

# Frozen Shoulder Syndrome

Controlling pain & regaining motion

## What is Frozen Shoulder?

Also called adhesive capsulitis, this condition results from shrinking and scarring of a previously normal joint. It involves significant shoulder pain and loss of movement. The pain can last from weeks to many months. Loss of movement can last months to years. Fortunately, you can take steps to control the pain and regain motion.

Frozen shoulder can occur in many situations, including shoulder injury, diabetes, thyroid problems, and heart or lung conditions. Usually, however, the cause is unknown.

## Controlling the Pain

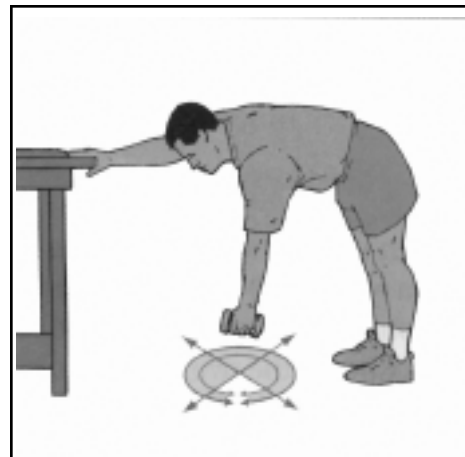
Pain control is only required if the pain interferes with sleep or daily activities. The easiest method involves the application of ice packs to the shoulder for 20 to 30 minutes at a time. Higher levels of pain may require cortisone shots or medication prescribed by your doctor.

Pain control also means avoiding shoulder motions or positions that are painful. Such motions include activities that raise the arm to the side or rotate the arm outward. Daily activities that might aggravate the pain include reaching overhead, reaching into the back seat of a car, trying to open a heavy door, and driving a car. Some experts believe that trying to push through painful activities can actually prolong the course of the disease.

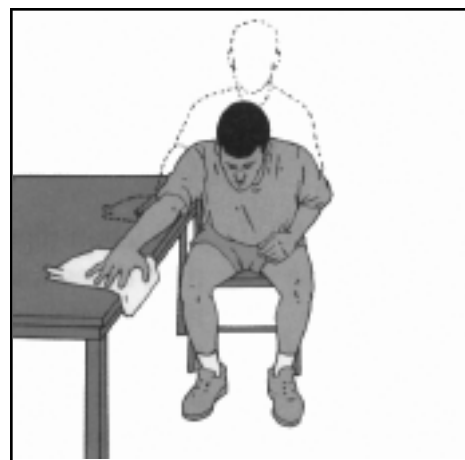
Once you identify your own particular set of aggravating activities, try to find other ways to do them. For example, open the heavy door with both hands or push the door open with your buttocks. When driving, don't hold your hands near the top of the steering wheel. If your right shoulder is affected, avoid using a car that has a manual transmission. For activities in which you reach overhead, stop doing them, use the other arm, or use a step stool or ladder.

## Beginning Exercises

These may help improve shoulder motion. Start with the pendulum exercise in Figure 1. When these can be done comfortably, progress to the table crawls in Figure 2.



**Figure 1:** Pendulum. Bend forward at the waist and let the affected arm hang freely toward the ground. Support the upper body on a table or countertop with the other arm. Begin to sway back and forth, generating small circles with the dangling limb. When this can be done comfortably, repeat the exercise holding a small weight to assist with the pendulum motion and to add mild pull to the shoulder. The 'pendulum' should be mastered before proceeding with other exercises. Begin with two sets of 10 repetitions in both clockwise and counterclockwise directions and work up to three sets of 20 repetitions.



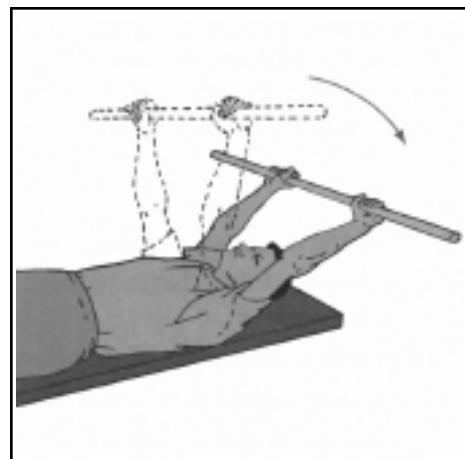
**Figure 2:** Table Crawl. Place the forearm of the affected shoulder on the table with your palm on a towel. Using only your fingers, 'crawl' the hand down the table, pushing the shoulder into a flexed position. The shoulder must be kept fully relaxed to allow for the greatest pain-free movement. Hold the position for one to three seconds, then return to the starting position. When the shoulder can comfortably be flexed forward more by moving your hand farther away from you across the table. Begin with two sets of 15 to 20 repetitions.

