**What is Frozen shoulder (adhesive capsulitis)?**

Adhesive capsulitis, also commonly referred to as frozen shoulder, is a condition that results in significant pain and limited range of motion of the shoulder. It can be very painful and the loss of motion can impact an individual’s ability to perform their daily activities. Dr. Chahla is a sports medicine trained orthopaedic surgeon, and is experienced in both the diagnosis and treatment of this condition, and getting patients back to the activities that they like to do.

Frozen shoulder is the result of thickened and tightened scar tissue surrounding the shoulder joint, or what your surgeon may described as adhesions within the shoulder capsule. **INSERT SHOULDER CAPSULE** This thickened and tightened tissue limits the ability of the shoulder joint to move normally, and can be quite painful. In addition, there is also less synovial fluid, which is the normal lubricating liquid within the joint that helps it move smoothly.

**What are the symptoms of frozen shoulder?**

The primary symptom of frozen shoulder is severely limited range of motion. It can often progress to the point that simple movements of daily activities are either impossible or incredibly painful. The pain is typically described as dull or achy; however, it can be sharp if the patient bumps the affected arm or moves too quickly.

**Who gets frozen shoulder?**

Frozen shoulder is a relatively common condition, typically affecting patients between the ages of 40 and 70, and occurs more commonly in women than in men. There are also other conditions that increase your chances of getting frozen shoulder including diabetes, thyroid conditions, rheumatoid arthritis, or certain lung and heart conditions.

**What causes frozen shoulder?**

The majority of cases of frozen shoulder are what are called ‘idiopathic,’ meaning we don’t know exactly what causes it to happen. However, there are certain conditions mentioned above that increase your chances of developing frozen shoulder. When there is a known cause, it is called ‘secondary’ frozen shoulder, meaning that it occurred as the result of something else. The most common causes of secondary frozen shoulder (adhesive capsulitis) are traumatic injuries to the shoulder or recent shoulder surgery leading to the development of excessive scar tissue.

**How is frozen shoulder diagnosed?**

The diagnosis of frozen shoulder is largely based on patient symptoms and physical exam. One of the characteristics of frozen shoulder that is different from other painful conditions of the shoulder, is the limited passive range of motion. Meaning, that when the doctor or therapist attempts to move your shoulder, the range of motion is also limited. This is because the tight scar tissue that surrounds the shoulder is physically restricting the motion of the joint. In addition, your doctor will also ask you questions about the other health conditions mentioned above, or recent injuries that may point to a cause of secondary frozen shoulder.

If needed, a variety of imaging techniques can be used to help make the diagnosis. Techniques such as magnetic resonance imaging (MRI) and ultrasound can help your doctor see the tissue surrounding the shoulder joint to help make the diagnosis.

**Will frozen shoulder continue to get worse?**

There are three general phases to frozen shoulder which include the (1) “freezing” (2) “frozen” and (3) “thawing” stages. The “freezing” stage can last from weeks to months as pain becomes worse and the shoulder becomes increasingly stiff. The “frozen” stage is defined by the beginning of improvements in pain; however, the motion of the shoulder remains significantly limited. This phase can last for months and may be as long as one year. Finally, the “thawing” stage describes the slow regaining of motion, which can sometimes take well beyond a year to resolve.

**How do you treat frozen shoulder?**

The focus of treatment is the management of pain and improvement of shoulder range of motion. Treatments typically begin with medications and physical therapy. Commonly, over-the-counter-medications such as non-steroidal anti-inflammatory drugs (NSAIDs) are used. If needed, more powerful anti-inflammatory medications can be prescribed, such as steroids, either taken orally or injected directly into the joint.

If these treatment options do not work, there are other more aggressive options including manipulation under anesthesia, during which the patient is put to sleep and the doctor moves the shoulder through a complete range of motion, in attempts to stretch out and break up the tight scar tissue around the joint. Lastly, in very severe cases, there are surgical procedures that can be performed to cut and remove the tight scar tissue.