Sheffield Shoulder Pain

Sheffield NHS Primary Care Trust

# CASE HISTORY: FROZEN SHOULDER – CONSERVATIVE MANAGEMENT

**Patient:** Male Machinist, aged 58

Eight week history of left shoulder pain. Insidious onset. Previously had frozen shoulder on his right four years ago. Symptoms felt the same. Had failed physio/conservative management last time and ended up having a manipulation under anaesthetic. Took a few years to completely resolve, although MUA improved his movement significantly. Worried he may have to go through the same with his left shoulder.

**Aggravating factors**
Putting on a shirt
Reaching for his wallet in his back pocket
Sleeping in any position at night – having to sleep intermittently in a chair
Reaching into cupboards

**Interventions pre assessment**
Single injection six weeks previous which had little effect
Ongoing NSAIDs

**Past Medical History**
MUA as above for previous right frozen shoulder
Raynaud's disease
Depression
Vertigo
High cholesterol and blood pressure

**Examination**
Poor posture, increased thoracic kyphosis and poor scapular position. No wasting, heat, redness or swelling.

Reduced ROM in all directions - flexion 80°, abduction 80°, lateral rotation 10°. Unable to put his hand behind his back.

Pain on all cuff and impingement tests but no obvious weakness.

**Management**
*GP*
- Cocodamol
- Diclofenac
- Xray - NAD

*Community Physiotherapy*
- Pain management
- Postural correction
- Gentle polishing exercises
- Encouraged to ice his shoulder x 20 mins up to every hour
- Advice re activity modification

**After six weeks**
Continued to struggle with pain at night and when exercising. Was still at work and unable to modify his job. Patient reviewed by an extended scope practitioner who re-injected.

**After eight weeks**
Pain significantly reduced. Now sleeping at night and comfortable at work although movement restricted. Compliant with exercises. Now doing more capsule stretches into resistance but not pain.

**After three months**
Pain completely resolved. Range of movement – flexion 120°, abduction 100°, Lateral rotation 30°. No problems getting dressed or sleeping at night.
Continuing with capsule stretches independently.

**After eight months**
Huge improvement in range of movement and function. More confident it will fully resolve. Flexion 160°, abd 160°, lateral rotation 50 degrees

**After ten months**
Nearly full range of movement regained. No further input required and patient is self-managing.

**Learning**
- It is possible to get good results with conservative management even with prolonged high irritability.
- Adhesive capsulitis in most cases is self-limiting. Once pain can be controlled the patient can start to manage their symptoms.
- Education about the nature process of adhesive capsulitis is key at every stage. Fear avoidance and guarding only prolongs recovery.
- If patients fail to respond after six months, then surgical review would be indicated. It was not required in this case.
- Although in this case the patient was seen regularly by the physiotherapy service, it is not always necessary. Once patients are happy with their exercises and capsule stretches they can normally self manage.