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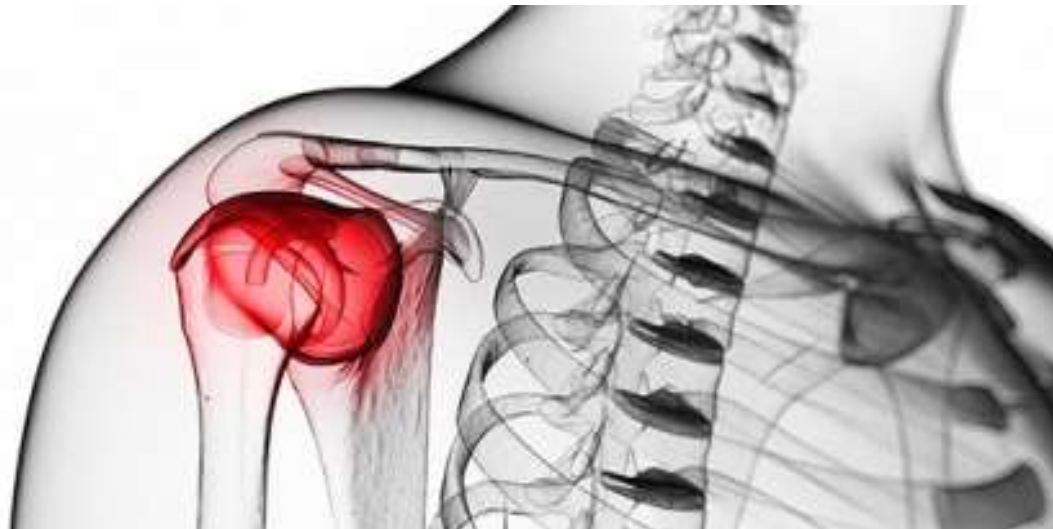
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Frozen Shoulder Adhesive Capsulitis

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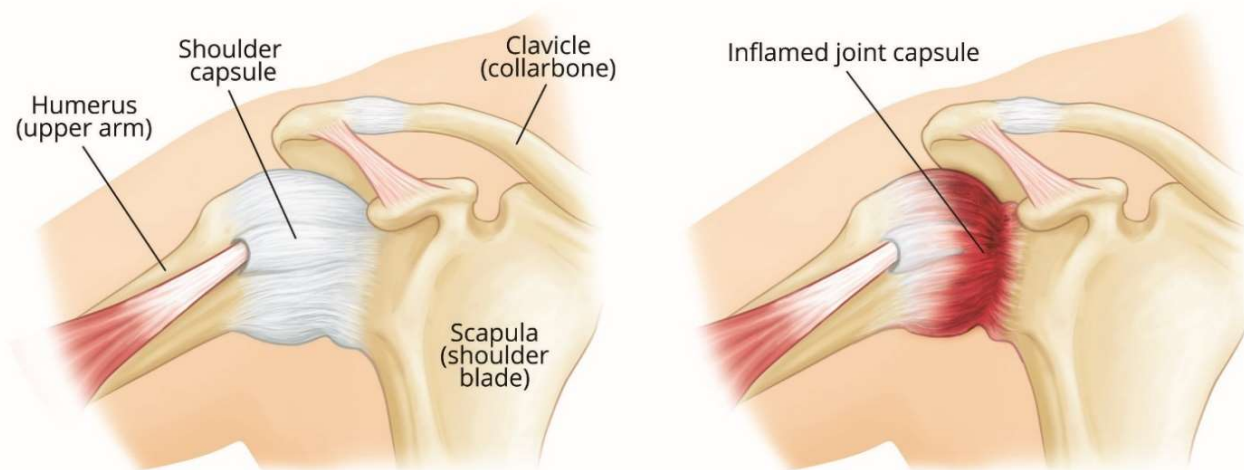
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Anatomy/Description

The shoulder is a ball and socket joint comprised of three bones; the humerus (upper arm bone), scapula (shoulder blade) and clavicle (collarbone). The head of the humerus fits into a shallow socket in the shoulder blade, called the glenoid. A strong connective tissue surrounds the joint, this is called the shoulder capsule. Between the shoulder capsule and the joint is synovial fluid, which lubricates the joint enabling ease of movement. The function of the shoulder capsule is to hold the humeral head within the glenoid.

Adhesive capsulitis, commonly called ‘frozen shoulder’, refers to the fibrotic adhesions that occur in the shoulder capsule. This inflammation causes the shoulder to become stiff and painful. Adhesive capsulitis can reduce the shoulder capsule by shrinking anywhere between 1 to 5cms and can also increase the thickness by up to 5mm. This reduction significantly restricts the shoulders range of motion.

The people most at risk of developing frozen shoulder are those between the ages of 40-60, women more so than men, and those with certain health problems such as diabetics.



What Causes a Frozen Shoulder?

