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## OVERVIEW

Shoulder joint (Glenohumeral) stiffness is not uncommon after some type of significant trauma such as surgery or a fracture. This stiffness may also come secondary to nerve issues in the neck or it may happen spontaneously. It is more commonly seen in patients 40-65 years old and seen more in women. Patients who has endocrine disorders like diabetes melitus or thyroid disease and perimenopausal women are also at a higher risk of developing Frozen Shoulder.

## SIGNS AND SYMPTOMS

- ❖ Painful shoulder that has limited range of motion with both passive and active movements.
- ❖ Strength is usually not affected but can appear weak due to painful movements.
- ❖ There are three phases to Frozen Shoulder

### 1. Inflammatory Phase

- Lasts ~4-6 months.
- Very painful shoulder without obvious signs or injury (fracture, trauma, rotator cuff tear).

### 2. "Freezing" Phase

- Lasts ~4-6 months after stage 1.
- Shoulder becomes stiffer each day as pain starts to decrease.

### 3. "Thawing" Phase

- Can last up to ~1 year after stage 2.
- Shoulder slower regains motion.
- Rehab exercises to help regain strength.

- ❖ Total duration = ~2 years but can last longer for patients who sustained serious trauma or with endocrine disorders.

## IMAGING

- ❖ X Ray – Useful for ruling out GH joint arthritis, fractures (if trauma was present), and calcific tendinitis.
- ❖ Since Adhesive Capsulitis is a "Clinical Diagnosis", imaging is not considered essential but can be used to rule out other possible conditions.



# TREATMENT

## REHABILITATION | MOBILIZATION

Rehabilitation exercises may begin in the "freezing" stage as pain decrease in the shoulder joint to help maintain motion.

- Pendulum: while standing, lean over while stabilizing yourself with your non-affected arm and allowing the affected arm to hang down. Swing your arm in a small circle using your body about 10 times in each direction. The circle should increase in diameter as your symptoms improve. You may also hold a light weight (1-5 lbs)



- Wall walks: stand in front of a wall with your affected arm reaching out touching the wall near waist level. With your elbow bent, slowly walk your fingers up the wall like a spider until you reach the height your comfortable at.



Mobilization should be done by the patient and also by a licensed healthcare professional.

- GH Joint global mobilization done by a Sports Medicine Chiropractor

- Cross Body Stretch: Use our non-affected arm to grab your affected arm and bring it up across your chest.



- Armpit Stretch: use your non-affected arm to lift your affected arm onto a table at chest height opening the armpit. Slowly lower your body while keeping your arm on the table to gently stretch your shoulder muscles.



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