Frozen Shoulder Treatment

- No single method of treatment seems consistently effective
- Progress occurs in spurts and plateaus, therefore important to keep accurate records of pre and post treatment ROM
- The therapist may choose some or all of the following techniques which may be spread over several treatments rather than all being performed at once.

Acute:

- positioning begins prone, pillows under the abdomen and ankles
- if hyperkyphosis is present, two towel rolls are placed under the shoulders retracting them.
- Hydrotherapy is ice to affected shoulder. Heat can be used on compensatory structures.
- Assess ROM pre treatment

<u>General Treatment</u>

- Reduce pain
- Reduce sns firing (deep diaphragmatic breathing)
- Treat the compensatory structures – unaffected shoulder, back, Trigger points in muscles that refer to the affected areas

<u>Specific Treatment</u>

- Reduce hypertonicity and trigger points in trap, levator scap, rhomboids, lattissimus, serratus anterior, erector spinae, deltoid and rotator cuff muscles.
- Trigger points, muscle stripping and o and I technique on subscapularis – place the humerus in 90degrees of abduction and the elbow in 90 of flexion. The forearm hangs over the table with the therapists fingers resting against the scapula, the thumbs slide under the lateral border of latissimus dorsi and rest against the lateral chest wall. To be sure the therapist is not on lattissimus the client submaximally adducts the shoulder, making the muscle contract. The therapist then angles the thumbs up between the chest wall and the anterior aspect of the scapula. The client internally rotates the humerus to palpably contract subscapularis.
- Pain free PIR subscapularis is done with the client submaximally resisting external rotation
- Joint play on the spinous proceses of the thoracic vertebrae, ribs and scapula
- Pendulum done in the forward flexion plane – pain free
- Treat other conditions if present

Turn supine – pillow under the knees and one along the spine if hyperkyphosis is present

- Lymphatic drainage if necessary on the affected shoulder
- Fascial techniques to the affected shoulder or both if indicated, within the clients pain tolerance.
- Treat compensatory structures – unaffected shoulder arm and neck

- Pec major and deltoid are treated
- Pec major golgi tendon organ release – the therapist sits at the head of the table and hooks the middle and index finger of each hand under the tendinous attachment of the pectoralis major at the humerus. This should not feel uncomfortable. The therapist then slowly leans back, stretching pectoralis major and applying a golgi tendon organ release.
- Pec minor, subclavius, biceps and triceps are worked
- Mild joint play to the gh – grade 1 and 2 oscillations and grade 1 and 2 traction.
- inferior glide progressing to lateral
- Inferior glide – example for clients right shoulder
    - clients arm at the side
    - therapists right hand at the axilla to stabilize scap against the thorax
    - the thumb is resting on the pec major tendon and the fingers are extended
    - the web between thumb and fingers stabilizes the inferior aspect of the neck of the glenoid
    - the clients elbow is flexed to 90
    - the therapists left hand grasps the forearm just distal to the elbow
    - the left hand then draws the humerous inferiorly
    - this technique increases abduction
- lateral glide – clients right shoulder
    - clients arm at the side
    - therapist right hand grasps the medial portion of the clients humerous, as close to the axilla as possible.
    - Clients elbow is flexed to 90and the clients hand rests on their abdomen
    - The therapists left hand stabilizes at the lateral aspect of the elbow
    - The therapists right hand moves the proximal humerus laterally
    - The left hand allows the distal humerus to move laterally also, so the entire joint capsule is mobilized
    - This increases abduction and external rotation
- hypomobility in c-spine and sternoclavicular joint treated with joint play
- passive stretch to upper traps and levator

Sub acute:

- positioning begins prone, pillows under the abdomen and ankles
- if hyperkyphosis is present, two towel rolls are placed under the shoulders retracting them.
- Hydrotherapy is heat to posterior shoulder then anterior shoulder
- Assess ROM pre treatment

<u>General Treatment</u>

- The work to the clients trunk and unaffected shoulder is the same as in the acute stage.

Specific Treatement

- Swedish techniques used on the affected shoulder as in acute. Trigger points treated especially in subscapularis
- PIR for subscapularis progresses through increasing amounts of abduction and external rotation while the client submaximally resists this action
- Joint play to hypomobile joints – t-spine, ribs and scapula
- Pendulum exercise – forward flexion, adduction and abduction
- A passive stretch with the scapula stabilized - client is in the middle of the table with the arm at the side. The therapist stabolises the scapula against the thorax with one hand and the other grasps the humerus and slowly abducts it.
- Treat other conditions

Turn supine – a small towel roll is placed along the spine if hyperkyphosis is present

- Fascial work to the pectorals
- Unaffected shoulder, neck and diaphragm are treated
- Pec major, minor, subclavius and deltoid treated the same as in acute
- Adhesions in shoulder girdle muscles treated then stretch and ice
- Grade 4 oscillations and grade 3 traction. Inferior and lateral glide joint play are used gradually increasing the range of abduction
- PIR to increase range at the GH
    - take the clients arm into abduction and external rotation
    - apply long axis traction to the gh joint.
    - The client isometrically resists the abduction and internal rotation for about 10 seconds
    - The therapists resistance gradually increases and decreases as the client meets the resistance
    - There is no actual movement at the joint
    - The therapist then reverses the direction of pressure to adduction and internal rotation
- PIR or passive stretch to trap and levator scap – flexion, lateral rotation away from the side to stretch and head rotation towards the side to stretch. Pres gently on the shoulder to take up the slack and get then to try to shrug their shoulder.

Chronic:

- Positioning and hydro are the same as subacute
- Joint play techniques are used to increase the range of the joint capsule
- Grade 4 oscillation and grade 3 traction – anterior capsule is stretched with posterior glide
    - Posterior glide is begun with the clients humerus as close to 90 degrees of abduction as possible
    - The elbow is flexed to 90
    - The therapists left hand grasps the clients wrist and externally rotates the humerus as far as is comfortable, supporting it in this position
    - The heel of the therapists right hand is placed on the proximal portion of the humerus
    - The humerus is moved posteriorly
    - The humerus is gradually moved through increasing amounts of external rotation over successive mobilizations