

Adhesive Capsulitis

Adhesive Capsulitis is a term used to describe a significant loss of range of motion in all directions in the shoulder joint, which also may be referred to as “frozen shoulder”. This is a condition in which the shoulder capsule becomes contracted and thickened and is usually associated with pain in the early stages. This affects patients when they attempt to move the shoulder, as well as when the physician attempts to move the joint through a full range of motion while the patient is relaxed. The cause of adhesive capsulitis is unknown; however, it is well-known that this condition does not occur in any other joints of the body and is not the result of rotator cuff injuries, arthritis or labral injuries.

Risk factors

- Individuals with diabetes (10%-20%)
- Women between the ages of 30-50
- Often associated with the following conditions: hypothyroidism, hyperthyroidism, Parkinson’s disease, cardiac disease or surgery
- There is usually no true cause of why this occurs, but it can occur after a minor shoulder injury or a period of immobilization

Signs and symptoms

- Dull, achy pain that increases when attempting motion
- Pain located in the shoulder area and/or upper arm
- Restricted motion or stiffness

Treatment option: conservative

Pain control and restoration of motion

95% of patients notice significant improvement over time, approximately 2 years

- Phase I (approximately 6 weeks – 9 months)
 - Aggressive physical therapy and anti-inflammatory medications
 - Shoulder may be resistant to treatment methods early on
- Phase II (approximately 4–9 months after initial onset of pain and loss of motion)
 - Physical therapy, medication, nerve blocks

- Phase III (approximately 5–26 months following the frozen phase)
 - Physical therapy can greatly improve motion and function of shoulder

Treatment option: surgery

If conservative treatment fails, approximately 10 months of consistent therapy

- Manipulation under anesthesia and shoulder arthroscopy followed by intense physical therapy to maintain motion that is achieved from surgery
 - Manipulation under anesthesia involves putting the patient to sleep and “manipulating” or forcing the shoulder to move causing the capsule to tear or stretch
 - Shoulder arthroscopy (release) involves several small incisions around the shoulder where a small camera and instruments can be inserted to cut the tight portions of the joint capsule

continued

Course of Adhesive Capsulitis

Phase I “Freezing”	Phase II “Frozen”	Phase III “Thawing”
increased pain	decreased pain	pain has significantly decreased
decreased range of motion	still stiff, but better motion	motion improves over time



Range of Motion Exercises:

Flexion—Pulley



Figure 1: Secure pulley device in doorway. Place chair back as close to the door as possible. Sit in the chair with your back to the door. Raise the outstretched affected arm out in front and over head, pulling down on the pulley with the other hand for assistance. Hold in the end position for 5-10 seconds; return to the starting position. Repeat this for 30 repetitions, 3 times per day.



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Abduction—Cane



Figure 2: Stand holding the exercise rod as shown (A) with hand of the affected arm grasping the end cap. Using the rod for assistance, push upwards and overhead with your other arm. Keep your affected arm out to the side and overhead (B) and as straight as possible during this motion. Hold in the upright position for 5-10 seconds. Slowly lower your affected arm. Repeat this for 10 repetitions, 3 times per day.

Shoulder Pendulum

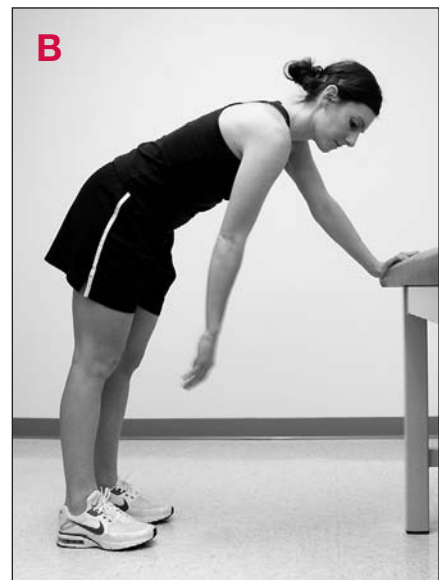
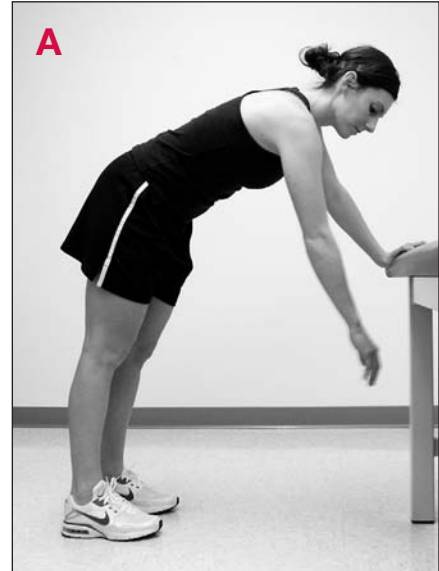


Figure 3: Using either a chair or a table to provide support, allow your affected arm to hang relaxed. Sway your body slowly to move the arm forward (A) and backward (B). Repeat this motion side to side and eventually to a circular motion in both clockwise and counter-clockwise direction. Repeat 1-2 minutes, 3 times per day.

References

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