



ADHESIVE CAPSULITIS Treatment Guidelines

Last Modified: Oct 2012

Introduction

- Adhesive capsulitis, or “frozen shoulder,” is a shoulder with decreased ROM (active and passive) secondary to a contracted, thickened joint capsule.
- The normal course of frozen shoulder is periods of freezing, then frozen, and then thawing. Each period can last 4-6 months, with the total course lasting 12-24 months. There is a large amount of variability with recovery between patients.
- Goal: Gradual increase in ROM of shoulder.

Physical Therapy Treatment Guidelines

- Modalities – use as necessary for pain and inflammation control, muscle relaxation and joint stiffness.
- Moist heat to affected shoulder for 10 minutes prior to stretching.
- Stretching
 - Pendulums.
 - Self-stretching may include exercises such as:
 - Forward Flexion- from supine position, use opposite hand to grab affected arm at wrist and lift overhead. Walk fingers slowly up the wall, hold for a stretch, return to original position.
 - External Rotation – from supine position.
 - Internal Rotation – use towel behind back to pull affected arm behind back
 - Cross-body reach – use opposite hand to pull affected elbow across the body.
 - Mobilizations - techniques as indicated by PT staff.
 - Wand/Cane exercises – as directed by PT staff.
 - Follow stretching with 5-7 minutes of ice.
- Strengthen upper limb/shoulder/trunk muscles as needed.
 - Rockwood shoulder exercises.

- Home exercise program – instruct patient/family members on methods of stretching to be performed 3-5 times per day. Pulleys should be sent home with patient.
- Stretches should be held for 20-30 seconds.
- Patients should passively stretch their own shoulder to a tolerable pain level daily.

A handwritten signature in purple ink, appearing to read "J.K. Lowry, MD". The signature is stylized and cursive, with a prominent loop for the "L" and a sharp arrow-like stroke at the end.

Jason K. Lowry, MD