for 5 seconds and repeat.





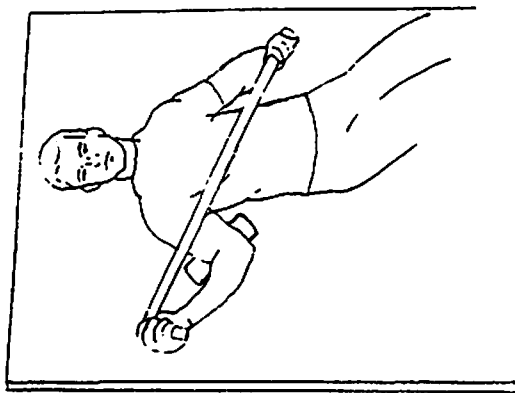
B. Shoulder Abduction:

Lie on back with involved arm at side of body, elbow straight and palm against leg. With other hand, push arm overhead, keeping the arm parallel to your side. As the arm reaches 90°, turn palm upwards. Twisting the unin-
 volved hand up can help. Con-
 tinue overhead with palm up. Hold at end position 5 seconds and repeat.

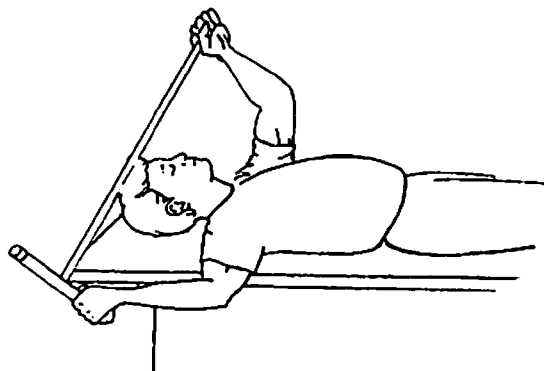


4. External Rotation

A. Lie on back with involved arm against body and elbow bent at 90°. Grip T-bar handle and with unin-
 volved arm, push involved shoulder into external rotation. Hold for 5 seconds. Return to starting position and repeat.

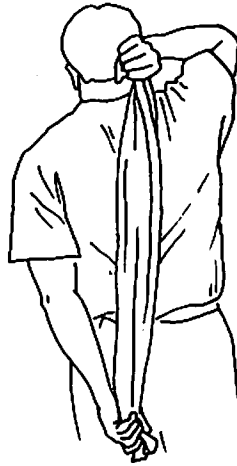


B. Lie on back with involved arm 45° from body and elbow bent at 90°. Grip T-bar in hand of involved arm and keep elbow in flexed position. Using oppo-
 site arm, push involved arm into external rotation. Hold for 5 seconds, return to starting posi-
 tion and repeat.



C. Lie on back with involved arm 90° from body and elbow bent at 90°. Grip T-bar in hand of involved arm and keep elbow in a fixed position. Using opposite arm, push involved arm into external rotation. Hold for 5 seconds, return to starting posi-
 tion and repeat.

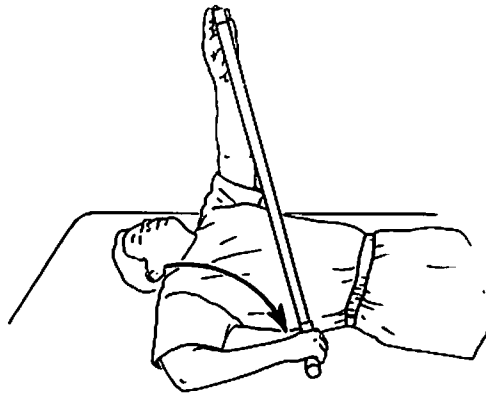
D. Involved arm overhead, standing. Hold towel behind neck and with involved arm, hold the other end of towel and pull down. Left pulls down; right arm externally rotates (ER). Hold for 15 seconds.



5. Internal Rotation

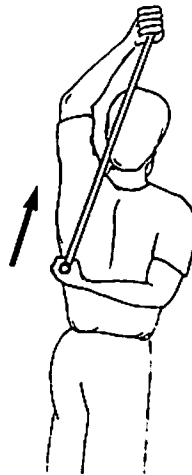
A. Supine:

Lie on back with involved arm out to side of body at 90° and elbow bent to 90°. Gripping T-bar in hand of involved arm and keeping elbow in a fixed position, use involved arm to push involved shoulder into internal rotation. Hold for 5 seconds and repeat.

