

Frozen Shoulder (Adhesive Capsulitis)

What is a frozen shoulder?

A frozen shoulder is stiffness and pain in the shoulder.

How does it occur?

A frozen shoulder usually develops after a shoulder injury that causes pain and does not allow you to move your shoulder enough. Sometimes, however, a frozen shoulder may occur for no known reason. If you have limited movement of your shoulder for weeks, months, or years because of the injury, the capsule surrounding the shoulder joint may become very stiff. Your shoulder may develop scar tissue, or adhesions, in the joint.

What are the symptoms?

Your shoulder will lose its normal ability to move in all directions. You may not be able to lift your arm above your head or be able to scratch your back. Movement of the shoulder may be very painful. You may feel grinding when moving your shoulder.

How is it diagnosed?

Your health care provider will examine your shoulder and may take x-rays. In some cases, he or she may want to do an arthrogram (an x-ray of your shoulder after dye is injected into your shoulder joint) or an MRI (magnetic resonance imaging) scan.

How is it treated?

Your health care provider will probably send you to physical therapy for a supervised exercise program. You will also be given exercises to do at home. Your provider may prescribe an anti-inflammatory medication and may choose to do an injection of a corticosteroid medication into

your shoulder joint. When your shoulder is painful it is important to use ice packs on your shoulder for 20 to 30 minutes 3 or 4 times a day.

In cases that do not respond to therapy, your health care provider may talk to you about doing a "manipulation under anesthesia." In this procedure, you are put to sleep with a general anesthetic and your provider moves your shoulder in various directions to break up the adhesions, bands of scar tissue, in your shoulder capsule. You may need arthroscopic surgery to see if there are other causes for your frozen shoulder.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your activity will be determined by how soon your shoulder recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may safely return to your sport or activity when:

- Your injured shoulder has full range of motion without pain.
- Your injured shoulder has regained normal strength compared to the uninjured shoulder.

In throwing sports, you must gradually rebuild your tolerance to throwing. This means you should start with gentle tossing and gradually throw harder. In contact sports, your shoulder must not be tender to touch and contact should progress from minimal contact to harder contact.

How can I prevent a frozen shoulder?

After you have had an injury to your shoulder it is important that you do not limit your shoulder motion for a prolonged period of time. It is important to do your shoulder rehabilitation exercises as they have been prescribed. If you feel that you are losing range of motion in your shoulder you should see your health care provider.

Written by Pierre Rouzier, M.D., for McKesson Health Solutions LLC.

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Frozen Shoulder Rehabilitation Exercises

- **Wand exercises**
 - A. **Flexion:** Stand upright and hold a stick in both hands, palms down. Stretch your arms by lifting them over your head, keeping your elbows straight. Hold for 5 seconds and return to the starting position. Repeat 10 times.
 - B. **Extension:** Stand upright and hold a stick in both hands behind your back. Move the stick away from your back. Hold the end position for 5 seconds. Relax and return to the starting position. Repeat 10 times.
 - C. **External rotation:** Lie on your back and hold a stick in both hands, palms up. Your upper arms should be resting on the floor, your elbows at your sides and bent 90°. Using your good arm, push your injured arm out away from your body while keeping the elbow of the injured arm at your side. Hold the stretch for 5 seconds. Repeat 10 times.
 - D. **Internal rotation:** Stand upright holding a stick with both hands behind your back. Place the hand on your uninjured side behind your head grasping the stick, and the hand on your injured side behind your back at your waist. Move the stick up and down your back by bending your elbows. Hold the bent position for 5 seconds and then return to the starting position. Repeat 10 times.
 - E. **Shoulder abduction and adduction:** Stand upright and hold a stick with both hands, palms down. Rest the stick against the front of your thighs. While keeping your elbows straight, use your good arm to push your injured arm out to the side and up as high as possible. Hold for 5 seconds. Repeat 10 times.
- **Scapular range of motion:** Stand and shrug your shoulders up and hold for 5 seconds. Then squeeze your shoulder blades back and together and hold 5 seconds. Next, pull your shoulder blades downward as if putting them in your back pocket. Relax. Repeat this sequence 10 times.
- **Single arm shoulder flexion:** Stand with your injured arm hanging down at your side. Keeping your elbow straight, bring your arm forward and up toward the ceiling. Hold this position for 5 seconds. Do 3 sets of 10. As this exercise becomes easier, add a weight.

Written by Tammy White, M.S., P.T., for McKesson Health Solutions LLC.

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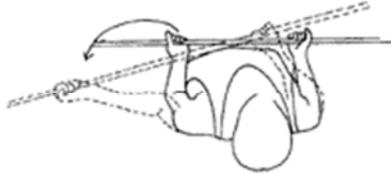
Shoulder flexion



Shoulder extension



Shoulder abduction



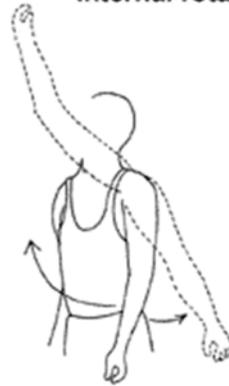
External rotation



Internal rotation



Scapular range of motion



Single arm flexion

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