

## Frozen Shoulder – Option Grid



Your clinician has discussed a diagnosis of frozen shoulder. At Healthshare we encourage a shared decision making process involving you, the patient in the treatment most appropriate for your condition. The option grid below is based on current evidence.

Frequently Asked Questions	Exercises	Local Steroid Injection	Surgery
What does this treatment involve?	Exercises aim to restore range of movement and advice on modifying activities of daily living. *1	Landmark injections and ultrasound guided injections offer therapeutic pain relief and the facilitation of functional exercise. *3	This would be guided by the surgeon but typically involves a manipulation under anesthetic. Arthroscopic capsular release is more invasive
For whom does this treatment work best?	Physiotherapy is essential for education and advice in the primary stages. Pain is typically the main feature at this stage.	Patients in significant pain and restrictions in movement, typically in the early stages of the disease process	Patient with gross restriction in movement, severe pain and who have experienced poor outcomes from conservative measures.*2
What are the advantages of this treatment?	Least invasive, least expensive easy to apply and safe	Pain relief is the rationale for injection which aides compliance with exercises	The procedure is done under anesthetic. The shoulder is manipulated in a controlled way to stretch the joint capsule
What are the disadvantages of this treatment?	Pain may limit potential gains and compliance with home exercises	Problems are rare. A possible flare in pain plus symptoms of numbness and a temporary tingling sensation.	A manipulation is less invasive than capsular release; invasive surgery will have associated risks of infection, bleeding and pain.
Are there any risks?	Aggressive therapy approaches may limit progressive and make the condition worse.	There is a small risk to cartilage damage. Less than 1% of patients will experience complications such as infection, bleeding, or increased pain. *3	As with any surgery the risks of surgery increase with co-morbidities.
How long before I can use my shoulder again?	Your physiotherapist will strongly encourage immediate regular daily exercise	Your clinician will strongly encourage immediate regular daily exercise to maintain and improve range of movement	You will be encouraged to use the shoulder from the onset after surgery to maintain and improve the range of movement.
How soon do the symptoms come back after this treatment?	Often symptoms will ease with time but this can be up to 2 years. There is a small cohort that will experience symptoms in the other shoulder *2	Symptoms can persist and further injections can be clinically reasoned including hydrodilatation.	The results are successful in over 96% of patients at 6 months.*2

1 – [www.nhs.uk/conditions/frozen-shoulder/pages/treatment.aspx](http://www.nhs.uk/conditions/frozen-shoulder/pages/treatment.aspx) accessed March 2017

2 – Sharma, S & Jacobs, L (2011) Management of frozen shoulder – conservative vs surgical? *Annals of the Royal College of Surgeons*. July; 93(5) : 343

3 – Sha, N (2005) Steroid Injections for Frozen Shoulder. *BMJ* Vol; 331 : 1453