

LANCASTER ORTHOPEDIC GROUP

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## Frozen Shoulder – Information and Treatment Options

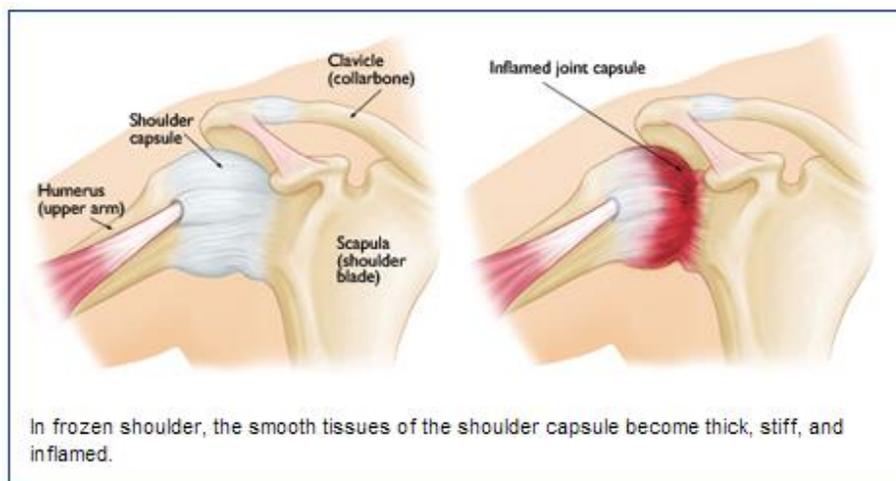
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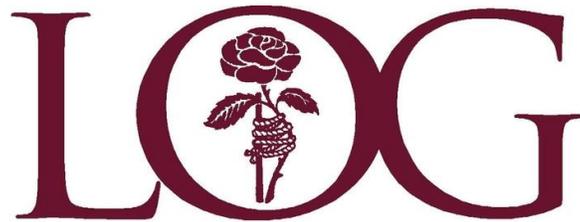
### ***What is wrong with my shoulder?***

Frozen shoulder, or adhesive capsulitis, is a common cause of shoulder pain, and can be seen in up to 2% of the adult population. It is most common in women, typically between the ages of 40 and 65. Some people have an increased tendency to develop adhesive capsulitis, including people with diabetes, thyroid problems, and autoimmune diseases.

At its root, adhesive capsulitis is an inflammation of the lining of the shoulder joint (or the capsule). The lining of the shoulder joint is typically a thin bag that surrounds the joint and keeps the shoulder fluid inside. In the frozen shoulder, this lining becomes very thickened, red, and irritated. As expected, this is often associated with significant pain. Sometimes patients have an injury that initiates frozen shoulder, but often it comes without warning or injury.

The course of frozen shoulder is that there is an initial “freezing/painful” period of the shoulder. This is associated with ongoing pain and decreasing motion. Next, there is a period of time known as the “frozen/stiff” period, in which the shoulder is uncomfortable, but range of motion is stable. Finally, there is a “thawing” phase, in which your range of motion and pain are gradually improving.





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### ***What's next?***

The diagnosis of frozen shoulder is made first and foremost through an exam of your shoulder. X-rays are often taken to ensure that there is no other problem that could be contributing to your shoulder problem. MRI scan is generally not needed to make the diagnosis, and can often be relatively normal in the case of frozen shoulder. Therefore, I will rely mostly on your history and your physical exam to make the diagnosis of frozen shoulder.

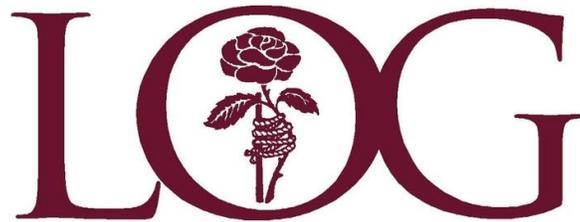
### ***Will this ever get better?***

The good news about frozen shoulder is that in nearly all cases (over 90%), the shoulder will return to normal on its own. The frustrating news is that this can often take a substantial amount of time (up to two years!).

Some things can be done to shorten the duration of frozen shoulder, and potentially avoid long term problems arising from it:

- Physical Therapy – The most important treatment, by a long shot, is ongoing physical therapy exercises. It is critically important that these exercises are done 5-6 times per day.
- Cortisone injections in the office – A small amount of steroid and local anesthetic is injected into your joint in the office, in an attempt to calm down the inflammation.
- Hydrodilatation – A procedure in which steroid, local anesthetic and saline are injected into your shoulder. The steroid reduces inflammation, the local anesthetic breaks the pain cycle, and the saline stretches the joint capsule and breaks down adhesions. (See next page.)
- Manipulation Under Anesthesia and Capsulotomy – Very rarely, patients will not get better with stretching and a steroid injection and will require surgical release of their shoulders. This procedure involves putting you to sleep, cutting away some of the inflamed capsule, and then moving your arm to physically break up the adhesions. After surgery, aggressive stretching exercises are mandatory. While this can be very successful in certain patients, fortunately it is only necessary in around 10% of patients.

\*\*Images were shared from [www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)



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## Frozen Shoulder – Hydrodilataion

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### ***What is a hydrodilataion?***

A hydrodilataion is both a diagnostic and therapeutic procedure. A fine needle is inserted into the shoulder joint under X-ray control to ensure that it goes directly into the joint. A local anesthetic and steroid are injected through the needle, followed by up to 60 mL of sterile saline. The steroid reduces inflammation, the local anesthetic breaks the pain cycle, and the saline stretches the joint capsule. This stretching can break up adhesions and result in a greater range of motion. It often takes several weeks to see a maximum benefit.

### ***Who does this procedure?***

The hydrodilataion is performed by a radiologist trained specifically on the musculoskeletal system. We will put you in touch with the radiologist, who can then schedule the procedure at your convenience.

### ***What are the risks and benefits?***

The main benefit is a reduction in pain and a subsequent increase in range of motion. It may help you avoid a surgical procedure, which itself has several potential complications.

The biggest risks include infection, bleeding, pain during the procedure, and the chance (~30%) that you will still have a painful, stiff shoulder afterwards.

***\*If you are a diabetic, you may see some fluctuations in your sugars after this procedure. Also, please inform us if you are taking blood-thinners.***

### ***Post-procedure instructions***

Often, people report a 'dead-arm' feeling after the procedure. This can be normal and should resolve after a few days.

Following the procedure, someone else must drive you home.

Do not do any heavy manual work or overhead work for two days.

Take Tylenol or anti-inflammatories for the first 24 hours, and then begin doing your exercises the following day as tolerated by the pain.