

Non-Operative Frozen Shoulder Treatment Protocol

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Purpose & Philosophy

Frozen shoulder, or adhesive capsulitis, is a condition characterized by progressive shoulder pain and stiffness due to capsular inflammation and fibrosis. Non-operative treatment is the mainstay of care and focuses on pain control, gradual restoration of motion, and patience through the natural phases of the condition.

Appropriate Candidates

Patients with progressive shoulder stiffness and pain, limited active and passive range of motion, no significant structural rotator cuff tear, and clinical features consistent with adhesive capsulitis. This condition is more common in patients with diabetes or thyroid disease.

Phase 1: Painful / Freezing Phase – Symptom Control (Weeks 0–8)

Goals include pain reduction and maintenance of functional motion. Aggressive stretching is avoided during this phase. Gentle, pain-free range of motion exercises are emphasized, including pendulums and assisted elevation. Pain control includes acetaminophen, ice or heat, and selective use of NSAIDs if appropriate. Corticosteroid injection may be considered to reduce pain and inflammation in select patients.

Phase 2: Frozen Phase – Motion Restoration (Weeks 8–16)

Pain gradually improves while stiffness persists. Goals shift toward progressive restoration of shoulder motion. Stretching intensity is increased gradually, focusing on capsular mobility in multiple planes. Scapular mechanics and posture are addressed to optimize movement.

Phase 3: Thawing Phase – Strength & Function (Weeks 16–32+)

As motion improves, strengthening is gradually introduced. Rotator cuff and scapular stabilizer strengthening are emphasized alongside continued stretching. Functional use of the shoulder is progressively restored.

Adjunct Treatments

Adjuncts may include supervised physical therapy, intra-articular corticosteroid injections, or hydrodilatation in select cases. Surgical intervention is rarely required and reserved for refractory cases.

Return-to-Activity Expectations

Return to unrestricted activity is gradual and depends on resolution of pain and restoration of functional motion. Most patients improve over time with non-operative care, though recovery may take several months.

Failure of Non-Operative Treatment

Persistent severe stiffness or pain despite an adequate course of non-operative management may prompt discussion of additional interventions, including manipulation under anesthesia or arthroscopic capsular release.

Key Principles

Frozen shoulder is a self-limited condition. Overly aggressive therapy can worsen pain. Successful treatment requires patience, education, and stage-appropriate rehabilitation.

Key References

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