

# Adhesive Capsulitis (Frozen Shoulder)

Adhesive capsulitis, better known as frozen shoulder, is a condition of as yet unknown cause. It affects 2-5% of the population, with certain risk factors, such as a previous shoulder injury, menopause or diabetes, increasing the likelihood of developing the condition. It follows 3 stages:

The freezing stage: when the joint starts to stiffen painfully.

The frozen stage: The longest phase, when the joint plateaus at it's stiffest.

The thawing stage: When the shoulder starts to recover.

Fortunately, adhesive capsulitis will usually resolve itself. The timescale for this however can be long, ranging from 9 months to 3 years. The vast majority of people will achieve a full functional recovery, but some may still experience mild stiffness and occasional pain.

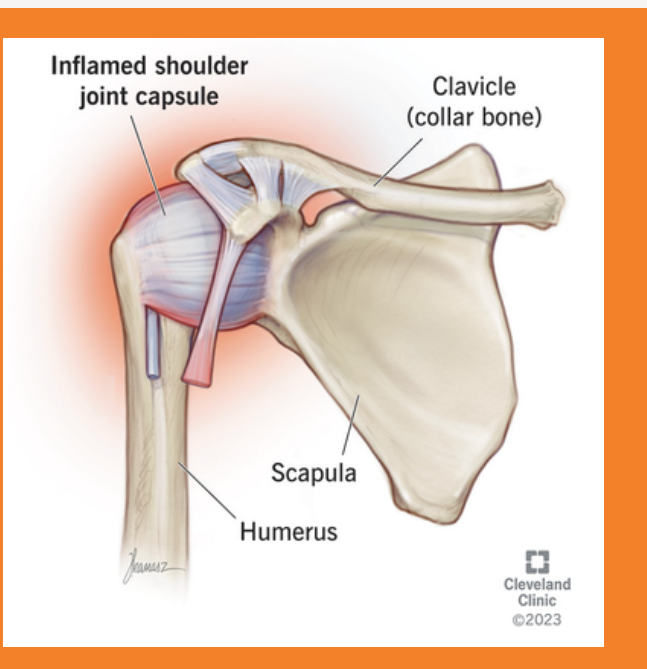
The shoulder joint is, by design, incredibly mobile. Surrounding the joint, as with other joints of the body, is a capsule. The role of the capsule is to provide stability, sensory information, and aid in lubrication of the joint. The capsule of the shoulder is very large and baggy, allowing you great flexibility. Tightening of this joint capsule is what causes a frozen shoulder.

The typical symptoms of adhesive capsulitis are pain and stiffness. Night time pain can be one of the first indicators of developing a frozen shoulder. Stiffness will then begin with difficulties lifting the arm to your side, behind your back and rotating it outwards.

Many of the muscles that attach to your neck also attach to your shoulder. Performing daily neck stretches and applying heat to these muscles can help to prevent secondary neck pain and stiffness

Osteopathy stretches for the shoulder can help to relieve pain associated with stiffness. These need to be performed gently and often in order to help you manage the symptoms of adhesive capsulitis.

Your practitioner will advise you upon medications or any other relevant interventions for your case.



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