

FROZEN SHOULDER

Frozen shoulder is a common musculoskeletal disorder. It is characterised by progressive mobility loss of the shoulder that is frequently accompanied by pain. In addition, muscle weakness has been shown in patients with frozen shoulder.

Some of the risk factors for developing frozen shoulder include:

- Being 50 – 60 years of age
- Diabetes
- History of shoulder injuries

BACKGROUND

Traditionally, frozen shoulder was proposed to be self-limiting and follows 3 phases (painful, stiff and recovery), leading to full recovery. However, recent studies show that early improvement in shoulder mobility and function slowing down with time, with prolonged limitations over a long period.

ANATOMY

The head of the upper arm bone and the shallow socket in shoulder blade forms the shoulder joint. Strong connective tissues called the shoulder capsule surrounds the joint. To have the shoulder move easily, synovial fluid lubricates the shoulder capsule and the joint.

In frozen shoulder, thick bands of tissue called adhesions develop in the shoulder capsule causing stiffness and tightness in the shoulder.



SIGNS AND SYMPTOMS

The area and level of pain experienced can differ in each individual. You may experience the following:

- Pain in your shoulder both at rest (with or without direct pressure on your shoulder) and/or during movement.
- Stiffness in your shoulder
- Unable to move your shoulder in multiple directions

AGGRAVATING ACTIVITIES

- Scratching your back
- Reaching up high
- Reaching sideways
- Reaching for back pocket
- Lying on affected shoulder

PROGNOSIS

Frozen shoulder generally gets better over time.

Reduction in pain and improvement in the range of motion for the affected shoulder occur over many months.

Disclaimer: The material contained in these information sheet is intended as a guide only and does not constitute advice or treatment. For further information, please see your qualified healthcare professional.

CAN PHYSIOTHERAPY HELP?

Yes!

Physiotherapy treatment is mainly targeted towards functional disability. Conservative management leads to improvement in most cases.

PHYSIOTHERAPY MANAGEMENT & TREATMENT

Your physiotherapist will select appropriate exercise according to your needs and ability after assessment.

MOBILITY

Your physiotherapist will recommend some stretching and range of motion exercises. You need to perform your exercises few sessions a day as the shoulder will become stiff again between sessions.

STRENGTH

Your muscles will develop weakness from a lack of movement. Perform the strengthening exercises following the frequency and intensity prescribed by your physiotherapist. Subsequently, your therapist will progress or regress exercises according to your condition upon follow-up sessions.

PAIN MANAGEMENT

Take pain medication that is prescribed by your doctor when needed, especially when the pain is affecting your sleep.

Based on Physiotherapists' discretion, other types of treatment such as manual therapies and electro-physical modalities may be administered.

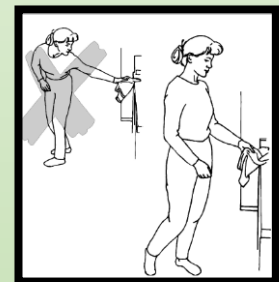
Stress and anxiety can affect your pain experience. Seek assistance when necessary to ensure your mental well-being is taken care off.

TIPS TO HELP YOURSELF

Modify your activities and house chores in view of your shoulder pain, stiffness and weakness.

For example:

- Shift items to chest level if you have difficulty reaching them at overhead cupboard.
- Walk towards the table retrieve the item if you have difficulty reaching it behind your back.



Balanced diet and good quality of sleep is essential for recovery.



Picture from Health Promotion Board website

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