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Taking the Chill off Frozen Shoulder

Tyler Dyck

A diagnosis of "frozen shoulder" is enough to send a shudder of dread through not only the person affected, but also the health professional making the diagnosis. Characterized by a deep, unrelenting ache in the shoulder and down the upper surface of the arm the pain spikes to unbearable levels with any type of movement by the affected limb.

For years, many practitioners believed that any attempt to treat frozen shoulder would only end up exacerbating the problem and delaying healing. Afflicted patients were typically told that the best thing they could do was to rest the shoulder, take pain-killers, and tough out what was likely going to be a 12 to 24 month ordeal.

These days, the prognosis needn't be so grim. Known more precisely as "adhesive capsulitis," frozen shoulder affects the shoulder capsule, muscles, nerves, and joint fluid that enable the complex manoeuvres of the shoulder. Experts now know that, like any other form of shoulder dysfunction, frozen shoulder is intimately related to problems in the neck, spine, and shoulder blade structures, and that treatment begins by identifying trouble spots in these other areas.

A true diagnosis of frozen shoulder typically includes a multi-directional restriction or seizing of the capsule that encloses the shoulder joint that is related to a decrease in the amount and quality of the synovial fluid lubricating and nourishing the shoulder joint. In addition, some type of damage to, or irritation of, the nerves in the neck, back, and between the shoulder blades creates a neurological "tension," making the surrounding muscles and tissues particularly sensitive to pain.

Treating frozen shoulder has moved from the passive to the aggressive. A physiotherapist trained in manual therapy uses controlled degrees of force to mobilize the shoulder, as well as the vertebrae in the upper back and neck to increase the range of motion. A more gentle form of mobilization can then be used on the neurological structures to get rid of the debilitating tension. Instead of avoiding any movement to the shoulder, patients are prescribed a very specific exercise and stretching program that will gradually increase their range of motion with decreasing degrees of pain.

During treatment, a physiotherapist will also use thermal, ultrasonic, or electrical modalities to help tone down symptoms and flare-ups. In rare, very severe cases, frozen shoulder victims may require drugs to block the affected nerves, or botox injections, and the physiotherapist and the family doctor or specialist can discuss these options.

The key to the swift and successful treatment of a true frozen shoulder is early detection and immediate treatment. As with most injuries, the longer you leave them the more difficult they are to vanquish.

For further information on this topic please contact the Fawzia Sultan Rehabilitation Institute (FSRI) in Hawally at 264-2862, or check out our website at www.rehabinstitutekuwait.com

The author of this article, Tyler Dyck is the Executive Clinic Director of the FSRI and is a Fellow of the Canadian Academy of Manual and Manipulative Physiotherapists, a Sports Physiotherapy Specialist, and a Certified Intramuscular Stimulation Acupuncture Practitioner.