



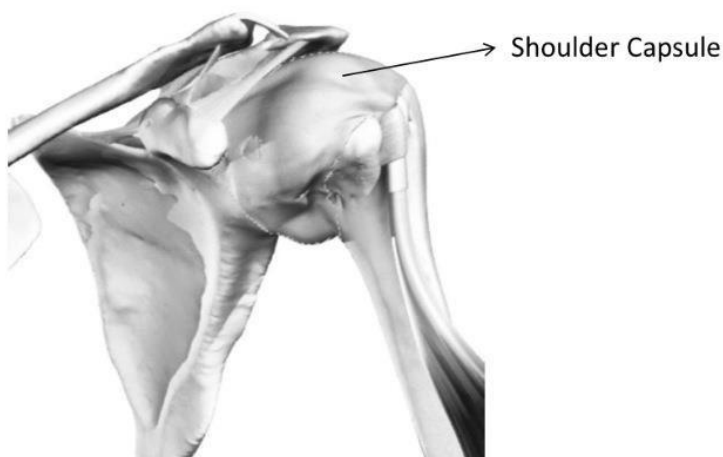
Frozen (contracted) shoulder

Information and exercise leaflet

What is a contracted (frozen) shoulder?

The shoulder joint is a ball and socket joint. There is a loose layer of tissue, the capsule, which surrounds the joint keeping the lubricating fluid inside.

Contracted (frozen) shoulder involves this capsule which becomes irritated and inflamed. Scarring forms which contracts and causes the capsule to tighten this limits the movement of the shoulder joint. The shoulder does not feel cold, but it will feel very painful and stiff.



Why have I got a contracted (frozen) shoulder?

Very often it comes on gradually and for no apparent reason. It commonly occurs between the ages of 40 and 60 years old. It is 5 times more common in people with diabetes. 15% of people link the onset of contracted shoulder to a minor injury.

Will it get better?

Yes, it will get better eventually by itself but pain or restricted movement may last 3-4 years before subsiding. There are 2 main phases.

- **Pain phase** - pain is the predominant feature initially. Pain begins in the front of the shoulder but can radiate down the arm and sometimes you can get pins and needles in your hand. It is difficult to sleep and especially to lie on the affected side.
- **Stiffness phase** - the shoulder stiffens up and you will find difficulty with combing your hair, reaching overhead, reaching to your back pocket or bra strap. Over time the pain gradually begins to fade and it mainly occurs when you overstretch the arm. As the condition resolves your movements slowly improve and you can manage your day-to-day activities more easily.

What can I do to help myself?

In the early stages the priority is to get your pain under control. It is important **not** to try to force your movement through pain. This has been shown to make pain worse and the condition to last longer.

- **Painkillers and anti-inflammatory medicines**
These can be prescribed by your GP or pharmacist as a temporary measure to break the cycle of pain and aid sleep.
- **Heat**
Applying moist heat to the shoulder can help particularly before exercises. You can apply a hot water bottle or wheat bag wrapped in a damp towel, or take a warm shower but take care not to burn yourself- comfortable warmth should be felt.
- **Steroid injections**
These can be used to reduce pain and inflammation when the pain is constant and severe. These work best in the early stages of the condition and can be administered by your GP or a Physiotherapist trained in Injection Therapy.
- **Exercises**
Although it is important not to over stretch or force movement in the early painful stage these can help in the later stages if done correctly. They will be described in more detail later.
- **Surgery**
If shoulder is too stiff it might not respond to these treatments. Your physiotherapist or GP will advise you on appropriate management. Other procedures include MUA

(manipulation under anaesthetic), releasing the capsule with keyhole surgery or stretching it by putting fluid into the joint.

Recommended exercises

Posture

It is important to start all your exercises with your shoulder in the correct posture. This simply means standing tall with your tummy pulled in. Feel how this straightens your back and widens your chest. When you reach forward lead with your thumb and step forward.

Key points

- Do not push through pain
- Exercise 3-4 times a day
- Start with a few repetitions and build up slowly to 10

Exercise 1



Seated Table Slide into Flexion

Sit down and rest your forearms around a towel on a table. Slide your hands forwards as far as feels comfortable as you lean forward. This exercise improves flexion in your shoulder.

