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Adhesive Capsulitis

Adhesive capsulitis is a condition that involves pain and stiffness in the shoulder joint. Basically, you begin experiencing pain with restricted movement, and your Manhattan doctor may not be able to trace it to a specific injury or disease. In fact, adhesive capsulitis, also known as “frozen shoulder,” typically resolves itself spontaneously, although that can take weeks, or even years.

Frozen shoulder is typically considered a primary diagnosis, however, it can also be a secondary diagnosis. That is, you may have something else going that then leads to frozen shoulder developing. Before treatment for frozen shoulder can begin, the primary issue will need to be resolved.

When Your Shoulder Hurts

Frozen shoulder is often not diagnosed until pain and inability to move the arm at the shoulder becomes unbearable. At this point, you are more than likely in the first of three stages of frozen shoulder:

- **Freezing Stage.** You begin to notice frequent pain in your shoulder. Range of motion becomes inhibited, meaning you notice you can't reach as high or in certain directions without pain.
- **Frozen Stage.** Here you may feel some relief from the pain. The downside of this stage is that movement becomes even more restricted and your shoulder may feel terribly stiff.
- **Thawing Stage.** Finally, things seem to be improving. There is no pain and you are able to move your arm more normally.

You may find frozen shoulder to be more painful at night, which can mean you are getting less sleep than usual. Lack of sleep will impact your ability to cope with pain during the day as well. Also note that each of these stages can last weeks or months. Rather than putting up with these symptoms for so long, it is better to go to your New York doctor as soon as symptoms develop, so that frozen shoulder treatment can begin sooner rather than later.

What's Going on and Who is at Risk?

What is actually happening in your shoulder joint is that bones, ligaments and tendons have become stuck together—the adhesive part— and encapsulated in connective tissues—the capsulitis part. Here are a few situations where frozen shoulder is more likely to occur:

- Any situation that might keep you from moving your arm and shoulder as you normally would, including a rotator cuff injury, a broken arm, stroke leaving you immobilized or surgery that requires you to be bedridden for an extended period of time.
- Studies have shown that people with certain diseases, such as diabetes, hyper- or hypothyroidism, Parkinson's or cardiovascular disease are also at greater risk of developing frozen shoulder.
- If you're over 40, and female, you are more likely to experience frozen shoulder.

The good news is that frozen shoulder does not tend to recur. It can, however, show up in the opposite shoulder. What's unusual about frozen shoulder is that it can happen spontaneously to anyone. If it is a primary diagnosis, it is not due to having played sports or from participating long-term in activities that utilized your shoulder a lot.

Adhesive Capsulitis Treatment

When your doctor is examining you, he will perform several range of motion tests. He will ask you to move your arm in certain ways on your own. This is an active range of motion test. Then he will ask you to let your arm hang limply, and he will manipulate your arm while your muscles are slack. This is a passive range of motion test.

Usually, this is enough to come to a diagnosis and your doctor can then talk to you about how to treat frozen shoulder. If your Manhattan doctor suspects that your frozen shoulder is a secondary diagnosis, he may have you get a few tests just to be sure. More than likely, these will include MRI's and x-rays.

Since frozen shoulder resolves on its own in most cases, treatment for frozen shoulder will focus on reducing pain and increasing range of motion. Over the counter medications are usually all that is necessary but if you are in excruciating pain, your doctor may prescribe something a bit stronger as well as anti-inflammatory drugs. Lastly, physical therapy will be the most important frozen shoulder treatment, as this is what will help your range of motion and getting your shoulder moving again. In rare and extreme cases, steroid injections, joint distention or shoulder manipulation may be suggested, if traditional treatments aren't working. If absolutely nothing else has helped you, as a very last resort, arthroscopic surgery may be performed to get rid of the adhesions in your joint.