

## Manipulation under Anaesthetic (MUA)

This is generally performed when there has been no progress with either Physiotherapy or injection therapy. The patient is anaesthetized and the shoulder joint is pushed throughout its range of movement.

## Home Management

It is very important to keep the arm moving. Follow your exercise routine little and often. Apply heat - hot baths or hot water bottles. Do not roll onto your shoulder at night - support with a pillow. Avoid heavy unnecessary lifting with the affected arm while very painful.

## Exercises

These exercises are early stage exercises and will be progressed by your Physiotherapist.

1. Lean forward on to a table taking the weight through the non-affected arm. Dangle your painful arm downwards and let it swing backwards and forwards like a pendulum. If this is too easy you can hold a light weight in your hand of the painful arm to increase the amount of traction from your joint. Repeat for several minutes. Do the same side to side and as soon as possible try to draw circles with your hand.
2. Lie on your back. Lift your bad arm up as high as you can above your head, and using your good arm to push it even further, gently increase a sustained stretch on your bad side. Hold for 30 seconds, repeat 10 times.

3. Throw a towel over your good shoulder and hold with your good arm so that it dangles down your back. Grab the bottom end of the towel with your bad arm in the small of your back. Effectively "dry your back", trying to reach as high as you can up your back with your bad arm. Hold this stretch for 30 seconds and repeat 10 times. (This can be quite sore).
4. Put both your hands behind your head. Push your elbows away from your head to the floor. Sustain the stretch for 30 seconds. Repeat 10 times.



5. Stand in front of a wall. Walk the fingers of your bad arm up the wall as high as you can. When you can go no further, sustain the stretch for 30 seconds. Repeat 10 times.



# Frozen Shoulder



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## The Shoulder

The shoulder joint, commonly regarded as a "ball and socket joint" is the most mobile joint in the human body.

A joint capsule, cartilage and muscles and ligaments collectively provide joint movement and stability.

Pain in the shoulder joint can come from any of these structures.

## What is a Frozen Shoulder?

A frozen shoulder, also known as adhesive capsulitis, is a very painful, restrictive shoulder condition which occurs when the shoulder capsule becomes inflamed.

## Symptoms

There are three general stages:

1. The joint develops severe pain, yet maintains reasonable ranges of movement with only slight restriction.

2. Generally the pain then subsides somewhat, but the movement is very limited- you may only be able to lift your arm out to the front and to the side to about 45°.

You may have difficulty putting your arm behind your back, brushing your hair, getting dry etc. Stretching this stiff movement will increase pain.

3. The shoulder then experiences stiffness with less pain. You will normally just experience restricted movement. Again, stretching this stiff movement will increase pain.

Overall, after a period of time the shoulder will become free and normally functional with no lasting disabilities. This can take anywhere between 12 months to two years.

## Causes

No definite causes have ever been documented, although here are a few predisposing, contributing factors:

- age - more common over the age of 40
- hormonal reasons - it is more common in women around the time of the menopause
- posture - has been recorded as being responsible because of a shortening of the ligaments which consequently restricts range of movement
- genetic component
- diabetes
- previous shoulder pathology e.g. wear and tear
- trauma - a frozen shoulder can develop following trauma to the shoulder e.g. a fall

## Diagnosis

This can be made by your Physiotherapist or G.P. X-rays or MRI scans are not necessary.

## Treatment

**Physiotherapy** - Individual treatment will be tailored to the stage and symptoms of your condition, involving shoulder joint mobilisations techniques. This can sometimes be quite uncomfortable and will involve stretching your joint capsule.

Electrotherapy and TENS (transcutaneous electronic nerve stimulation) can sometimes be used as pain relief, and acupuncture has also been a help in the past.

However, stretching and manual Physiotherapy are regarded as the best modalities along with a home exercise routine, which your Physiotherapist will advise you on.

**Painkillers/Anti-Inflammatories** - Please consult your G.P.

**Corticosteroid Injections** - These would be performed by your G.P or Orthopaedic Consultant.

They are not generally successful on their own, but can aid rehabilitation when performed alongside physiotherapy.