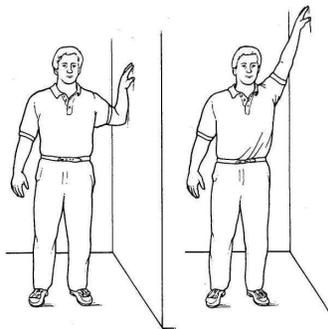
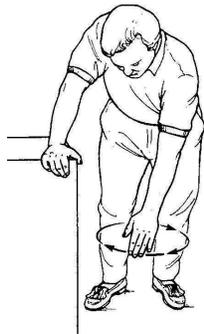


Exercises for Adhesive Capsulitis

Below are a few of the exercises you will be given to start your rehab program. You should perform them several times a day, under the direction of your provider or therapist.



Pulley Exercises
Standing — Good arm supplies the power to bring the arm as near the pulley as possible.



Assisted Internal Rotation
Standing — Grasp wrist of the operating arm with the good hand behind back, slide hands up and down.



Internal Rotation
Standing — Behind low back, pull hand up as high as possible using a towel.

For More Information:

For further questions, please do not hesitate to contact our office practice coordinator at (818) 901-6600 x. 6704. You can make an appointment to have any further questions answered at that time.

If you would like to read more information about the shoulder online, you may find the following locations useful:

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001490/>

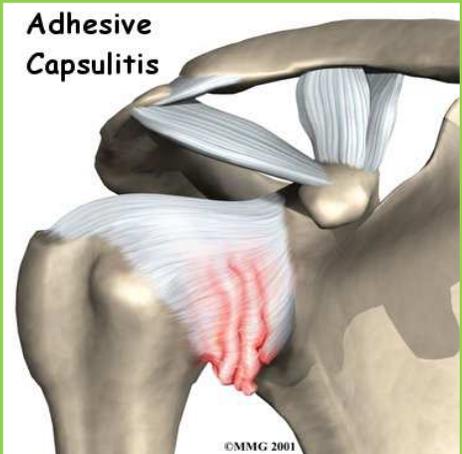
<http://orthoinfo.aaos.org/topic.cfm?topic=a00071>



6815 Noble Ave.
Van Nuys, CA 91405
<http://www.scoi.com>

Frozen Shoulder Syndrome

Common Questions & Answers



Carlos A. Guanche, MD
Heather L. Gerstl, PA-C

Frozen Shoulder

What is “Frozen Shoulder Syndrome”?

Frozen Shoulder Syndrome is also known as Adhesive Capsulitis.

The shoulder joint is formed of several strong ligaments and a thick joint capsule. These connect the bones of the shoulder and allow for good strength and stability in a joint with more motion than any other joint in the body.

When adhesive capsulitis occurs, an inflammatory process takes place which causes the soft tissue within the shoulder to become infiltrated with scar tissue. This scar tissue organizes itself to form very tough bands called adhesions that restrict motion.

As these adhesions become more and more contracted, the joint becomes more painful and progressively harder to move.



Who develops adhesive capsulitis?

While many times there is no specific cause for adhesive capsulitis, we do know that some people are at higher risk of developing it. Some risk factors are:

- Women aged 40+;
- Diabetics;
- Individuals with endocrine diseases, such as hypo or hyperthyroidism;
- Individuals who have undergone breast or open heart surgery;
- Individuals with cervical spine disorders;
- Individuals who have recently undergone shoulder surgery or had an injury.

How is adhesive capsulitis diagnosed?

Your MD or PA will make this diagnosis using a combination of several things:

- History: You may remember a specific incident that caused your pain or recall when your pain suddenly increased;
- Exam: We will perform several tests to assess pain, range of motion, and stability of the shoulder;
- Radiographs: X-rays will be taken to check for any other cause of your pain;
- MRI: An MRI may be ordered if we suspect that there is an additional cause for your pain and loss of motion. Often times, this test is not necessary and the diagnosis can be made on history and examination alone.

How is adhesive capsulitis treated?

The treatment of adhesive capsulitis often depends on the stage and severity of the condition.

In the early stages, we often use oral anti-inflammatory medications to aid in decreasing the inflammation of the joint and hopefully reduce the formation of adhesions. We commonly couple the oral medications with formal physical therapy to further reduce inflammation and maximize range of motion activities.

In the later stages, we may consider treating your shoulder with injected corticosteroids along with oral pain medications and formal physical therapy.

Advanced cases may require surgical intervention in the form of a shoulder arthroscopy. During this arthroscopy we release the adhesions that have developed and also fully examine the shoulder from the inside. Physical therapy is instituted immediately after this type of procedure.

