



ALASKA NATIVE MEDICAL CENTER



SHOULDER: ADHESIVE CAPSULITIS

Diagnostic/Treatment Recommendations:

- Diagnosis is made by decreased passive and decreased active shoulder motion particularly internal and external rotation.
- Rule out other causes, eg cervical radiculopathy, cuff tears, shoulder arthritis
- Idiopathic frozen shoulder usually achieves maximal recovery in 18 to 24 months, so patient education critical
- NSAID protocol or narcotic analgesics frequently necessary in first 6 months
- Consider supplemental sleep medication or low-dose anti-depressant for nocturnal pain
- Consider physiotherapy referral for supportive gentle stretching
- Manipulation and surgery are rarely indicated
- Rule out concurrent underlying diabetes or hormonal disorder and treat appropriately

Patient Handouts:

- Frozen Shoulder
- Shoulder Fact Sheets, Booklets and Brochures

Referral Guidelines:

- Obtain shoulder radiographs before referral. MRI not indicated
- Consider referral if patient cannot tolerate physiotherapy
- Refer if patient wishes to try an intra-articular injection for pain control
- The patient has failed a prolonged course of non-operative treatment