

## **CASE HISTORY: FROZEN SHOULDER – SURGICAL MANAGEMENT**

**Patient:** Female administrator, aged 62

Five-month history of right shoulder pain. Insidious onset but may have been due to lifting her granddaughter awkwardly. Pain gradually increased over the first two months. Now painful and very stiff.

### **Aggravating factors**

- “Everything”
- Sleeping in a chair
- Needing help to get dressed and washed

### **Interventions so far**

Two injections, one after two weeks and another one eight weeks later. Both had little effect.

Referred to the physiotherapy service at six weeks but the patient was unable to comply with treatment due to pain.

### **Past Medical History**

- Diabetic
- Hypothyroidism
- IHD
- Hypertension

### **Examination**

- Poor posture with bilateral protracted shoulders
- Guarding movement and holding arm in internal rotation
- No wasting, increased temperature, swelling or redness

Reduced ROM, flexion 40°, abduction 20°, lateral rotation minus 20 degrees

Pain on all resistance testing

### **Investigations**

- Xrays – NAD
- Bloods – NAD

### **Management**

Patient was re-referred to the MSK service and seen by an extended scope practitioner. The patient was then referred onto orthopaedics.

Patient underwent arthroscopic release and extensive secondary care physiotherapy post operatively

### **After two weeks**

Sixty per cent of movement regained and pain much more manageable. Patient repeating capsule stretches and treated with capsule mobilisation by a physiotherapist.

### **After six weeks**

Seventy per cent of movement regained. Now able to put on her own bra and stretching her own shoulder regularly.

**After five months**

Range of movement has significantly improved and the patient has been back at work on modified duties

**Learning**

- A small proportion of frozen shoulders may not settle with conservative management.
- Prolonged or severe pain and extremely restricted movement may require surgical intervention.
- MUA and capsular release is not the easy option and requires intense physiotherapy and self stretches after the procedure to get a good outcome.
- Surgical capsular release can produce excellent results in people who have fail to respond to conservative management, but patients must be prepared to engage actively in physiotherapy afterwards to achieve best results.