

Patient Education Guide: Adhesive Capsulitis (Frozen Shoulder)

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Overview

Adhesive capsulitis, commonly known as “frozen shoulder,” is a condition characterized by stiffness and pain in the shoulder joint. It typically develops gradually, progresses through distinct stages, and may take up to 2 years to resolve if untreated. Typically, this can be shortened significantly by therapy. The hallmark of this condition is significant loss of both active and passive shoulder range of motion.

Pathology

Adhesive capsulitis occurs when the joint capsule surrounding the glenohumeral joint becomes inflamed and thickened, leading to scar tissue formation (fibrosis). This restricts joint motion and causes pain, particularly with movement. It is often idiopathic (without a clear cause) but is associated with diabetes, hypothyroid disorders, female sex, and perimenopause.

Non-Operative Treatment Options

Most patients improve with non-surgical treatment. Treatment involves a corticosteroid injection to decrease inflammation and physical therapy focused on range of motion.

Steroid Injection

A corticosteroid injection into the shoulder joint can help reduce pain and inflammation, **allowing for improved participation in physical therapy.**

Injections are typically used as a one-time adjunct to therapy, not as a long-term solution.

Physical Therapy

Physical therapy is the cornerstone of treatment. **Aggressive, consistent therapy focusing on stretching and restoring shoulder motion is key to recovery.** Therapy should be continued even when progress seems slow, as improvement often takes several months.

Range of Motion Exercises

Regular stretching and mobility exercises help restore shoulder motion. Common examples include:

- **Wall walks:** Use your fingers to “walk” up a wall to elevate the arm.
- **Table slides:** Slide your hand along a table to stretch the shoulder to the front and side.
- **Towel stretches:** Hold a towel behind your back with one hand over the shoulder and the other behind the back, pulling gently to stretch.

Sleeper Stretch

The sleeper stretch targets internal rotation of the shoulder. **This is a very important stretch to improve pain and should be performed daily.**

To perform:

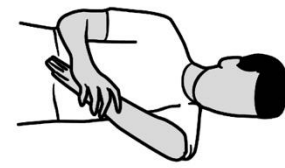
Lie on your affected side with your arm bent to 90 degrees and elbow in line with your shoulder. Use your opposite hand to gently press your forearm down toward the table or bed until you feel a stretch along the back of your shoulder. Hold for 20–30 seconds and repeat 3 times.



Sleeper position



Start



Finish

Surgical Options

If symptoms persist after several months of aggressive therapy, surgical options may be considered to restore motion.

Arthroscopic Capsular Release with Manipulation Under Anesthesia (MUA)

In this minimally invasive procedure, small instruments are used to cut and release tight portions of the joint capsule, improving motion. While the patient is under anesthesia, the shoulder is taken through its range of motion to break up any additional adhesions and scar tissue.