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## Adhesive Capsulitis (Frozen Shoulder)

### What is it?

Adhesive Capsulitis is inflammation and thickening of the shoulder ligaments (capsule). Most of the time, we don't know why a person gets Adhesive Capsulitis. It often starts gradually without trauma. Sometimes, Adhesive Capsulitis occurs after a shoulder injury or surgery. There is a small, increased risk of developing symptoms in the other shoulder. It is notorious for being very painful and stubborn to treat. Patients lose motion of their shoulder due to the severe stiffness, inflammation, and eventual scarring. Adhesive Capsulitis typically moves through different phases and resolves within 18-24 months, even without treatment. Often, many treatments are used to control pain and improve motion. Your pain will improve as your motion improves.



### Acute Treatment:

- NSAIDs (ie: Ibuprofen, Advil, Aleve, Naproxyn, etc.)
- Stretching @ home – focus on stretching and motion first...*then* strength
- Physiotherapy or Chiropractic
- Cortisone injection of the joint – can sometimes limit the progression of Frozen Shoulder

### Chronic Treatment:

- **Hydrodilatation (aka: Capsular Distension) injection** - a special injection where large volumes of fluid (30cc saline) + small dose of cortisone are injected into the shoulder joint to stretch the shoulder ligaments (capsule) from the inside → out. This can be repeated up to 3 times at monthly intervals.
- For chronic Frozen Shoulder, I find patients get the best results with Hydrodilatation combined with a good home stretching program and physiotherapy or chiropractic
- This procedure may *not* be covered by insurance.

### Surgery:

Surgery for Frozen Shoulder is often unnecessary, but it may include “Manipulation under anesthesia” or “capsular release”.

- Bryant, et al. “The Effectiveness of Ultrasound guided Hydrodistension and Physiotherapy in the Treatment of Frozen Shoulder/Adhesive Capsulitis in Primary Care: A Single Centre Service Evaluation”. *Shoulder and Elbow*, Oct. 2017.
- Park, S. et al. “The effectiveness of intensive mobilization techniques combined with capsular distension for adhesive capsulitis of the shoulder”. *Journal of physical therapy science*. 2014



**Counter stretch:**

Place hand on counter. With hand fixed, slowly lower your shoulder and chest down to the floor. You can change angles while lowering your shoulder to stretch the front or



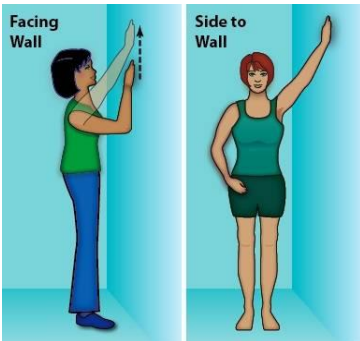
**Internal rotation:**

Lie on the affected shoulder with your arm away from body. Gently push hand down (with palm towards the ground)



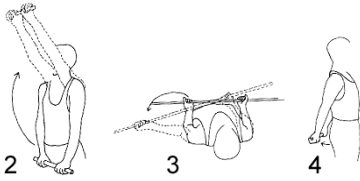
**Clock exercise:**

Lie on side with affected shoulder up. Move shoulder in direction of a large clock. Try to keep arm straight and finger touching ground at every point. Do both clockwise and counterclockwise directions.



**Wall climb:**

Use your fingers to "climb" up the wall As you move your fingers up little by little, stop and hold your hand in place for 30 seconds every few inches. Move your fingers up the wall as high as you can reach. Goal is to place armpit



**Bar stretches:**

Lie on your back and gently raise the bar with good arm. Let your good arm guide and control the injured shoulder.

**Indian Club Exercises** – YouTube for examples

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