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Adhesive Capsulitis of the Shoulder: Frozen Shoulder

Key words: Shoulder stiffness, frozen shoulder, adhesive capsulitis of the shoulder, manipulation of the shoulder.

Introduction

Adhesive Capsulitis is a generic term for a range of shoulder conditions including Frozen Shoulder Syndrome. Most conditions cause painful and restricted movement, both actively and passively, of the joints of the shoulder complex. It affects approximately 3% of the population during their lifetime with more women affected than men. Diabetes, Ischaemic Heart Disease and Cervical Spondylosis may also increase the risk of Adhesive Capsulitus, as does trauma or surgery to the affected area.

Anatomy

The main shoulder joint (gleno-humeral joint) and its associated structures provide approximately 2/3rds of the total range of movement in the shoulder girdle. The remaining range occurs in the scapulo-thoracic region. A thick capsule, ligaments and rotator cuff muscles surround the gleno-humeral joint, all of which protect and stabilise the area. These soft tissues structures can become inflamed causing the joint to lose range of motion. In some cases the muscles can become degenerative and rupture.

Indications and symptoms

Three phases during the course of the condition have been noted, each with a varying time span. The initial phase is one of pain that may have been present for a minimum of one month often with no specific cause of onset. The second phase is one of stiffening lasting anything up to 9 months. Loss of movement may be in one or more specific direction. The final phase is one of "thawing" where there is a gradual decrease of pain and an increase in range of movement. The time span for return of functional movement may be anything up to 3 years. An X-ray may be useful in determining any underlying pathology.

Treatment

Conservative treatment consists of Physiotherapy, drugs or injections, all of which are useful in controlling the inflammatory component of the condition. Physiotherapy modalities such as Ultrasound, Heat or Ice may be useful for pain relief, however it is important to use active and passive techniques to maintain and improve range of movement. Drugs such as NSAID's (non-

steroidal anti-inflammatory drugs) may be useful and in some cases oral cortico-steroids may be of benefit.

Local injection of anti-inflammatory agents and painkillers combined with the physiotherapy and rehabilitation may also be of benefit, especially in the initial inflammatory phase.

Surgical treatment may be offered, usually only after a minimum of 3 months of conservative treatment. This may be in the form of a manipulation under anaesthetic, arthroscopic capsular release or open surgical release. In many cases the traditional treatment of a simple manipulation of the shoulder under a general anaesthetic and steroid injection followed by a period of intensive physiotherapy and rehabilitation is all that is necessary to restore movement and function. However for inflamed, active or recurrent cases the newer and more invasive modality of arthroscopic capsular release may be necessary. This requires a general anaesthetic and insertion of an arthroscopy or keyhole surgery to the shoulder. This can usually be successfully undertaken as a day case.

Complications

There may be complications as a result of the use of drugs and injections should be limited to no more than 2 in a three-month period. Any surgical intervention incurs risks associated with any anaesthetic as well as the risks associated with infection.

Outcome and prognosis

Adhesive Capsulitis is thought to be self-limiting in nature although many consider at least 10% of cases never recover fully the range of movement but remain fully functional. Other predisposing medical factors such as Diabetes may increase the risk of the condition recurring