Certain health issues such as diabetes, cardiac disease, thyroid disease, Dupuytren’s disease and Parkinson’s disease are all factors that can put a person at a higher risk of developing frozen shoulder. However the main cause is not known or fully understood. Long periods of immobilization can also contribute to developing capsulitis.

Symptoms

Frozen shoulder manifests in three stages, of which the symptoms slightly vary;

1. Freezing (6 to 9 months):
 - Initial shoulder pain
 - Progressive loss of range of movement
 - The capsule is bleeding and inflamed
2. Frozen (6 to 12 months):
 - Ongoing stiffness
 - Dull ache, ongoing pain
 - Some inflammation begins to diminish
3. Thawing (6 months):
 - Gradual return of range of movement
 - Inflammation reduced

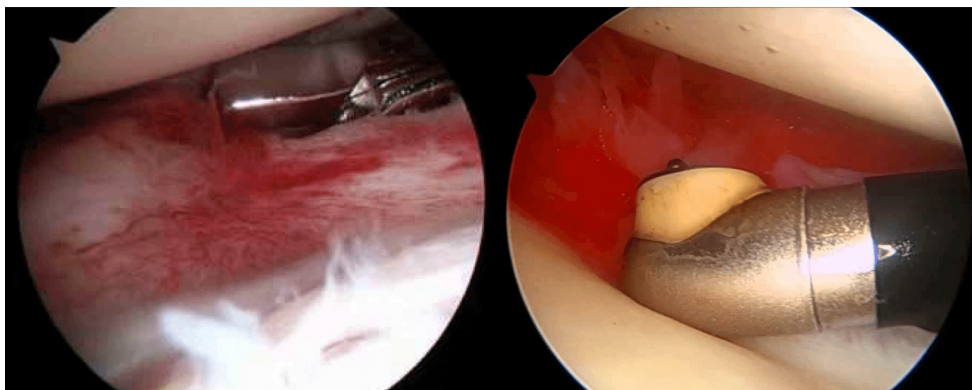
Treatment

Adhesive capsulitis will resolve naturally with time however the duration of frozen shoulder can last 24 to 30 months. The main aim of treatment during the 'freezing' and 'frozen' phases is pain management and physiotherapy during the 'thawing' phase.

Frozen shoulder can resolve naturally with simple treatments to control pain and restore function, surgical intervention is rarely indicated. However it is a long process. Such treatments include;

- Nonsteroidal anti-inflammatory medications
- Cortisone injections
- Gentle pain-free exercises to maintain movement

Surgical intervention is rarely indicated but can provide some symptomatic relief in patients with an extended freezing or frozen stage of the disease, or in those unfortunate individuals experiencing adhesive capsulitis in both shoulders. Surgery does not typically shorten the duration of the disease, but simply help with pain management. The surgery that Dr Dao performs to treat frozen shoulder is an arthroscopic capsular release, coupled with manipulation under anaesthesia. During the procedure Dr Dao makes a few small incision in the shoulder, and using a tiny camera and arthroscopic instruments Dr Dao is able to cut through the tight portions of the joint capsule. He will then manipulate your shoulder in order to further stretch and release the stiffened joint capsule. The wounds will be closed with skin stitches and small adhesive dressings. An ice pack is often applied in recovery to help defuse swelling and ease pain. Your arm will be placed in a shoulder immobilizer sling to help with post-surgical pain but early range of motion exercises are encouraged.



Recovery and Follow Up After Surgery

After two weeks you will see Dr Dao and he will remove your stitches and assess your progress. You will be given gentle exercises to do to prevent stiffness and promote flexibility. After six weeks you will see Dr Dao again and he will advise you of the subsequent stages of rehabilitation. The combination of an arthroscopic release and manipulation can improve pain and stiffness, however the duration of the disease is typically unchanged.

Frequently Asked Questions

Q: Will the shoulder heal by itself?

A. In adhesive capsulitis, the symptoms typically do settle on their own accord but typically takes approximately 2 years.

Q: Will I need surgery to repair the capsulitis?

A. The vast majority of people will not require surgery. Medication and exercise therapy will be the main forms of treatment. However for those people who do not respond favorably to these treatments and when symptoms are lasting for a longer period of time than expected, surgery may be indicated.

Q. Is there any risks associated with the surgery?

A. All surgery has risks. Dr. Dao will discuss this with you, including but not limited to anaesthetic risks, the risk of wound infection or deeper infection which may require further surgery, slow healing, reoccurrence, fracture of the humerus during the manipulation, the risk of bleeding and stiffness in the shoulder. There is also a risk of the damage to nerves and blood vessels close to the surgical area.

Q. Will the pain and discomfort in my shoulder resolve?

A. You will be prescribed medication to temporarily ease the pain after your procedure. The overall stiffness and pain will resolve, but may take a long period of time. It is important to continue with your analgesia and exercise therapy plan and be patient.

Q. What do I do if there is severe pain, wound discharge, increased swelling, worsening flexibility, inability to move the shoulder or any other concerns following surgery?

A. During business hours, please contact the rooms on 8078 0633 or outside business hours please attend your local emergency department.