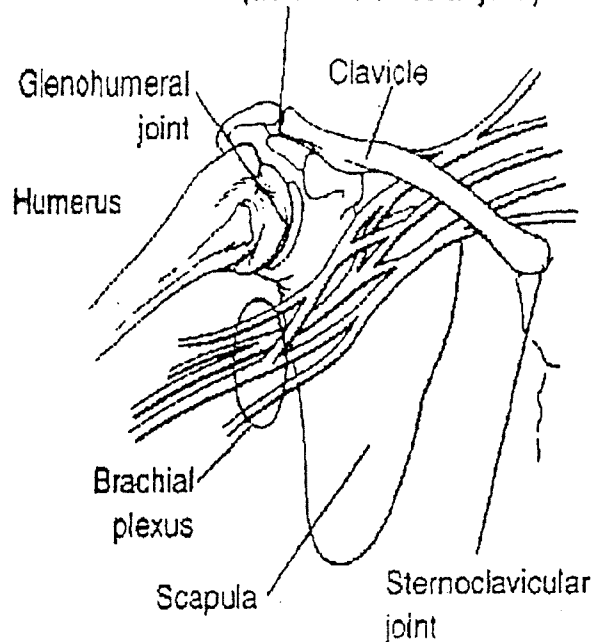


Frozen Shoulder

(acromioclavicular joint)



FROZEN SHOULDER (Adhesive Capsulitis)

Frozen shoulder is a condition in which portions of the joint capsule stick together and form adhesives. Adhesive capsulitis, as it is properly known, can be potentially disabling and cause dramatic loss of mobility in a relatively short period of time, even as little as two to three weeks. Because frozen shoulder is exacerbated by inactivity, rehabilitation of this condition is one of the few instances when exercises should be done beyond the pain threshold-but only when supervised by a physical therapist.

Symptoms:

- * Reduce shoulder mobility.
- * Extreme pain on movement, especially with throwing motions.
- * An ache when the shoulder is not being used.

Cause:

- * Nonuse of the shoulder due to discomfort from an injury such as tendinitis or bursitis.
- * Idiopathic - Spontaneous, unrelated to any known factors
- * Association - Trauma, Diabetes Mellitus, DXRT, Heart attack, Hyperthyroidism, immobility

Patients at risk:

- * Those who sustain overuse shoulder conditions such as tendinitis or bursitis.
- * Frozen shoulder is especially common among diabetics, smokers, and menopausal women.

Concerns:

- * If frozen shoulder is allowed to persist, two years of intensive, continual physical therapy may be necessary to correct the condition.

What you can do:

- * In conjunction with RICE therapy, immediately begin a shoulder range-of-motion program within the pain threshold. Because a carefully directed rehabilitation program is necessary to correct this condition, patients with a suspected frozen shoulder should seek medical attention from a qualified sports doctor as soon as possible.

Medication:

- * For relief of minor to moderate pain, take panadol as directed on label, or, for relief of pain *and* inflammation, brufen or aspirin if tolerated.

What the doctor can do:

- * A complete medical history and thorough physical examination to confirm the diagnosis and rule out other possible causes for the complaint.
- * Nonsurgical treatment options:
 - Prescribe an intensive exercise program to restore range of motion to shoulder. The program should begin immediately, and should consist of high-repetition, low-weight exercises to the point of pain and slightly beyond- as much as can be tolerated. Pain *should not* persist after the session.
 - Depending on the degree of shoulder pain, over-the-counter and prescription anti-inflammatories are liberally prescribed.
 - Range-of-motion exercises and medication are usually sufficient to promote recovery. If, however, the pain persists or worsens, and range of motion does not improve deep heat therapy and the prescription drug prednisone should be used for a limited time.
 - Intra-articular steroid injections may be used to decrease inflammation in the shoulder.
- * If physical therapy and medication have not cleared up the condition in four to six months, the best choice may be surgery. To break the adhesions, the patient is placed under anesthetic, and the shoulder is physically manipulated through its maximum range of motion. This procedure must be followed by a comprehensive exercise program to ensure that range of motion is maintained.
- * Alternatively, the doctor may perform an arthroscopy to inspect the inside of the joint and remove any accumulated scar tissue.

Rehabilitation:

- * Frozen shoulder is exacerbated by inactivity, and for this reason, rehabilitation should begin *immediately*. In addition to prescribed exercises, patients should not hold back from using their shoulders for daily activities, even when pain is extreme.
- * Rehabilitation of frozen shoulder is one of the few instances when patients should be encouraged to exercise beyond the pain threshold. This is necessary to break up the adhesions that have formed through inactivity. However, pain should not persist after the session.
- * Patients with frozen shoulder can usually begin their rehabilitation with level two exercises, and should try to progress as quickly as possible in the program. For levels one, two, and three rehabilitation guidelines, refer to sections on rehabilitation and conditioning at the end of this chapter.

Recovery time:

- * Usually, at least two to three months are necessary to loosen a frozen shoulder. However, in more severe cases it can take as long as two years for the shoulder to regain full range of motion. It is crucial that daily exercises continue- backsliding may be swift and discouraging.