

Adhesive Capsulitis

What is adhesive capsulitis?

Adhesive capsulitis (CAP-soo-LITE-us), or “frozen shoulder,” happens when the ligaments in the shoulder get thickened, inflamed, and scarred. This makes the shoulder painful and stiff. The symptoms usually get worse over time. Reaching away, over your head, and behind your back can be very painful. Lying on your shoulder at night can also be painful and can make it difficult to sleep.

Who gets it?

Adhesive capsulitis is more common in women and in people 40 to 70 years of age. People with diabetes and rotator cuff problems are also at risk. Sometimes people get it for no clear reason. If this is the case, your doctor may do blood work or take x-rays to see what may be causing it.

How is it treated?

People with adhesive capsulitis usually do not need surgery. Most of the time the shoulder will heal on its own. However, this can take awhile—sometimes even years.

It is important to use your shoulder as much as you can. Don’t use a sling unless your doctor tells you to. This can sometimes make

stiffness worse. Your doctor may want you to do shoulder exercises. It is normal to feel a little sore, but don’t do anything that makes the pain much worse. You can take over-the-counter pain medicines like acetaminophen (one brand: Tylenol) or ibuprofen (one brand: Motrin).

If the pain is very bad, your doctor may prescribe cortisone. This can be taken as a pill or given as a shot into the shoulder. If the pain does not get better within six weeks, your doctor may refer you to an orthopedic surgeon. This does not necessarily mean that you need surgery.

Where can I get more information?

Your doctor

AAFP’s Patient Education Resource

Web site: <http://familydoctor.org/374.xml>

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Notes:

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

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