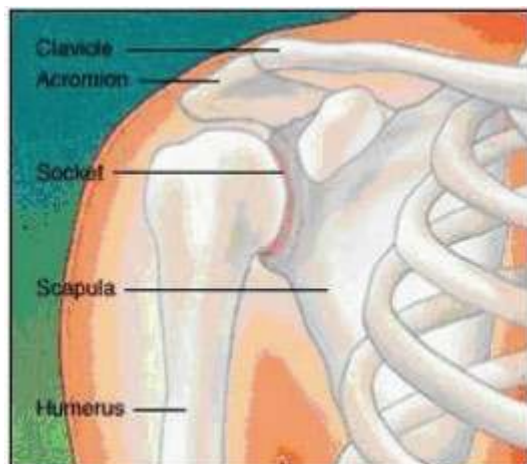


Frozen Shoulder

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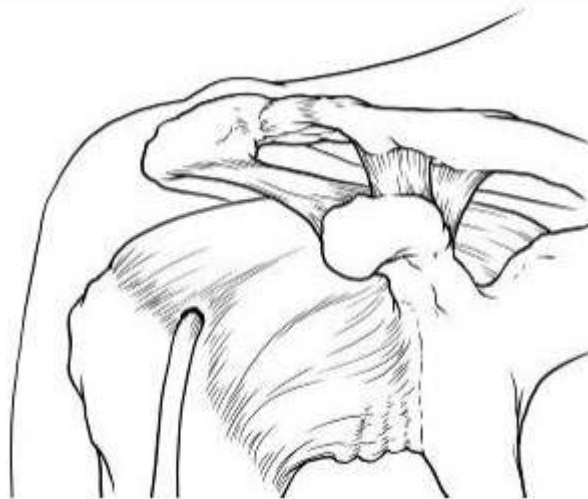
An Inflamed Shoulder Capsule

A “Frozen shoulder,” is the common term used for the medical condition called adhesive capsulitis. It is an inflammatory condition characterized by stiffness, pain and progressive loss of shoulder motion. It can be very “sneaky.” Many patients don’t notice the slow steady loss of motion. Sometimes the injury that starts the process is not even noticed or recalled. Then, with time, the motion is so restricted it prevents some activities of daily living. The pain, loss of motion and inability to reach behind the back or overhead and get dressed often prompts an office consultation.

Your shoulder is a ball-and-socket joint. The round end of your upper arm bone (humerus) fits into a shallow groove on your shoulder blade (scapula) much like a golf ball rest on a tee. The muscles, ligaments and joint lining help increase the stability of this inherently unstable joint. The joint lining is made of connective tissue and is called the shoulder capsule. It surrounds the joint and plays an important role in stability while allowing movement. When the capsule becomes inflamed and the joint stiffens it can slowly “freeze.”

When frozen shoulder occurs, the inflammation progressed and scar tissue may cause bands of tissue (adhesions) to develop between your tendons, bones and ligaments. The shoulder bones are unable to move freely within the joint. This loss can resolve with simple stretching or be progressive and slowly over time, decrease useful motion can. As a result, pain and significant loss of movement worsens. It can be a vicious cycle of pain - loss of motion- pain- more

loss of motion and so on. In some cases, mobility may decrease so much that performing everyday activities such as combing your hair, brushing your teeth or reaching is difficult or even impossible.





Patients at risk of frozen shoulder include women over the age of 40 (frozen shoulders are twice as common in women as men), people with jobs that require repetitive motion, patients that have experienced prolonged immobility of their shoulder-perhaps due to trauma or hospitalization, and people with overuse injuries. It also can occur after the inflammation as a result of shoulder surgery, which is why early motion after shoulder surgery is so important. Diabetics are much more likely to have problems with their shoulders than others. In very rare cases a frozen shoulder can be the first “symptom” of new diabetes. Elevated blood sugars seem to affect the lining of the joint and make it more likely to freeze even after only minor trauma. Still, often, there is no known exact cause.

Treatment Options for Frozen Shoulder

The first treatment for frozen shoulder includes medications to reduce the inflammation and physical therapy. Physical therapy is key in stretching the joint lining and helping to restore motion and function. Sometimes muscle relaxers or medications that reduce nerve sensitivity are also used. Frequently a steroid injection is required to stop the inflammatory cycle that keeps the shoulder from improving.

If these treatments are not successful or if the condition is ignored too long, surgery may be required to restore motion. Surgery for a frozen shoulder involves manipulating the joint to release the scar tissue, removing the scar tissue and removing the adhesions from inside your shoulder. If there is an underlying condition at the root of the frozen shoulder like a rotator cuff tear, ligament injury or bone spurs, these can be treated at the same time to prevent recurrence of the shoulder problem. Dr Reznik performs this surgery through a fiber-optic scope using small incisions on an out-patient basis followed by starting ROM as soon as possible after the surgery and progressive physical therapy. This procedure has been shown to be very effective in restoring motion with a low risk of complications.

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