

ADHESIVE CAPSULITIS/FROZEN SHOULDER CLINICAL PRACTICE GUIDELINE



Clinical Course

Stage 1: Painful/Pre-Adhesive Stage (3 months)

- Sharp pain at end ROM, achy pain at rest, sleep disturbance, early loss of ER ROM.
- Diffuse synovial reaction without adhesion or contracture.

Stage 2: Freezing/Adhesive Stage (3-9 months)

- Gradual loss of motion in all directions due to pain.
- Aggressive synovitis and angiogenesis, loss of motion under anesthesia.

Stage 3: Frozen/Fibrotic Stage (9-15 months)

- Characterized by pain and loss of motion.
- Progressive capsulo-ligamentous fibrosis results in the loss of the axillary fold and ROM.

Stage 4: Thawing Stage (15-24 months)

- Pain begins to resolve, but significant stiffness persists.
- Capsulo-ligamentous complex fibrosis, receding synovial involvement.

Summary of Recommendations

Risk Factors	<ul style="list-style-type: none"> • Age: 40-65 years old • Autoimmune Disease • Diabetes Mellitus • Gender: Female • Myocardial Infarction • Prolonged Immobilization • Thyroid Disease • Trauma
Exam	<ul style="list-style-type: none"> • Measure pain, postural alignment, shoulder AROM/PROM, strength, functional elevation, key impairments of body function, translational glide of GH joint • Outcome Measure • quickDash, DASH, SPADI, ASES • Activity Limitation • Pain during sleep • Pain & difficulty with grooming & dressing • Pain & difficulty with reaching activities: to the shoulder level, behind the back, and overhead • Impairment • Decreased active and passive shoulder ROM • Loss of glenohumeral joint accessory motion
Diagnosis / Classification	<ul style="list-style-type: none"> • Primary Adhesive Capsulitis <ul style="list-style-type: none"> ○ Idiopathic, not associated with history of injury or systemic condition

	<ul style="list-style-type: none"> ● Secondary Adhesive Capsulitis <ul style="list-style-type: none"> ○ Related to history of injury, disease, or pathology
Interventions	<ul style="list-style-type: none"> ● <u>Corticosteroid injections</u> – reduce inflammation and pain ● <u>Patent Education</u> – Essential to lessen fear and prevent self-immobilization, encourage activity modification and emphasize functional ROM ● <u>Modalities</u> – Heat /E-stim/Ice can have a positive benefit on pain and assist with other interventions ● <u>Stretching Exercises</u> – When matched to irritability can improve ROM & pain. Optimal dosage remains unclear. ● <u>Joint Mobilization</u> – Match force to tissue irritability ● <u>Manipulation</u> – When unresponsive to PT
Criteria for Discharge	<ul style="list-style-type: none"> ● Independent pain management & home exercise program • Normal postural alignment ● Increased ROM to match unaffected side ● Improved muscle performance, strength & endurance ● Functional use of affected UE ● Normal GH and scapulo-thoracic biomechanics

Phase I: Painful/Pre-Adhesive Stage (3 Months)

Content	<ul style="list-style-type: none"> ● Modalities: Heat/Ice/E-Stim PRN ● Postural correction exercises/Scapular retraction ● PROM/AAROM Therapeutic Ex: Codman's, table/wall slides, cane ● End range GH joint stretching, 5-10 second hold as tolerated ● GH mobilization, long axis distraction to maximize ROM ● Daily Home Exercise and Icing Program
Criteria to Progress	<ul style="list-style-type: none"> ● Tolerance of 10 second end-range stretches ● Full AROM of extension/adduction ● Improving AROM of flexion, abduction, ER, IR

Phase 2: Freezing/Adhesive Stage (3-9 months)

Content	<ul style="list-style-type: none"> ● Modalities: Heat/Ice/E-Stim PRN ● Postural correction exercises/Scapular retraction ● PROM/AAROM Therapeutic Ex: Codman's, table/wall slides, cane ● End range GH joint stretching, 15-20 second hold as tolerated ● GH mobilization, long axis distraction to maximize ROM ● Daily Home Exercise and Icing Program
Criteria to Progress	<ul style="list-style-type: none"> ● Tolerance of 20 second end-range stretches ● Full AROM of extension/adduction/IR/abduction ● Improving AROM of flexion, ER

Phase 3: Frozen/Fibrotic State (9-15 months)

Content	<ul style="list-style-type: none">• Modalities: Heat/Ice/E-Stim PRN• Postural correction exercises/Scapular retraction• PROM/AAROM Therapeutic Ex: Codman's, table/wall slides, cane• End range GH joint stretching, 20-30 second hold as tolerated• GH mobilization, long axis distraction to maximize ROM• Gravity Resisted Strength Work: Scapular, Rotator Cuff, Deltoid• Daily Home Exercise and Icing Program
Criteria to Progress	<ul style="list-style-type: none">• Tolerance of 30 second end-range stretches• Full PROM flexion/ER• Gravity resisted strength work to 1x30 repetitions each

Phase 4: Thawing Stage (15-24 months)

Content	<ul style="list-style-type: none">• Modalities: Heat/Ice/E-Stim PRN• Postural correction exercises/Scapular retraction• AAROM/AROM Ther Ex: Supine/side-lying/standing postures• Resisted Strength Work: Scapular, Rotator Cuff, Deltoid• Resisted Strength Work: Free Weights, Theraband, PNF, Scapular, Rotator Cuff, Deltoid, Biceps, Triceps, Closed Chain• Daily Home Exercise and Icing Program
Criteria to Progress	<ul style="list-style-type: none">• Independent pain management and home exercise program• Normal postural alignment• Increased ROM to match unaffected side• Improved muscle performance, strength & endurance• Functional use of affected UE• Normal GH and scapula-thoracic biomechanics

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References

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