Kalyani's Knee & Shoulder Clinic

कल्याणी घुटना एवम कंधा क्लिनिक

Frozen Shoulder
Adhesive Capsulitis

Patient Awareness | Shoulder Stiffness & Arthroscopy Care

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What is frozen shoulder? Frozen shoulder, also called adhesive capsulitis, is a condition in which the shoulder capsule becomes inflamed, thick and tight. It causes pain and progressive stiffness, with loss of both active and passive shoulder movement, especially external rotation and reaching behind the back.

Shoulder function focus: Early recognition, pain control, stage-wise physiotherapy, control of diabetes/thyroid disease and timely intervention in resistant cases can restore movement, reduce disability and prevent long-term stiffness.

Common symptoms

- Pain around the shoulder, upper arm or outer arm, often worse at night.
- Progressive stiffness and loss of movement in all directions.
- Difficulty combing hair, wearing clothes, reaching overhead or reaching behind the back.
- Painful restriction of daily activities, sleep disturbance and reduced confidence.
- In later stages pain may reduce but stiffness remains prominent.

Contributing pathology

- Inflammation of the capsule and synovium in early stages.
- Capsular fibrosis and contracture as the condition progresses.
- Rotator interval and coracohumeral ligament tightness causing marked external rotation loss.
- Thickened anterior, inferior and posterior capsule limiting elevation and rotation.
- Secondary muscle guarding, scapular compensation and disuse weakness.

Co-morbidities and risk factors

- Diabetes mellitus - symptoms may be more severe and recovery can be slower.
- Thyroid disease, especially hypothyroidism.
- Age 40-60 years, female sex and idiopathic onset in many patients.
- After shoulder trauma, surgery, prolonged immobilisation or rotator cuff/biceps pathology.
- Can be associated with cardiovascular disease, stroke, Parkinsonism or other systemic illness.

When to seek early consultation

- Night pain and stiffness lasting more than a few weeks.
- Unable to reach behind the back, dress comfortably or lift the arm overhead.
- Diabetic or thyroid patient with progressive shoulder stiffness.
- Pain after trauma, suspected rotator cuff tear, weakness or neurological symptoms.
- Failure to improve despite basic medicines and supervised exercises.

Examination and diagnosis

History: duration, stage, night pain, diabetes/thyroid status, trauma, previous surgery, work demands and daily activity limitation are assessed.
Range of motion: active and passive movements are measured. Global restriction, especially external rotation, is characteristic.
Shoulder assessment: painful arc, cuff strength, impingement signs, biceps signs, scapular movement and cervical spine screening are checked.
Functional assessment: hand-behind-back, hand-behind-head, dressing, grooming and sleep difficulty are recorded.
Imaging: X-rays help rule out arthritis or fracture. Ultrasound/MRI may be used if rotator cuff tear, arthritis or other pathology is suspected.

Clinical stages

Stage	Main feature	Treatment focus
Freezing	Pain dominant; movement becoming limited	Pain control, gentle mobility
Frozen	Stiffness dominant; pain may reduce	Stretching, capsular mobility, function
Thawing	Gradual recovery of movement	Strengthening and return to activity

Technical details

Capsular contracture: the shoulder capsule becomes tight around the humeral head, reducing joint volume and restricting movement.
Key tight zones: rotator interval, coracohumeral ligament, anterior capsule, inferior axillary pouch and posterior capsule.
Treatment principle: match treatment to stage - control pain first, then restore safe motion and strength.
Resistant stiffness: if severe restriction persists after adequate non-operative treatment, manipulation under anaesthesia or arthroscopic capsular release may be considered.

Treatment options

Non-surgical / stage-wise care

- Patient education: the condition often improves gradually but can take months.
- Pain control with prescribed medicines, ice/heat and sleep-position advice.
- Supervised physiotherapy: gentle stretching, pendulum exercises, capsular stretches and scapular control.
- Avoid aggressive painful stretching during the highly painful freezing stage.
- Steroid injection may reduce pain and help physiotherapy in selected patients.
- Hydrodilatation may be considered to stretch the capsule in selected cases.
- Optimise diabetes, thyroid disease and other medical conditions to support recovery.