# Frozen Shoulder Syndrome *Continued*

## Advanced Exercises

The more advanced exercises are supine wand flexes (figure 3), use of pulleys (figure 4), standing wand flexes (figure 5), and standing wand abduction (figure 6). Each exercise should be done 10 to 15 times, followed by a rest and 10 to 15 more repetitions (two sets). It is probably not necessary to do all four advanced exercises. Choose the two that cause no increase in pain and feel the most challenging.

When you have progressed to the advanced exercises, it is no longer necessary to do the pendulums or table crawls. Exercises should be done every day, but it is important to remember to be patient. Adhesive capsulitis almost always resolves completely, though it may take months or even years to do so.

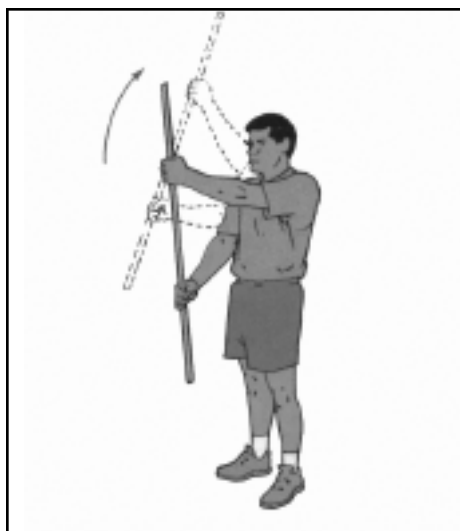


**Figure 3:** *Supine Wand Flexes.* Begin by lying on your back, holding a broomstick in both hands with an overhand grip and the arms above the chest, (dotted figure). Move the broomstick with elbows fully extended until your arms are overhead. The affected shoulder is fully relaxed while the other arm guides the broomstick back overhead to the point of tolerable discomfort. Hold your arms overhead for two to five seconds before returning to the starting position.

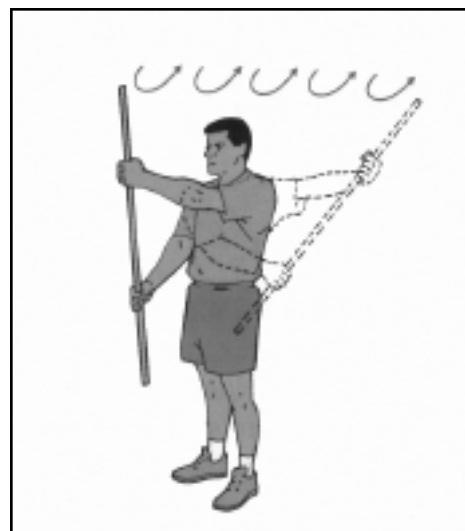
## Advanced Exercises



**Figure 4:** *Pulleys.* This exercise requires some special equipment but is probably the easiest to do, and allows for the least active assistance with the affected shoulder. Sit under a simple overhead pulley system and use the healthy arm to lift the affected shoulder into a flexed position (overhead). A door frame or support beam works well as an anchor for the pulleys. Movement should be slow and controlled throughout. Hold the end position for one to three seconds before returning to the starting point. Repeat the exercise for two to five minutes.



**Figure 5:** *Standing Wand Flexes.* Your start position involves standing, while gripping an upright broomstick at either end with your arms straight out from your body. Grip the stick at the top and bottom (about two to three feet apart) so that your palms face toward each other as the fingers curl around the stick. The top hand corresponds with the affected shoulder. Slowly push with the bottom arm so that the hand on top of the broomstick moves out to the front and straight overhead, stopping at the point of tolerable discomfort.



**Figure 6:** *Standing Wand Abduction.* Begin in the same position as the previous exercise and use the bottom arm to help abduct the affected shoulder with a series of gradual movements. Move the stick farther out to the side with each successive repetition. Five repetitions should be enough to allow you to have your arm out at your side. With the next five repetitions, reverse the process so that your shoulder and arms are back to the original position.