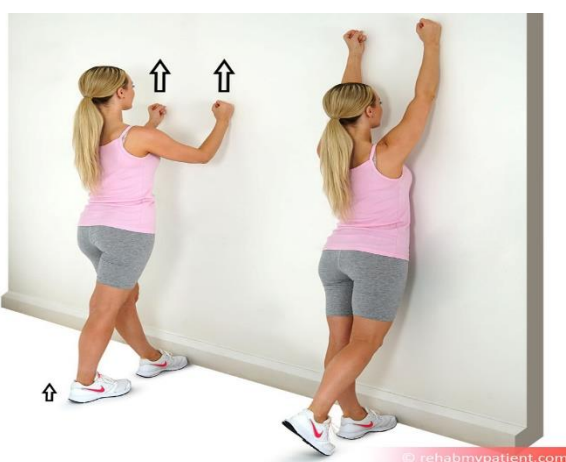
Exercise 2



Dissociation - Step Back

Place your hands on a high table. Turn your arms slightly outward. Step back to forward flex your arms. Your hands will not move. This exercise should be pain-free.

Exercise 3



Supported Mobilisation - Wall Slide

Stand facing a wall. Turn your arms outward slightly to rest the outside of your fists on the wall. Transfer weight on to the opposite leg to your painful shoulder as you elevate your shoulders. Transfer weight into the back leg as you bring your arms back down. This exercise helps to facilitate movement while unloading pressure on the shoulder.

Exercise 4



External rotation with stick – seated

Sit next to a table with your elbow supported on the side of your painful shoulder. Hold a walking dowel rod, golf club or walking stick in both hands. Use your good arm to push your painful arm gently outward. Keep your elbows into your side. This is a passive mobilisation to improve external rotation of your shoulder.

What actions can I take to improve my health?

Evidence tells us that making healthy lifestyle choices can have a big impact on influencing problems with your muscles and bones and can play a major role in your overall health. Some of the most effective areas to address are below: (click on the links)

Maintaining a healthy weight

Link: www.nhs.uk/live-well/healthy-weight/



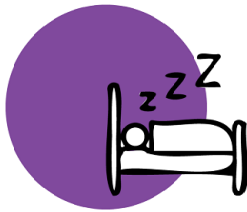
Increasing levels of physical activity

Link: www.nhs.uk/live-well/exercise/



Avoiding poor sleep patterns

Link: www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep/



Reducing alcohol consumption

Link: www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/



Stopping smoking

Link: www.nhs.uk/live-well/quit-smoking/



Maintaining a healthy mind

Link: www.nhs.uk/conditions/stress-anxiety-depression/



The **good news** is that you can influence lots of these by modifying your lifestyle. Therefore, it is important that you consider addressing these areas alongside your current treatment.

You may wish to discuss any of these factors with your treating clinician who will be able to work with you and guide your long- term management and support you to improve your wellbeing.

There will be information about the local services that exist within the waiting areas of the physiotherapy department and your treating clinician will be able to help signpost you to appropriate services.

There are some websites below that give more information on local services available:

- Blackburn and Darwen: <https://refreshbwd.com/>
- East Lancashire: <http://www.upandactive.co.uk/>
- Public Health England: <https://www.gov.uk/government/organisations/public-health-england>

Applications (Apps)

The ORCHA website will recommend useful and rated apps to support your wellbeing.
<https://www.orchha.co.uk/>

Aims of Physiotherapy:

Physiotherapy may form one part of your management, helping you identify the main contributory factors whilst working together to plan your rehabilitation.

Your physiotherapist may spend time talking with you about your shoulder pain, providing advice, reassurance and helping discuss any concerns you may have.

A physiotherapist can provide and help oversee a personalised exercise programme focused on what you want and need your body to achieve.

Warning Signs

If you have severe pain which is getting worse over several weeks, if you are unwell, or under the age of 16 years, you should consult your doctor.

The following symptoms are very rare, but if you suddenly develop any of them, you should consult your doctor straightaway.

- Significant swelling to the arm
- Feeling generally unwell
- Sign of infection i.e. does your joint feel hot and swollen to touch compared to the other side, night sweats that are out of the ordinary, high temperature and feeling unwell.
- Constant night pain (unable to rest/sleep)
- Unexplained weight loss
- Loss of feeling such as numbness or pins and needles in your hand / wrist / arm
- Loss of control of hand movements or strength or grip (dropping objects)

If your symptoms fail to improve within 6 weeks with this regime you should contact your doctor for a physiotherapy referral.

If you require this document in an alternative format or language, please contact:

Integrated Musculoskeletal / Physiotherapy Service / Head Office: Accrington Pals Primary Health Care Centre, Paradise Street, Accrington, Lancs BB5 2EJ

Tel: 01254 736041 Email: elmsk@nhs.net

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আমনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

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