**Frozen shoulder**

![Diagram of shoulder joint with labels]

**What is frozen shoulder?**
The lining around the shoulder joint (capsule) is normally a stretchy, elastic structure. With a frozen shoulder this capsule becomes inflamed, swollen and contracted. The normal elasticity is lost and pain and stiffness occur. Typically the joint is initially painful, and then develops stiffness. Often there is no obvious cause, although it can happen after a mild shoulder injury.

**How common is it?**
It is most common between the ages of 40-60 years and has been estimated to affect at least one person in 50 every year.

**Symptoms of frozen shoulder**
Frozen shoulder is a painful, persistent stiffness of the shoulder joint which makes it very difficult to carry out the full range of normal shoulder movements.
You may find it difficult to carry out everyday tasks, such as:
- dressing
- driving
- sleeping comfortably
Some people find they are unable to move their shoulder at all.

**How long will it take to get better?**
The condition usually passes through three phases:
• the ‘freezing’ painful phase
• the ‘frozen’ stiff phase
• the ‘thawing’ recovery phase

This process can take as long as two or three years and some people are left with ongoing tightness.

How is it treated?
Treatment for a frozen shoulder varies depending on the stage of the condition and the severity of your pain and stiffness. The aim of treatment is to keep your joint as mobile and pain free as possible while your shoulder heals.

Exercise

• Exercises should be used to improve movement. You should start exercising gently and gradually increase build up.

• It is normal to experience some discomfort at first. If done vigorously during the ‘freezing’ painful phase, exercises may make the pain worse. If this occurs, discuss pain relief with your doctor or pharmacist.

1. Pendulum exercise

Stand leaning forward.
Gently swing your arm side to side.
2. Rotation

![Image of person lying on back, holding a stick or umbrella, with one arm stretched out]

Lie on your back, holding a walking stick, or rolling pin, or an umbrella; keep your elbow into your side throughout. Push with your unaffected arm, so that the hand of your problem side is moving away from your body. Do not over-stretch or let your body twist round to compensate.

3. Arm over head

![Image of person lying on back, with arm raised overhead]

Lie on your back on your bed or the floor. Support the arm of your affected shoulder with your other hand at the wrist and lift it up overhead. Do not let your back arch. Try to get your arm back towards the pillow or floor. You can start with your elbows bent.

Initially the exercises can make your shoulder or upper arm ache for a short time afterwards. If this pain continues for more than half an hour complete the stretches more gently in future.

**Painkillers**
If you are in pain, you may be prescribed painkillers. If your pain is severe, your GP may recommend or prescribe a non-steroidal anti-inflammatory drug.
(NSAID).

**Corticosteroid injections**
If you have a severe case of frozen shoulder, treatment using painkillers may not be enough to control the pain. If this is the case, you may be able to have a corticosteroid injection into the joint. Corticosteroid injections can reduce inflammation and relieve pain, allowing movement to improve.

**Physiotherapy**
You may benefit from a physiotherapy assessment if the advice given in this leaflet has not changed your symptoms.

**For more information on shoulder pain refer to:**

www.nhs.uk/Conditions/shoulderpain

www.arc.org.uk

**If any of the exercises or advice in this leaflet causes your symptoms to worsen please stop the activity and seek advice**