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Adhesive Capsulitis (Frozen Shoulder)

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What is adhesive capsulitis?

Adhesive capsulitis, or frozen shoulder, is a painful condition of the shoulder that causes decreased range of motion of the glenohumeral joint. The capsule which normally surrounds the head of the humerus (arm bone) becomes inflamed and stiff thus causing the decreased range of motion. Adhesive capsulitis is most common in middle aged women and is often related to a minor injury or some form of stress. It occurs with greater incidence in those with a history of thyroid disease or diabetes. Initially shoulder pain is noticed with certain activities, pain may also occur at rest. Patients then usually note difficulty finding a comfortable position in which to sleep. Over a period of weeks to months discomfort as well as a loss of shoulder range of motion may progress.

What are the symptoms?

Adhesive Capsulitis typically develops in three stages, each stage typically lasting 3-4 months:

- **Freezing Stage** During this stage pain can occur with any movement or while at rest. It may be difficult finding a comfortable position in which to sleep.
- **Frozen Stage** Pain may begin to diminish during this stage; however, shoulder range of motion also begins to decrease. Patients may notice they are not able to reach into their back pocket or comb the back of their hair.
- **Thawing Stage** During this stage the condition slowly improves and range of motion is slowly regained.

What are the causes?

The cause of frozen shoulder is unknown. Since it does occur in higher rates in those with diabetes, it is theorized that in some it may have an autoimmune component, meaning the immune system may be attacking a healthy body part or there is a malfunction in the brain's injury recognition system.

What is the treatment?

The best treatment is rest, pain medications as needed, and to learn to live life around the limitations of the range of motion.

Some patients may benefit from a closed manipulation of the shoulder. A closed manipulation is physical therapy of the shoulder while the patient is under anesthesia. Due to the anesthesia component this is done at the surgical center, patients are put to sleep with a general anesthesia and then Dr. King moves the shoulder in all directions in order to regain range of motion for the patient's shoulder.

In addition to a closed manipulation, some patients may benefit from cortisone injection which acts to decrease the inflammatory process as well as stimulate circulation in the shoulder joint.

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