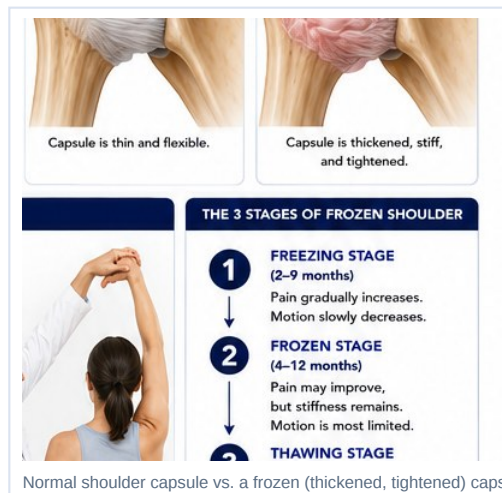


SHOULDER CONDITION

Frozen Shoulder

Adhesive Capsulitis — Patient Condition Guide



OVERVIEW

Frozen shoulder (adhesive capsulitis) is a condition in which the capsule surrounding the shoulder joint becomes inflamed and then scarred, causing pain followed by progressive stiffness. It is most common between ages 40 and 65, and is more frequent in patients with diabetes or thyroid disease. It often occurs without any injury.

SYMPTOMS

- A painful 'freezing' phase with aching at rest and sharp pain at the ends of motion
- A 'frozen' phase where pain eases but stiffness limits reaching, dressing, and sleep
- A gradual 'thawing' phase as motion slowly returns
- Loss of both active and passive motion — even someone else cannot move the shoulder fully

DIAGNOSIS

The diagnosis is made on examination — loss of passive external rotation is the hallmark. X-rays are typically normal and help exclude arthritis; MRI is reserved for unclear cases.

TREATMENT OPTIONS

The majority of frozen shoulders resolve without surgery. Treatment focuses on controlling inflammation (oral anti-inflammatories or a corticosteroid injection) and a patient, consistent stretching program. For persistent stiffness despite months of therapy, options include manipulation under anesthesia or arthroscopic capsular release, both followed immediately by motion-focused therapy.

RECOVERY OUTLOOK

The natural course can take 12–24 months; treatment shortens the painful phase and speeds the return of motion. Most patients regain functional, comfortable shoulders, though the final degrees of motion can take time.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/frozen-shoulder.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

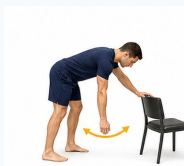
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HOME EXERCISE PROGRAM

Frozen Shoulder: Exercises & Strengthening

Gentle, frequent stretching is the treatment. Stretch to the point of tension — not sharp pain — and be patient: consistency over months wins.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.



Pendulum Swings

5 minutes, 3 times daily

Lean forward with support, let the arm hang relaxed, and gently swing it in small circles. Gradually widen the circle. Keep the shoulder muscles loose.



Wand-Assisted Elevation

10 slow reps, 2–3 times daily

Hold a cane or stick with both hands and use the healthy arm to guide the affected arm overhead as far as comfortable.



Cross-Body Stretch

5 × 20-second holds, daily

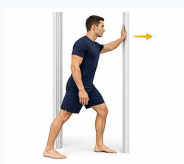
Bring the arm straight across your chest and use the other hand to gently pull it closer until you feel a stretch in the back of the shoulder.



Towel Internal Rotation Stretch

5 × 15-second pulls, daily

Hold a towel behind your back — top hand pulls the bottom hand gently up the spine until a comfortable stretch is felt.



Doorway Chest Stretch

3 × 30-second holds, daily

Forearms on a door frame, step gently forward until a stretch is felt across the chest and front of the shoulders.

FROZEN SHOULDER (ADHESIVE CAPSULITIS)

Frozen shoulder is a condition that causes pain and stiffness in the shoulder joint. Over time, the shoulder capsule becomes inflamed and thickened, making it difficult to move your arm.

NORMAL SHOULDER ANATOMY



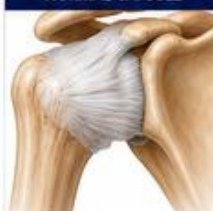
COMMON CAUSES & RISK FACTORS

- Most common in adults aged 40–60
- More common in women than men
- Associated with diabetes, thyroid disorders, and other medical conditions
- Prolonged shoulder immobilization or injury

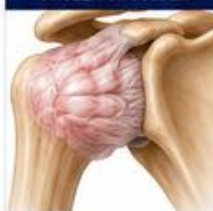
WHAT HAPPENS?

The shoulder capsule becomes inflamed, thickened, and tight, restricting movement and causing pain.

NORMAL CAPSULE



FROZEN SHOULDER



COMMON SYMPTOMS

- Deep, aching pain in the shoulder
- Stiffness and loss of shoulder motion
- Pain and difficulty reaching overhead, behind your back, or lifting objects
- Symptoms are often worse at night
- Symptoms develop gradually and worsen over time



DIAGNOSIS

Your doctor will perform a physical exam to check your range of motion and rule out other conditions. Imaging tests (X-rays or MRI) may be used to rule out arthritis, rotator cuff tears, or other problems.



THE 3 STAGES OF FROZEN SHOULDER

- 1 FREEZING STAGE (2–9 months)**
Pain gradually increases. Motion slowly decreases.
- 2 FROZEN STAGE (4–12 months)**
Pain may improve, but stiffness remains. Motion is most limited.
- 3 THAWING STAGE (5–24 months)**
Motion slowly improves. Full recovery may take months to years.

TREATMENT OPTIONS



NON-SURGICAL TREATMENT

- Activity modification
- Physical therapy
- Anti-inflammatory medications
- Ice and heat therapy
- Cortisone injection (may reduce pain and improve motion in the short term)

Most cases improve with time, patience, and consistent treatment.



PHYSICAL THERAPY FOCUS

Gentle stretching and manual therapy help restore motion and function. Therapy is tailored to your stage and tolerance.



SURGICAL TREATMENT

Considered only if symptoms persist after 6–12 months of non-surgical treatment. Options include manipulation under anesthesia or arthroscopic capsular release. Surgery helps loosen the tight capsule and improve motion.



Arthroscopic capsular release

GENTLE EXERCISES THAT CAN HELP Perform 1–2 times per day as tolerated. Stop if pain increases.

PENDULUM SWING

Lean forward and let your arm hang down. Gently swing in small circles.



WAND FLEXION

Use a stick or cane to help raise your arm overhead as far as comfortable.



WAND EXTERNAL ROTATION

Keep your elbow at your side and use the stick to gently rotate your arm outward.



CROSS-BODY STRETCH

Use your other arm to gently pull your affected arm across your body.



INTERNAL ROTATION STRETCH

Reach your hand behind your back as far up as you can.



i Consistency is key! Improvement takes time. Celebrate small gains in motion and function.

PREVENTION & SELF-CARE TIPS



Stay active and keep your shoulder moving.



Strengthen shoulder and upper back muscles.



Maintain good posture during daily activities.



Get quality sleep and manage stress.

WHEN TO SEE A DOCTOR

- Pain lasts more than a few weeks
- Pain interferes with sleep or daily activities
- You cannot raise your arm or move it normally
- Symptoms are getting worse
- You have diabetes or thyroid problems



Scan for exercise videos and more information about frozen shoulder.

This information is for educational purposes only and is not a substitute for professional medical advice. Please consult your orthopedic surgeon for a diagnosis and personalized treatment plan.

RP ROBERT PETTIT, MD
SPORTS MEDICINE & SHOULDER SPECIALIST