

fact sheet

Frozen Shoulder

Also known as:

Adhesive capsulitis of shoulder

What is it?

A chronic inflammation of the shoulder joint tissue (capsule). This process leads to a gradual and progressive restriction of motion and the insidious onset of pain. Frozen shoulder is more common in women and diabetics and usually begins after age of 40.

How is it diagnosed?

Onset is gradual. Pain is constant and may not develop until shoulder motion is lost. There is usually no specific area of tenderness. There may be a history of repetitive activity or trauma followed by period of immobility or restricted shoulder motion.

When the worker starts to use the shoulder the pain starts, the arm is immobilized again, which starts a vicious cycle.

What to look for

Generalized pain over the shoulder area, decreasing over time. Arm may hang limply at side as a protective mechanism. Will not be able to move arm more than slightly in any direction.

How is it treated?

Initially, oral medication is used to decrease the inflammation and pain. Medications for relief of pain are used especially at night, as adequate rest is an important part of the treatment. Injection of corticosteroid and local anaesthetic medications may increase comfort and allow for more aggressive

therapy. Immobilization should be avoided, such as the use of slings. The main treatment goal is to regain motion. Physical therapy should begin immediately to restore motion and strength of the shoulder and arm. Ice packs and continued range of motion exercise at home are recommended. If the worker is unable to regain motion despite therapy, manipulation while under general anaesthesia may be beneficial.

Tests

Diagnosis is often made by clinical evaluation. Plain x-rays of the shoulder may be taken to rule out calcium deposits in the shoulder bursa, fractures, arthritis, or tumours. The x-rays are often reported as normal. Plain x-rays of the neck (cervical spine) may be needed to further evaluate nerve problems starting in the neck. Blood tests will be ordered if there is suspicion of diabetes, gout, infection, or an inflammatory condition like arthritis. Shoulder Arthrogram or MRI may be ordered to evaluate the rotator cuff and joint capsule. EMG may be needed to assess nerve function.

Common Medications

Anti-inflammatories, steroid injections, analgesics and muscle relaxants.

What is the expected return to work?

Job Classification	RTW Minimum-Maximum
Sedentary Work	0 - 21 days
Light Work	7 - 42 days
Medium Work	42 - 112 days
Heavy Work	84 days - indefinite
Very Heavy Work	84 days - indefinite

Work Restrictions and Accommodations

Limitations on lifting, carrying, and reaching overhead will be determined by the degree of motion, strength, and pain present. Workers with limited shoulder motion may only have use of their hand. Extensive therapy sessions several times a week must be initiated early in treatment. Workers need access to ice packs and rest periods to continue range of motion exercise during the workday.

What is the Predicted Outcome?

Recovery is usually complete, but may take several months of treatment to regain strength and motion and to alleviate pain. With no treatment, recovery frequently occurs but can take up to two years. During this time, the worker has significant restrictions in the use of their shoulder.