

FROZEN SHOULDER

These options will only apply if a professional has diagnosed you with frozen shoulder. As minimum you should have had a X-Ray of your shoulder to rule out other conditions.

Frozen shoulder is rare outside age group of 30-65 years.

Options for management of Frozen Shoulder with Benefits, Risks and Rehabilitation

- 1) To manage with the painkillers as it is and continue with the exercises, as it is self limiting condition. It may take 18 months to two years from start to settle completely.

- 2) Having a steroid injection in shoulder joint. Sometimes not as effective as third option especially for range of movement but risks and rehabilitation are same.
(Please note it is an intraarticular injection (inside shoulder joint) and is not usually the same as provide clinically by your doctor or physiotherapist in subacromial space (which is outside shoulder joint) as shoulder steroid injection can be provided in three different areas)

- 3) The third option is image guided Hydrodilatation. This procedure is done under local anaesthesia (patient is awake). It works by stretching / bursting capsule of the joint (tight lining of shoulder joint).
Potential risks include- Infection, Incomplete benefit from symptoms, local or rarely systemic effects of steroid, increased pain initially, skin discolouration, nerve damage owing to injection.
In diabetics can rarely cause deranged blood sugar
Rehabilitation is same for all options.

- 4) The surgical option is the arthroscopic (key Hole) release of capsule (tight lining of shoulder joint) under General anaesthesia (patient is asleep). It is day case surgery (you are discharged on the day of operation).
The benefits of the operation i.e. pain relief can take from 6 weeks up to 3 months to get good pain relief and patient will have to do the exercises to maintain range of motion.
Risks include bleeding, infection, stiffness, fracture, dislocation and not get full range of motion back but will be improved from current position, small risk of nerve damage 1:100 (worse case scenario permanent loss of sensation and movement), the risk of incomplete symptom relief or rarely no relief, blood clot in veins, and anaesthetic risks (e.g. heart attack, stroke, chest infection).

*Patients who smoker, are diabetics, & or have hypothyroidism do not have similar results. So if you can **stop smoking completely or control blood sugar levels**, it aids in management.*

Post Traumatic frozen shoulders can be resistant to treatment.

After procedure the rehabilitation will include sling for 2-3 days until comfortable but there will be no restrictions to movement. Early movement should be encouraged and gradually progress to rotator cuff strengthening. For full rehabilitation please see post-operative physiotherapy protocols.

Any pain below your elbow or pins and needles / numbness in your hand is not usually because of your shoulder and will not get resolved.

Surgery will be offered depending on pre-anaesthetic check-up.