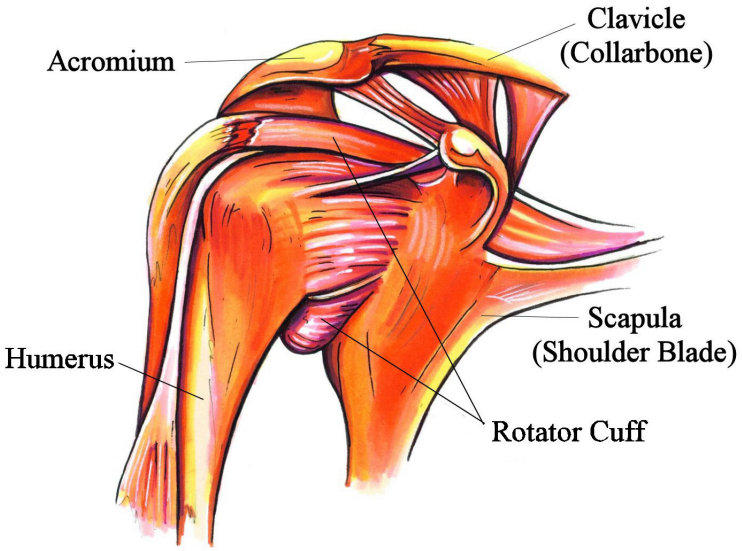
Adhesive Capsulitis

Sometimes the shoulder becomes stiff and is painful to move. Some people say it feels as if the shoulder is frozen in place. Because of this, the condition is called "frozen shoulder." Its medical name is adhesive capsulitis.



The shoulder joint is made up of strong connective tissue that attaches the ball of the humerus to the shallow shoulder socket. This strong connective tissue is called the joint capsule. This tissue can become stiff and swollen. That is when adhesive capsulitis sets in.

CAUSES

It is not always clear just what the cause adhesive capsulitis. Possibilities include:

- Injury to the shoulder joint.
- Strain. This is a repetitive injury brought about by overuse.
- Lack of use. Perhaps your arm or hand was otherwise injured. It might have been in a sling for awhile. Or perhaps you were not using it to avoid pain.
- Referred pain. This is a sort of trick the body plays. You feel pain in the shoulder. But, the pain actually comes from an injury somewhere else in the body.
- Long-standing health problems. Several diseases can cause adhesive capsulitis. They include diabetes, heart disease, stroke, thyroid problems, rheumatoid arthritis and lung disease.
- Being a women older than 40. Anyone can develop adhesive capsulitis but it is most common in women in this age group.

SYMPTOMS

- Pain.
  - It occurs when the arm is moved.
  - Parts of the shoulder might hurt if they are touched.
  - Pain is worse at night or when resting.
- Soreness. It might not be strong enough to be called pain. But, the shoulder aches.
- The shoulder does not move freely.
- Muscle spasms.
- Trouble sleeping because of shoulder ache or pain.

DIAGNOSIS

To decide if you have adhesive capsulitis, your healthcare provider will probably:

- Ask about symptoms you have noticed.
- Ask about your history of joint pain and anything that might have caused the pain.
- Ask about your overall health.
- Use hands to feel your shoulder and neck.
- Ask you to move your shoulder in specific directions. This may indicate the origin of the pain.
- Order imaging tests; pictures of the shoulder. They help pinpoint the source of the problem. An X-ray might be used. For more detail, an MRI is often used. An MRI details the tendons, muscles and ligaments as well as the joint.

TREATMENT

Adhesive capsulitis can be treated several ways. Most treatments can be done in a clinic or in your healthcare provider's office. Be sure to discuss the different options with your caregiver. They include:

- Physical therapy. You will work on specific exercises to get your shoulder moving again. The exercises usually involve stretching. A physical therapist (a caregiver with special training) can show you what to do and what not to do. The exercises will need to be done daily.
- Medication.
  - Over-the-counter medicines may relieve pain and inflammation (the body's way of reacting to injury or infection).
  - Corticosteroids. These are stronger drugs to reduce pain and inflammation. They are given by injection (shots) into the shoulder joint. Frequent treatment is not recommended.
  - Muscle relaxants. Medication may be prescribed to ease muscle spasms.
- Treatment of underlying conditions. This means treating another condition that is causing your shoulder problem. This might be a rotator cuff (tendon) problem
- Shoulder manipulation. The shoulder will be moved by your healthcare provider. You would be under general anesthesia (given a drug that puts you to sleep). You would not feel anything. Sometimes the joint will be injected with salt water (*saline*) at high pressure to break down internal scarring in the joint capsule.
- Surgery. This is rarely needed. It may be suggested in advanced cases after all other treatment has failed.

PROGNOSIS

In time, most people recover from adhesive capsulitis. Sometimes, however, the pain goes away but full movement of the shoulder does not return.

HOME CARE INSTRUCTIONS

- Take any pain medications recommended by your healthcare provider. Follow the directions carefully.
- If you have physical therapy, follow through with the therapist's suggestions. Be sure you understand the exercises you will be doing. You should understand:
  - How often the exercises should be done.
  - How many times each exercise should be repeated.
  - How long they should be done.
  - What other activities you should do, or not do.
  - That you should warm up before doing any exercise. Just 5 to 10 minutes will help. Small, gentle movements should get your shoulder ready for more.
- Avoid high-demand exercise that involves your shoulder such as throwing. This type of exercise can make pain worse.
- Consider using cold packs. Cold may ease swelling and pain. Ask your healthcare provider if a cold pack might help you. If so, get directions on how and when to use them.

SEEK MEDICAL CARE IF:

- You have any questions about your medications.
- Your pain continues to increase.

Document Released: 10/15/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.