



[www.AzISKS.com](http://www.AzISKS.com)

## ***FROZEN SHOULDER (ADHESIVE CAPSULITIS)***

Frozen shoulder (stiff shoulder) is a very common problem, most often seen in women after the age of 35. The cause is usually unknown and therefore, most cases are called “idiopathic” – essentially meaning “we are not sure why you have this”. The problem is not scar tissue or adhesions but a contracture (SHRINKAGE) of the joint capsule (envelope around a joint) and secondary severe synovitis (inflammation of the joint lining). This causes joint motion restriction and pain with movements. The more pain, the less you will move your shoulder. The less you move the shoulder, the more stiff it becomes and it goes on...Think of it as a cotton shirt in the dryer- it shrinks- and then you try and put it on and can't move.

The problem can start for no apparent reason and often patients just wake up one day with a painful stiff shoulder. It is often on both sides, but one side starts first. It can be triggered by a small injury such as a strain, such as from lifting, even without a tear. It can also be related to a rotator cuff or labral tear. Recent studies suggest a genetic predisposition for this problem. Patients with **diabetes and hypothyroidism** (low thyroid) are especially prone to this problem and they are more difficult to treat, with higher recurrence rates. In addition, those with fair skin, red hair and freckles seem to be especially vulnerable to this.

Most cases are self-limiting-that is, they will resolve spontaneously. The problem is, recovery can take 1-2 years if no intervention is involved. Early treatment consists of rehab, aggressive stretching, anti-inflammatory medicine (NSAIDs like ibuprofen or naproxen), and occasional injection of steroid. In severe cases, or cases that have failed 6 weeks of conservative treatment, we often will recommend surgery.

Historically, surgery consisted of giving anesthesia and just manipulating the arm (manipulation under anesthesia) which does work...MOST of the time. The problem is, it is very uncontrolled and can result in tearing of the rotator cuff or labrum instead of the capsule, lead to fracture of the glenoid socket, or humerus (arm bone) and even a dislocation of the joint. All of these are devastating complications. Recurrence rate is also about 20% with this method.

In the 1990's studies were done that demonstrated that an **arthroscopic release** (cutting) of the capsule in a controlled environment was more predictable, safer and had fewer recurrences. It is a simple surgery but does require anesthesia and is "invasive". We perform a controlled capsular release and a synovectomy (removal of inflamed synovial lining). At the same time, it allows me to evaluate more closely the other parts of the shoulder including the rotator cuff, labrum and joint cartilage. Some of those things can be treated at the same time, while others require a return to surgery for definitive treatment.

**Therapy is started the next day** and typically involves aggressive mobilization. This happens **every day for 2 weeks** then therapy changes to 3 days per week until 8 weeks and then progression is then to home program. A CPM (continuous passive motion) machine is also used and delivered to your home. It should be set on the maximal motion allowed at a comfortable speed. The idea is to **MOVE the arm and shoulder as much as possible** for the first few weeks, during the healing phase. NSAIDs are very helpful during this phase as well to help minimize scar formation. Although the surgery is very easy and safe, the rehab and mobility exercises can be difficult. This is where patient motivation helps significantly. However, with this "recipe" our recurrence rate is < 0.5%. Most patients improve their motion and pain decreases to the point they can return to activities by 3 months. Over approximately 6 months, the shoulder typically is "back to normal", as long as there was not other associated problems, such as a rotator cuff tear.

Please check my website ([www.AZISKS.com](http://www.AZISKS.com)) and the internet for more basic information on this and other problems. The more you can learn about the process, the better your recovery will be. If you have questions, feel free to email me via the link on my website or at **dsb@azisks.com**

We thank you for the opportunity to take care of you and will work to help you achieve a fast and comfortable recovery and get back to the life you desire.