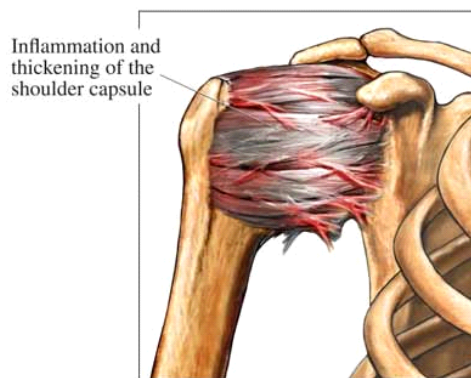
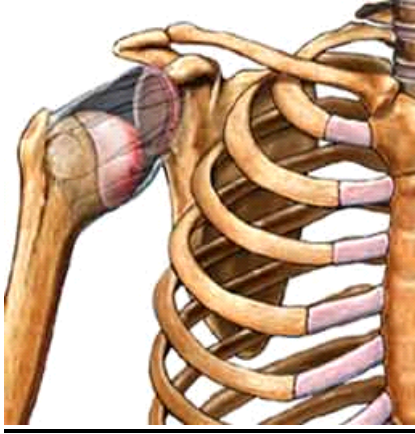


Adhesive Capsulitis (Frozen Shoulder)

What is Adhesive Capsulitis?



There is a thick, fibrous capsule surrounding the glenohumeral joint of the shoulder. This capsule can become inflamed or thickened causing adhesions within the joint leading to a significant decrease in motion at the shoulder. There are different stages of frozen shoulder. The first stage is the painful stage in which there is pain with movements such as reaching overhead or behind the back and a gradual increase in loss of motion in all directions. The next stage is the “frozen” stage. This stage is where the greatest loss of motion is seen but there may be a decrease in the level of pain. The last stage is the “thawing out” stage where range of motion begins to improve.

What Causes Frozen Shoulder?

The cause of frozen shoulder is unknown, but there are several factors that have been associated with the pathology. The most common demographics for this condition are seen in females twice as much as males, ages between 40-60 years old, and diabetics. This condition can often be seen after a traumatic event or after a period of immobilization.

Treatment Options

Treatment for frozen shoulder should start by consulting an orthopedic specialist. Your physician may prescribe physical therapy to assist with preserving your current range of motion, and, hopefully increasing the ROM. Therapeutic intervention should include joint and soft tissue mobilizations, modalities, and prescribed therapeutic activity to assist with increasing range of motion. If the symptoms do not improve the orthopedic specialist may consider arthroscopic intervention or a manipulation of the shoulder joint under general anesthesia to increase ROM, which will be followed immediately by physical therapy to regain shoulder range of motion.

If you would like more information about this issue, or need a physician referral in your area, please call us at 310-860-9720.