

Orthopaedic Connection

How I Thaw A Frozen Shoulder

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Transforming patient information into patient understanding.

I wrote an article about “Frozen Shoulder” in the past. Since I see it so often in the office and since it is so misunderstood I thought it was time to cover it again.

Many Presentations

I wish there was a really typical picture, but there isn't. So I'll try to put together pieces that patients can relate to.

Your shoulder feels sort of achy and you remember bumping it or lifting something that you figure caused it. Easy enough to try to explain it. We all do it, but that's your first mistake.

It doesn't go away and maybe it gets a little worse. So you baby it for a few days to a week or two. You protect it. (Your second mistake!).

Still no better. Hmm. Maybe I should go to that Walk In place you tell yourself.

When you have time you go in. A cursory exam is done (perhaps no range of motion of the affected shoulder is tested) and you get an x-ray. Good news you are told. The x-ray is negative, you don't have arthritis!

Take some Advil and you'll be fine. False sense of security for sure. You won't be fine, you are headed for trouble.

“I can't use it”

Finally you discover that it not only hurts, but you can't use it very well because it is stiff. Now it keeps you awake at night.

I'm amazed how many times I see a person with “Frozen Shoulder” in the office and they didn't realize for a long time that the shoulder was becoming stiff.

Shoulder Anatomy

The shoulder has the greatest range of movement of any joint in the body. It is made up of:

- Bone. A ball and socket
- A thick joint capsule
- Ligaments
- Tendons
- Muscles
- Synovial fluid

We take it for granted that all these structures will operate normally and glide over one another indefinitely. As with all of our joints we never give it a thought.

What Happens?

It is easy to describe what happens, but hard to explain *why* it happens. The deep capsule structure thickens and tightens around the shoulder joint. The layers of capsule, rotator cuff tendons and bursa are affected by tissue bands or adhesions that cause the structures to stick together restricting movement. Also

there may be less synovial fluid in the joint. Only one shoulder is usually affected. I have never seen someone who had both shoulders “freeze up” at the same time. I have however seen many patients who had a shoulder “freeze up”, improve with treatment only to have the other shoulder go bad sometimes years later. Women are affected more often than men.

What Triggers It?

It is unclear what it is exactly that causes the change. Conditions that may cause it:

- Adult over 40
- Reduced mobility of shoulder due to injury or surgery
- Fracture about the shoulder
- Recovery from a stroke
- Parkinson’s
- Thyroid disease
- Cardiovascular problems

Diabetics Beware

Frozen shoulder is at least five times more common in people who have diabetes. It seems to fit right into the other tissue related problems that people with diabetes have with wounds healing, etc. As a surgeon I am acutely aware of how difficult it is for wounds (surgical or other) to heal if the blood sugar is poorly controlled.

I’m afraid I’m out of space this week and there is so much more to cover. Can we please all reassemble here next week? Good. I’ll see you then and finish our mini course on frozen shoulder.

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