

Adhesive Capsulitis

What is adhesive capsulitis?

If you can't move your shoulder around like you used to, you could have adhesive capsulitis (say: add-he-sive cap-sool-eye-tis). When it hurts to move your shoulder or you don't have as much movement in your shoulder as before, your shoulder may become "frozen." Because of this, doctors sometimes refer to this problem as "frozen shoulder."

What are the signs of adhesive capsulitis?

You should be able to move your shoulder in all directions without pain. To test yourself, do these things:

- Reach up toward the sky with both arms.
- Reach your arms out straight in front of you.
- Raise your arms out to the sides of your body.
- Pretend that you are trying to unzip the back of your dress or pull your wallet from the back pocket of your pants.

If you have pain or stiffness in your shoulder when you try to do these things, you may have adhesive capsulitis. Your doctor may be able to tell you have adhesive capsulitis just by talking to you and watching you move. Your doctor may press on parts of your shoulder to see what might be causing the pain. Sometimes, your doctor may want to take an x-ray of your shoulder to look for other problems.

Does my shoulder actually freeze?

No, it just won't move. If you don't use your shoulder enough (because it hurts to move) or if you use it the wrong way, your shoulder will develop scar tissue that stops it from moving much. Your shoulder may go through several stages as the scar tissue forms.

1. **The painful stage.** At first, your shoulder may ache and feel stiff. Then it may get very painful. This stage may last about 3 to 8 months.

2. **The adhesive stage.** During the second stage, you may not actually have as much pain, but your shoulder keeps getting stiffer. This stage usually lasts about 4 to 6 months.
3. **The recovery stage.** The final stage, which usually lasts about 1 to 3 months, isn't very painful. It becomes very hard to move your shoulder even a little bit. Then after a while, the stiffness slowly goes away. You can move your shoulder again. Although you may not get the full movement of your shoulder back, you should be able to do many more activities. As your shoulder movement increases, you may still have pain at times.

How is adhesive capsulitis treated?

Your doctor will tell you about exercises you should do to help break up the scar tissue in your shoulder. You may need a physical therapist to help with these exercises.

Sometimes the exercises hurt, so your doctor may give you something for the pain or to relax your muscles. Putting a heating pad or an ice pack on your shoulder for a few minutes first may also help you do the exercises with less pain. Always remember to warm up for 5 to 10 minutes before starting your exercises. Warm up by doing very gentle exercises and small movements with your shoulder before doing the exercises listed below. Don't forget to warm up and stretch other parts of your body (neck, back, hands and elbows) too.

Here are 3 good exercises you can try:

1. Climbing the wall

Put your hand flat on a wall in front of you. Use your fingers to "climb" up the wall (like a "spider"). As you move your fingers up little by little, stop and hold your hand in place for 30 seconds every few inches. Move your fingers up the wall as high as you can reach. Keep trying to go higher.

2. Codman exercise

Sit sideways in a straight chair. Rest your armpit on the back of the chair. Now swing your arm slowly in circles. Make little circles at first and then make bigger circles. Make the circles in both directions.

3. Reaching

Put things you use every day (shoes, coffee cup, toothbrush) on a high shelf. This way you have to reach up for things more often. The reaching is a good stretch for your shoulder.

Do the exercises once or twice a day even after your shoulder gets better. Your shoulder will only get better if you do the exercises. Don't forget to

exercise your healthy shoulder too so that you can maintain the movement that you have in that shoulder.

Many people who have adhesive capsulitis get full use of their shoulder back. Others may always have a little stiffness and pain in that shoulder. This stiffness is usually not very bad. You should be able to do all the activities you were doing before this happened.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.

Visit familydoctor.org for more useful information on this and many other health-related topics.

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