How common is it?
It is most common in people between the ages of 40 and 70 years and has been estimated to affect at least one person in 50 every year.

Signs & symptoms:
Shoulder pain; usually a dull, aching pain, limited movement of the shoulder, difficulty with activities such as brushing hair, putting on shirts/bras and pain when trying to sleep on the affected shoulder.

How is it diagnosed?
Most often, a frozen shoulder can be diagnosed on examination, and no special tests are needed.

Stages of frozen shoulder
The symptoms of a frozen shoulder usually get worse gradually, over a number of months or years. There are three separate stages to the condition, but sometimes these stages may be difficult to distinguish. The symptoms may also vary greatly from person to person.

Stage 1
During stage one, often referred to as the “freezing” phase, your shoulder will start to ache and become very painful when reaching out for things. The pain is often worse at night and when you lie on the affected side. This stage can last for two to nine months.

Stage 2
Stage two is often known as the “frozen” phase. Your shoulder may become increasingly stiff, but the pain does not usually get worse and may even decrease. Your shoulder muscles may start to waste away slightly because they are not being used. This stage usually lasts 4 to 12 months.

Stage 3
Stage three is the “thawing” phase. During this period, you will gradually regain some movement in your shoulder. The pain will begin to fade, although it may come back occasionally as the stiffness eases.

You may not regain full movement of your shoulder, but you will be able to carry out many more tasks. Stage three can last from five months to a few years.
Treatment

Painkillers
If you are in pain, you may be prescribed painkillers, such as paracetamol, a combination of paracetamol and codeine or a non-steroidal anti-inflammatory drug (NSAID).

Some painkillers, such as paracetamol and ibuprofen, are also available from pharmacies without a prescription and you can seek advice from a pharmacist. Always follow the manufacturer’s instructions and make sure you are taking the correct dose.

Physiotherapy
Your GP may refer you to physiotherapy. A physiotherapist can use a number of techniques to keep the movement and flexibility in your shoulder.

- Manual therapy techniques
- Capsular stretches
- Soft tissue techniques/trigger point release
- Acupuncture

Corticosteroid injection
If painkillers are not helping control the pain, it may be possible to have a corticosteroid injection in your shoulder joint. Corticosteroids are medicines that help reduce pain and inflammation. They may also be given with a local anaesthetic. These injections can help relieve pain and improve the movement in your shoulder. However, injections will not cure your condition alone.

It is important to have physiotherapy and do a home exercise program in combination with this injection to resolve this condition. Exercises to improve movement are best done little and often. If you find exercises are aggravating your symptoms so you feel they are getting worse, cut down on the number you are doing.

Assume position shown, letting arm hang relaxed. Move the arm moving in circular patterns, clockwise and counterclockwise.

Lying on your back with elbows bent to 90 degrees on some towels, holding a stick/umbrella in front of you. Using a stick for assistance, rotate your hand and forearm out away from your body. Do not allow your upper arm to move away from your body. Hold for 10 seconds. Repeat 10 x

Lying on your back on a bed or the floor, reach up behind your head as shown. Press elbows backward so that you feel a stretch. Hold for 10 seconds Repeat 10 x

Lie on back as shown. Hold bad arm with good arm, palms facing up and raise above head. Hold for 10 seconds repeat 10 x

Hydrodilitation
If all conservative types of treatment fail you may be referred for a shoulder hydrodilitation to relieve the pain and assist with range of movement. A radiologist with the help of a radiographer or sonographer (person who takes x-rays or performs the ultrasound scan) will use imaging guidance (fluoroscopy or ultrasound) to guide a fine needle into the correct position and inject the site with local anaesthetic, steroid and saline to distend (stretch) the shoulder joint capsule.