

## SBO FROZEN SHOULDER (ADHESIVE CAPSULITIS)

*Strategies for pain relief, improved range of motion, and return of function*

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### **What Is A Frozen Shoulder (Adhesive Capsulitis)?**

Frozen shoulder, also called adhesive capsulitis, is a disorder in which the connective tissue surrounding the shoulder becomes inflamed and stiff restricting motion and causing pain and stiffness in the shoulder. The symptoms vary and develop slowly in phases, but over time the shoulder becomes progressively painful and difficult to move. Each phase can last several months. After a period of worsening symptoms, frozen shoulder tends to get better, although full recovery may take up to 9 months to 3 years to recover the range of motion and function of your shoulder. Physical therapy with a focus on shoulder flexibility is the primary treatment recommendation for frozen shoulder. Staying consistent with your exercise program can decrease your pain, improve your range of motion, and decrease the recovery time.

- **Freezing and painful phase:** Pain gradually worsens over time and prevents you from moving your shoulder. Your range of motion will gradually decrease.
- **Frozen phase:** Pain will gradually decrease, but the stiffness will remain.
- **Thawing phase:** Pain lessens and movement gradually improves.

### **Tips to Ease Your Symptoms**

The cause of a frozen shoulder is often unknown. It is more common in people with diabetes and thyroid disease as well as in women over 40 years old. Sometimes an injury to the shoulder, arthritis or surgery can cause you to not move your shoulder. If you avoid movement for too long, the tissues surrounding the shoulder joint can tighten up and lead to a stiff shoulder.

### **What You Will Feel?**

Having a frozen shoulder can be a painful and disabling condition that normally affects only one of your shoulders. The pain is felt in the shoulder and can radiate down the arm when it is in the most painful stage. Pain is more commonly worse with external rotation (reaching out to your side). You will have difficulty with simple tasks like getting dressed, brushing your hair, reaching over head or away from your body.

- Use a cold or hot pack on your shoulder for 10 to 15 minutes several times each day. Place a thin towel between your skin and the cold or hot pack to prevent a rash or burn.
- Move your arm often, every hour if possible. We recommend that included exercises to decrease pain and regain motion. Remember, any stiff joint is typically a painful joint.
- Use medication as prescribed by your doctor.

### **Sleeping Comfortably**

If you sleep on your back, place a pillow under your involved arm and allow your hand to rest on your stomach. If you sleep on your side, sleep on the uninvolved side hugging a pillow across your chest.

### **Sitting Positions**

Sit with good posture. Avoid slumping and slouching. Try to keep your shoulders back and down away from your ears. Consult with your physical therapist or doctor if you experience an increase in your symptoms with recommended exercises, or if you develop new symptoms of numbness, tingling or a spread of the pain. This information is not intended to diagnose or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor.

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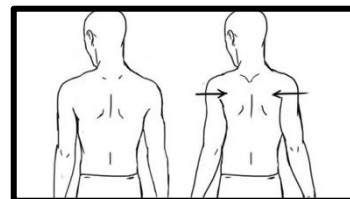
## GENERAL REHABILITATION GUIDELINES

**Equipment needed:** Towel, chair, cane, and pillow.

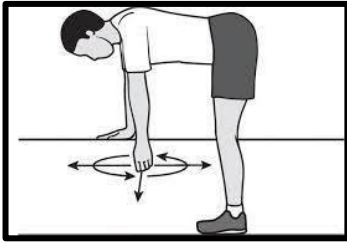
**Tip:** Use mirror to observe correct performance and maintained posture.

### **Shoulder Blade Setting (Repeat 5 Times Per Day Or Every Hour If In Painful Phase)**

Stand with your arms relaxed at your sides. Rotate palms outward so your thumbs rotate away from you. Squeeze your shoulder blades together and down. Hold for 5 to 10 seconds. Repeat 2 to 3 times



*Developed in conjunction with the physicians at South Bend Orthopaedics*

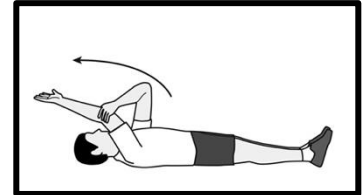


**Pendulum (Repeat 3-5 Times Per Day Or Every Hour If In Painful Phase)**

Bend forward at the hips so that your arm hangs down freely. Rock from your back foot to your front foot. Let your arm move in a circle, first clockwise, then counter-clockwise. Do this for 1 minute.

**Over head raise (Repeat 3-5 Times Per Day)**

Forward flexion supine position. Lie on your back with a pillow supporting your head. Grasp the wrist of the affected side with your other hand with your thumbs pointing up. Lift your affected arm your over head as far as you can comfortably. Hold 5 seconds and repeat for 1 minute.

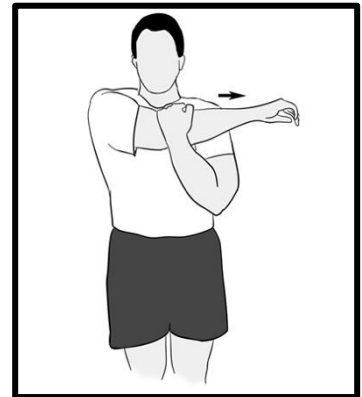


**Outward Rotation – Cane Or Doorwell (Repeat 3-5 Times Per Day)**

Place a rolled towel (not shown) between the elbow of your affected arm and your side. Stand with your elbows bent and hold a stick or cane in both hands. Push gently on the cane to move your affected hand and forearm out to the side as far as you can comfortably. Make sure to keep your elbow bent as it squeezes the towel to your side during the exercise. Hold 5 seconds and repeat for 1 minute.

**Cross Arm Stretch (Repeat 3-5 Times Per Day)**

Gently pull one arm across your chest just below your chin as far as possible without causing pain. Hold for 30 seconds. Relax and repeat.



It is not uncommon for your pain level to slightly increase during the first week of exercising. Continue the program for a minimum of 4 weeks. At the end of 4 weeks, if you do not notice improvement in your condition consult your physician or therapist. If your pain is diminishing, continue the program for 2 - 3 weeks after your symptoms have ceased to ensure the condition does not return.

Consult with your physical therapist or doctor if you experience an increase in your symptoms with recommended exercises, or if you develop new symptoms of numbness, tingling or a spread of the pain. This information is not intended to diagnose or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor.