Adhesive Capsulitis
“Frozen Shoulder”

You begin to have pain in your shoulder and you can’t remember injuring it. It’s painful to reach overhead, into your back pocket or the back seat of your car, and to dress and groom yourself. Does this sound like you? If so, you may have Adhesive Capsulitis (also referred to as “Frozen Shoulder”).

What is Adhesive Capsulitis?
Adhesive capsulitis is a condition that results from inflammation and scar formation in the shoulder. It’s not clear why this happens. If untreated, your shoulder will become increasingly stiff with eventual loss of function. It can last 24 months or longer.

If your doctor diagnoses you with Adhesive Capsulitis she may tell you that you are in one of 4 stages of the disease process. The length of each stage can vary from person to person.

1. **Stage 1** typically lasts for up to 3-4 months from the onset of symptoms. In Stage 1, your shoulder is painful and this pain limits your shoulder movement. The pain is caused by inflammation of the lining of the shoulder.

2. The second stage, occurring during months 3-9, is known as the “Freezing Stage”. In **Stage 2**, your shoulder continues to be painful and begins to stiffen. The pain may slowly decrease for the next several months. The loss of shoulder motion in this stage is due to inflammation of the lining of your shoulder and progressive shrinking and thickening of the shoulder capsule (the sleeve that surrounds the shoulder).

3. In **Stage 3**, the “Frozen Stage”, which occurs over months 9-14, your shoulder is stiff, but is no longer painful at rest. The shoulder capsule is scarred, thickened and tighter than normal. The scarring limits range of motion and can cause pain associated with stretching or reaching movements.

4. **Stage 4.** The “Thawing Stage” occurs 15-24 months into the condition. Your shoulder motion gradually returns, and the function of your shoulder steadily improves.

What are the risk factors for Adhesive Capsulitis?
Risk factors for Adhesive Capsulitis include: female gender, ages 40-60, thyroid disease, diabetes, or autoimmune disease, and/or trauma, stroke, heart attack, or prolonged immobilization. There are exceptions to these risk factors and Adhesive Capsulitis can be seen in younger men and women without any of these risk factors.
What should I do if I experience symptoms?
If you experience any of the symptoms associated with Adhesive Capsulitis see a physician immediately. The earlier that treatment is begun, the faster your recovery will be.

How can this condition be treated?
The goal of treatment is to reduce the underlying inflammation and prevent your shoulder from becoming stiff. Non-surgical treatment is the first option and works well with an early diagnosis. Surgical treatment is a second option that may be indicated for severe cases or where non-surgical treatment is unsuccessful.

Non-Surgical Treatment may consist of anti-inflammatory and/or pain medication as prescribed by your doctor. Your doctor may also recommend that you have an injection of corticosteroid. An injection is helpful especially during the early stages of Adhesive Capsulitis and will ease your pain and improve the range of motion in your shoulder. Physical therapy is an important part of treatment, because progressive stretching is needed to restore lost range of motion. Treatment will be based on an evaluation by a physical therapist and individualized for you.

There are two Surgical Treatments for Adhesive Capsulitis. Closed manipulation or “manipulation under anesthesia,” is one procedure. After anesthesia is given, your surgeon will move your shoulder through a full range of motion in order to break up scar tissue to improve your shoulder mobility. There are some risks associated with this procedure that you should discuss with your doctor.

The alternative to manipulation is “arthroscopy and capsular release”. It is usually performed on patients who are in the second or third stage of adhesive capsulitis. After anesthesia is given, your surgeon will insert a camera and other instruments through very small incisions in your shoulder. This will allow her/him to see the inside of your shoulder, treat any residual inflammation and surgically release the scar tissue prior to manipulation to improve shoulder motion.

Physical therapy is important for your recovery following surgery, as well. Your physical therapist will prescribe exercises that help you keep the motion you gained in surgery.