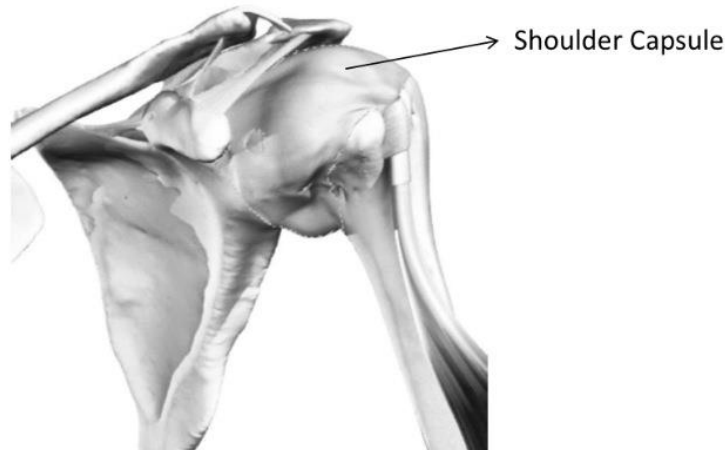


# Contracted (Frozen) Shoulder

## Information and Exercise Leaflet for Patient's and Carers

### 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 to 4 times a day
- Start with a few repetitions and build up slowly to the recommended number.

### Exercise 1 - Towel slides

- Find a cloth that slides easily on your kitchen worktop or table.
- Start with good posture, stand tall, step forward and slide the cloth forward.
- Step back and slide back.
- Use a slow steady rhythm



Start position – towel slide



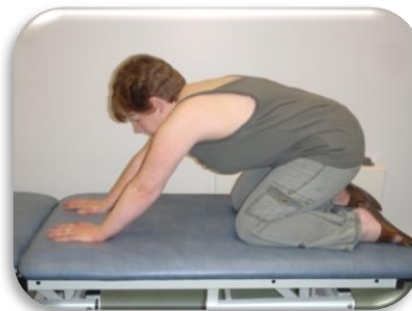
Finish position – towel slide

### Exercise 2 - All fours

- Start on all fours with your hands under shoulders and knees under hips.
- Slightly turn out your hands and begin to rock backwards and forwards aiming to sit back on your heels.
- Slow rhythmical movements are best.



Start position – All fours



Finish position – All fours

### Exercise 3 - Wall slides

- Find a smooth wall or mirror and a cloth that will slide on it.
- Alternatively put socks on your hands or you can use a flannel in the shower as it should slide easily on the tiles.
- Place palms onto the wall and stand tall.
- Gently push and slide up the wall.
- Work in the pain free range and alter the pressure through your hands to reduce the pain.



Start position  
Wall slide



Finish position  
Wall slide

### Exercise 4 - Outward rotation

- Sit opposite a table with your arms bent at the elbow.
- Rest the forearm of your sore arm on a cloth.
- Hold a rolling pin or umbrella or similar between both hands.
- Sit up tall and move the rolling pin towards your sore arm sliding it outwards.
- Slow rhythmical movements are best



Start position  
Lateral Rotation  
with stick



Finish position  
Lateral Rotation  
with stick

### Exercise 5 - Hydrotherapy

- Exercises in warm water can be helpful.
- Get your shoulder under the water either by sitting on the steps or bending your knees in standing.
- Hold a float or armband and let it float your arm up as far as pain allows.
- Gently pull down into the water then relax and let the arm float up again.
- Try to build up a rhythm but keep the exercises pain free.

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