Frozen Shoulder

How I manage it:

John Williams MA DM FRCS(Orth)
Natural history:

- No injury or trivial injury?
- Correct age group cf. OA of G-H joint
- Pain before stiffness
- “Freezing, frozen, thawing”

Clinical assessment:
- Loss ER
- No crepitus
- Radiographs
Individual disease pathway:

- How long since it started?
- How quickly did it progress into next stage?
- Has it changed in last 3/12?
- How much pain?
- How much effect on work/ADLs etc.?
- Co-morbidities – IDDM?
- What treatment so far?
Pain

- Constant or EOR joint “irritability”?
- Pain relief essential
  - Oral analgesia – strong if needed
  - Acupuncture
  - Joint injection
  - ?Suprascapular n. blocks
Stiffness

- Physiotherapy
  - When?
  - Who?

- MUA
  - +/- Steroid injection
  - +/- Ax/open release (Ozaki procedure)
  - GA v. regional block

- Hydro-distension
Patient: Early

- Lots of pain, some stiffness, worsening
  - Analgesia
  - Joint injection
  - Physiotherapy:
    - Analgesia – taping, acupuncture
    - Keep range NOT push range

- If fails then MUA with regional block
Patient: middle

- Some pain, more stiffness BUT improving
  - Analgesia – oral
  - Physiotherapy
    - Pain control and improve ROM
  - No MUA at this stage
- If fails then MUA with regional block
Patient: late

- Very little pain unless forced EROM, Stiff ++
- No improvement for several months
- MUA with regional block
MUA

- Regional block only (if works)
- Indwelling block
- Several days as Inpatient with block
- Flexion, Abduction, Extension
- IR and ER in decreasing Abduction from 90 degrees
- Cross chest adduction
- No release, No steroid (will not stay in joint)
Risks

- Risks of the block
  - Intraneural injection
  - Failure / Pain
  - Pneumothorax

- Risks of the MUA
  - Spiral fracture of shaft (^ if in “wrong” order)
  - Failure
  - Recurrence
  - Dislocation
When would I release?

- Failure to gain near full ROM
- Recurrence
- IDDM