Frozen Shoulder

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Frozen shoulder is also known as adhesive capsulitis. It is characterized by pain and decreased motion of the shoulder in all ranges of direction. It can be categorized into primary and secondary frozen shoulder. Primary frozen shoulder occurs spontaneously and insidiously. Its cause is unknown. Secondary frozen shoulder has a known cause, such as after injury or secondary to a rotator cuff tear.

Who Is Affected?
Frozen shoulder is common among two percent of the general population. It commonly affects people in their 50s. Sex, race, arm dominance and occupation have no clearly associated predisposition.

Is It Diabetes-Related?
Some endocrine diseases are related to frozen shoulder. Patients with diabetes and thyroid disease may have an increased risk of developing frozen shoulder.

What Are the Symptoms?
The symptoms include shoulder pain initially, followed by stiffness. The pain is usually a dull ache, which can be severe and sometimes affects sleep. It usually occurs over the shoulder area and in the upper arm. The stiffness often affects motion in all directions. Some people cannot lift up their arms; others may experience difficulties in combing their hair or scratching their backs because of the stiffness. The stiffness or the decreased motion cannot be improved by other people attempting to move the shoulder for the patient.

How Can It Be Diagnosed?
Frozen shoulder is diagnosed clinically. The doctor will diagnose frozen shoulder based on the history and physical examination.

Investigations such as X-ray, blood test and MRI are sometimes needed to determine the contributing causes such as diabetes or rotator cuff tear.

What Are the Treatment Options?

Non-Operative Treatment
Most cases of primary frozen shoulders will improve with non-operative treatment, which may include:

- Medication for pain relief
- Physiotherapy
- Local injection

It may take up to 2 years for complete healing.

Over 90% of frozen shoulder cases can be treated effectively by non-operative treatment.

Operative Treatment
Severe cases, especially those related to endocrine diseases, may require surgery to release the contracted capsule. This can be achieved with minimally invasive arthroscopic technique and followed by manipulation under anaesthesia. Physiotherapy is always needed after the surgery.

How Can I Prevent It?
Keeping the shoulder joint mobile by stretching is the best way to prevent frozen shoulder.