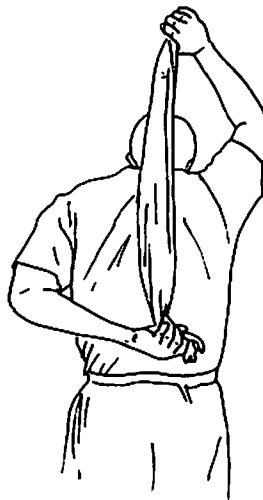


B. Standing:

Involved arm behind back holding T-bar. Uninvolved arm overhead and pulling bar upwards, further rotating the shoulder inwards. Involved arm internally rotates (IR). Hold for 5 seconds and repeat.



C. Involved arm behind back holding towel. Uninvolved arm overhead and pulling towel upwards, further rotating the shoulder inwards. Involved arm internally rotates (IR). Hold for 5 seconds and repeat.



SHOULDER - 26 ROM: Pendulum (Circular)

Let left arm move in circle clockwise, then counterclockwise, by rocking body weight in circular pattern.



Circle 30 times each direction per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 97 ROM: Pendulum (Flexion / Extension)

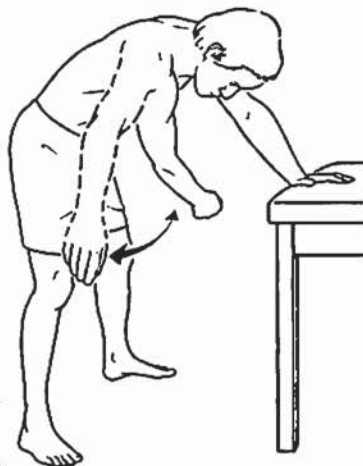
Let left arm hang and use momentum from body to swing arm forward and back. Progress from small to larger swings.



Repeat 30 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 28 ROM: Cross (Horizontal Abduction / Adduction)

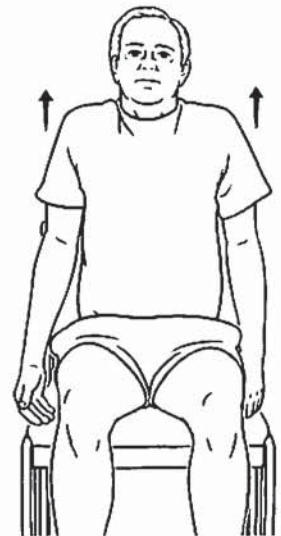
Let arm hang down and sway body from side to side.



Repeat 30 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 1 Warm-Up Shrug

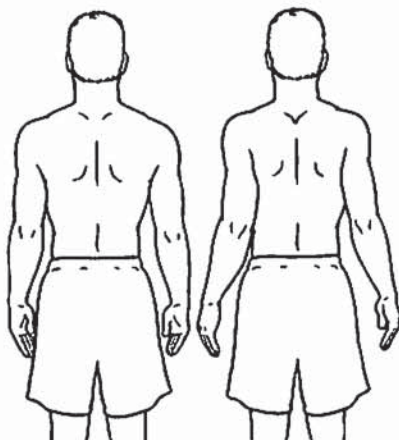
Raise shoulders in an exaggerated manner, then drop them down.



Repeat 30 times.
Do 2 sessions per day.

SHOULDER - 101 Scapular Retraction (Standing)

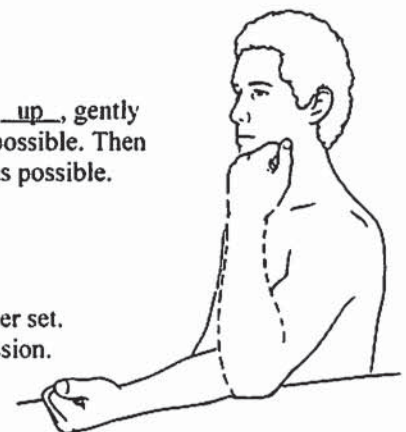
With arms at sides, pinch shoulder blades together.



Repeat 30 times per set.
Do 1 sets per session.
Do 2 sessions per day.

HAND - 39 AROM: Elbow Flexion / Extension

With left hand palm up, gently bend elbow as far as possible. Then straighten arm as far as possible.



Repeat 30 times per set.
Do 1 sets per session.
Do 2 sessions per day.

