

View this article online at: patient.info/news-and-features/how-to-cope-with-a-frozen-shoulder

How to cope with a frozen shoulder

We all know how a frozen pond or a frozen car door lock feels – stiff, crunchy and hard to move. Unfortunately, a frozen shoulder has many of the same properties – but it's painful as well. There's no sure-fire way to avoid it and symptoms last up to three years. Fortunately, there are treatments that can help relieve your symptoms, and lifestyle steps you can take to cope.

What causes frozen shoulder?

Your shoulder is more flexible than any other joint in your body: while this offers a great advantage in terms of day-to-day function, it brings challenges in terms of stability of the joint. To help keep the various muscles and bony attachments in position, a tough capsule, made of connective tissue, surrounds your shoulder joint.

Frozen shoulder is thought to be due to scar tissue inside the capsule – the medical name for frozen shoulder is adhesive capsulitis (–itis is the medical name for inflammation). This scarring causes the capsule to thicken and then shrink, leading to **pain**. Doctors aren't sure what causes the scar tissue to build up.

Sometimes it comes on following an injury or if your arm has been immobile due to, say, a **stroke** or **breast surgery**. But as a rule it's not down to anything you've done. Overuse is highly unlikely to be the cause – it more commonly affects your 'non-dominant' arm (the side you don't write with).

You're most likely to develop symptoms in your 40s, 50s or early 60s, although it can occur at any age. We do know that people with certain long-term health conditions, like **overactive thyroid** or diabetes, are more likely to be affected, but again there's no clear reason why.

What to expect

The 'freezing' phase of frozen shoulder doesn't usually start straightaway. In fact, the most common early symptom is pain, often worse when you lie on one side or try to sleep at night.

Over the next few months stiffness builds up until the 'frozen' phase kicks in, lasting from about four months to a year. The good news is that during this phase the pain is likely to improve, but your ability to move your shoulder may be severely restricted. This can make it challenging to perform all sorts of day to day tasks, including dressing and driving.

Finally comes the longest phase - the 'thawing' phase, which tends to last for a year or two. During this time, your shoulder gradually becomes less stiff, and in the end there's a good chance that you'll have full function again. Most people never go through another episode of frozen shoulder. However, about 1 in 5 people who've had a frozen shoulder on one side develop the same problem in the other shoulder at some point.

How to keep it moving

It's very important not to immobilise your shoulder completely. Even though moving your shoulder can cause severe pain, especially in the early stages, keeping it still for too long can actually cause it to stiffen further. This can delay recovery and increase pain when you do try to move. What's more, if you don't exercise your shoulder muscles at all, they will waste and become weaker. Building them up from scratch is much harder than maintaining muscle strength.

However, it's also important not to overdo shoulder exercises, because this too can do more harm than good. Your GP will probably refer you to a physiotherapist. They may offer warm and cold therapy (thermotherapy), massage and exercises. The exercises they recommend will depend on how much movement you have, and which movements cause you most pain. These exercises should always be carried on at home to maintain the benefit - you're likely to be offered just six or eight physiotherapy sessions on the NHS.

To reduce the discomfort from these exercises, start by warming up for five or ten minutes with small movements and very gentle exercises. You may find that applying an [ice pack or a hot water bottle](#) to your shoulder before you start will help. And if you've been given painkillers to take, try taking these ½-1 hour before you start your exercises.

Medication and surgery

Your GP may prescribe painkillers, either as tablets or in topical cream or gel form. Strong painkillers often cause side effects if used too long, so they may recommend taking milder forms except when the pain is really bad (for instance, at night, when it can stop you sleeping).

A steroid injection into the joint doesn't cure the problem, but can relieve pain for many weeks. Your doctor may offer this if pain is severe. If other treatments don't work, your doctor may refer you to an orthopaedic surgery to release the tight capsule using keyhole surgery.

Thanks to My Weekly where this was originally published

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Authored by:	Peer Reviewed by: Dr Colin Tidy, MRCGP	
Originally Published: 20/11/2023	Next review date: 12/09/2019	Document ID: doc_31143

View this article online at: patient.info/news-and-features/how-to-cope-with-a-frozen-shoulder

Discuss How to cope with a frozen shoulder and find more trusted resources at [Patient](#).



To find out more visit www.patientaccess.com
or download the app



Follow us

