



What is Frozen Shoulder?

Frequently when patients begin to have soreness in their shoulder, whether they have had an injury to the shoulder or not, the shoulder can begin to lose range of motion progressively. At first the patient is not aware of this and may actually be doing things to protect the shoulder to reduce discomfort. They feel that by not using the affected shoulder, it will help heal the shoulder, but instead it does the opposite.

Often when we see patients in the office for the first time for a shoulder problem, they have lost considerable range of motion in the shoulder. Sometimes a woman cannot raise her arm up enough to brush her hair and pain occurs frequently when trying to sleep.

For reasons that are not well understood, the shoulder capsule tissue becomes inflamed and contracts, causing adhesions and scarring that "freeze" the shoulder. Inactivity, even after a minor injury, can bring it on though mostly it begins spontaneously and we never do discover the real cause.

Frozen shoulder seems to be on the rise. Diabetic patients are especially susceptible and it is thought that 10 to 20% of diabetics will get a frozen shoulder at some time. Currently as many as six million people in the United States suffer from mild to extreme forms of frozen shoulder. The condition largely affects women over 40.

Given the aging population and the rise in diabetes, we will potentially see more of this illness. If patients and family doctors better understood the risks and symptoms, the disorder could frequently be more effectively treated. If discovered early, frozen shoulder can be treated with relatively simple measures, but usually patients wait too long thinking it will improve and wind up with a severe form of frozen shoulder that may even require surgery.

Frequently patients do not get the right treatment, because their primary care provider is not well informed about the illness. The condition is often misdiagnosed as some other common shoulder ailment such as a rotator cuff tear. Due to this problem, some orthopaedic practices have begun teaching courses for primary care physicians and internists showing them how to diagnose and treat frozen shoulder and other shoulder disorders.

The shoulder joint is made up of a ball and socket (part of the shoulder blade) and is connected by several ligaments and muscles. The ligaments normally are elastic, but the more the shoulder is extended, such as reaching up high, they tighten to stabilize the shoulder. In a frozen shoulder, the joint seems to get smaller and ligaments adhere to the shoulder or tighten up at its resting position and movement becomes painful and difficult, or even impossible.

Treatments vary, but orthopaedic surgeons mostly say that a proactive approach offers the best chance of full recovery. An early diagnosis when the condition is still in the "freezing" stage can be key. Early physical therapy can lessen severity of the disease and if the condition isn't caught early, physical therapy may be required for an extended period of time.

Orthopaedic surgeons have, in the early stages of the condition, frequently injected a Cortisone substance (we use Kenalog in our office) into the shoulder joint which sometimes can prevent full blown frozen shoulder. Patients are also frequently given anti-inflammatory medication for the pain. For more severe cases, surgery is required.

I personally have had great success in undoing the adhesions by manually examining the shoulder while the patient is under anesthesia. There are occasional patients who cannot be helped by exam under anesthesia and arthroscopic surgery may be required. Luckily, arthroscopic



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surgery is rarely performed for frozen shoulder in our patients, because I have had excellent luck in restoring satisfactory range of motion at the time of the exam under anesthesia.

It is very common to attend physical therapy after the exam under anesthesia, sometimes for an extended period of time. After the therapy is finished a strict home exercise program is required using stretching and strengthening exercises. Often these exercises are needed indefinitely, but the patient sometimes will never regain full range of motion.

Overall, patients with frozen shoulder treated in our office are among the most grateful patients that we have and I think exam under anesthesia is a very worthwhile procedure to do. I feel that the percentage of good results following the procedure is in the 95% category.



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