HAND - 47 Towel Roll Squeeze



With right forearm resting on surface, gently squeeze towel.
Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

HAND - 41
AROM: Wrist Radial / Ulnar Deviation



Gently bend right wrist from side to side as far as possible.
Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

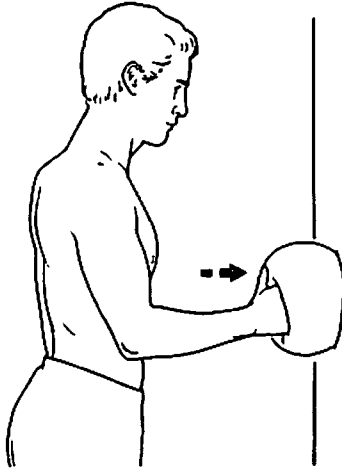
HAND - 60 AROM: Wrist Extension



With right palm down, bend wrist up.
Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

SHOULDER - 29 Strengthening: Isometric Flexion

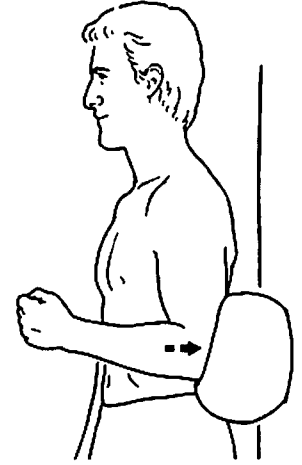
Using wall for resistance, press left fist into ball using light pressure. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 31 Strengthening: Isometric Extension

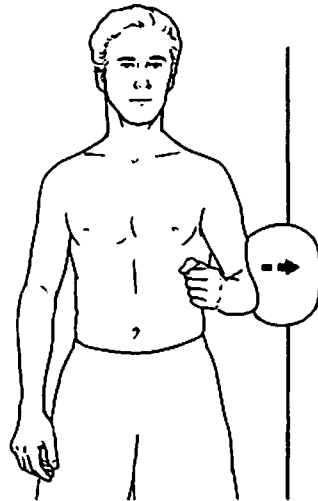
Using wall for resistance, press back of left arm into ball using light pressure. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 32 Strengthening: Isometric Abduction

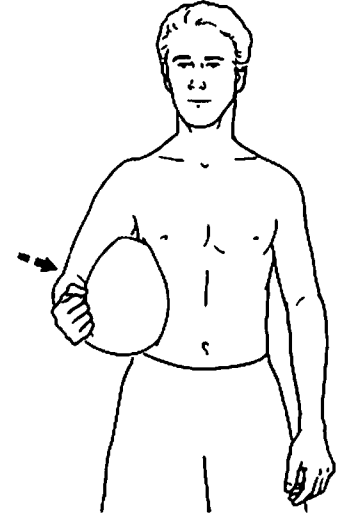
Using wall for resistance, press left arm into ball using light pressure. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 34 Strengthening: Isometric Adduction

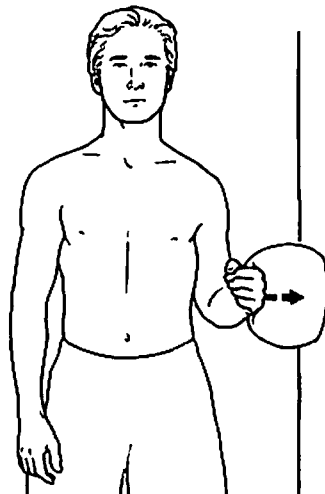
Using body for resistance, gently press left arm into ball using light pressure. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 36 Strengthening:
Isometric External Rotation

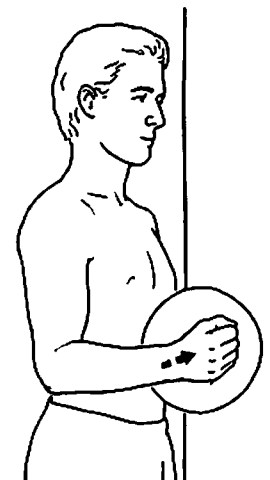
Using wall to provide resistance, and keeping left arm at side, press back of hand into ball using light pressure. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 37 Strengthening:
Isometric Internal Rotation

Using door frame for resistance, press palm of left hand into ball using light pressure. Keep elbow in at side. Hold 10 seconds.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.