Procedural / surgical treatment

- Considered when pain and stiffness remain disabling despite adequate non-operative care.
- Manipulation under anaesthesia gently breaks capsular adhesions but must be performed carefully.
- Arthroscopic capsular release allows controlled keyhole release of tight capsule under vision.
- Associated problems such as rotator cuff tear, biceps pathology, subacromial bursitis or arthritis are assessed and managed as appropriate.
- Early post-operative physiotherapy and pain control are essential to maintain the gained movement.
- Treatment is individualised according to stage, diabetes control, stiffness severity and patient goals.

Surgical details: Ten steps to Frozen Shoulder Release by Dr Vinay Pandey

This is a structured arthroscopic release sequence used for resistant frozen shoulder after careful patient selection. Exact portals, extent of release and associated procedures are individualised by the operating surgeon.

Step	Release step	Purpose / key point
1	**Diagnostic arthroscopy**	Confirm capsular synovitis/contracture, assess cartilage, cuff, biceps and labrum.
2	**Rotator interval release**	Open the contracted rotator interval and clear inflammatory tissue.
3	**Coracohumeral ligament release**	Improve external rotation and reduce anterior-superior capsular tightness.
4	**Anterior capsular release**	Release the anterior capsule close to the glenoid under vision.
5	**MGHL/anterior band release**	Address tight middle glenohumeral and anterior-inferior capsule as required.
6	**Inferior capsular release**	Careful release of axillary pouch; protect the axillary nerve at all times.
7	**Posterior capsular release**	Restore internal rotation and cross-body adduction if posterior capsule is tight.
8	**Subacromial assessment**	Treat significant bursitis/impingement or cuff pathology only when clinically indicated.
9	**Gentle manipulation and ROM check**	Confirm free elevation, rotation and abduction after release; avoid forceful injury.
10	**Post-release protocol**	Pain control, sling only for comfort, immediate supervised physiotherapy and home stretching.

Rehabilitation, follow-up and patient guidance

Phase	Main goals	Progression depends on
Pain-control phase	Reduce pain, improve sleep, maintain gentle shoulder motion.	Pain level, inflammation and stage of disease.
Mobility phase	Restore external rotation, elevation, abduction and hand-behind-back movement.	Capsular response, injection/surgery status and physiotherapy tolerance.
Strength phase	Rotator cuff, deltoid, scapular and posture strengthening.	Range of motion, pain flare and movement quality.
Return phase	Return to work, driving, overhead activity, gym or sport step by step.	Functional testing and surgeon/physio review.

How treatment protects shoulder function

Frozen shoulder is mainly a pain-and-stiffness problem caused by capsular inflammation and contracture. Good treatment aims to reduce pain, restore safe range of motion, prevent compensatory stiffness, protect tendon function and help the patient return to sleep, dressing, overhead work and sport.

Problem pattern	Typical approach	Patient goal
Painful freezing stage	Pain control, gentle exercises, injection if indicated	Sleep better and prevent worsening stiffness
Frozen stiff stage	Stretching, mobilisation and functional retraining	Recover daily activities and reach
Diabetes/thyroid associated stiffness	Medical optimisation + structured rehab	Improve recovery and reduce recurrence risk
Resistant severe stiffness	MUA or arthroscopic capsular release in selected cases	Regain movement while protecting joint/tendons

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For frozen shoulder, shoulder stiffness, arthroscopy, capsular release and rehabilitation guidance

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Note: This handout is for patient education only. Final diagnosis and treatment should be individualised after shoulder specialist consultation, clinical examination and appropriate imaging. Sources reviewed: NHS guidance, AAOS/orthopaedic patient education and peer-reviewed adhesive capsulitis literature.