



Musculoskeletal

Frozen shoulder contracture syndrome

...Aetiology, diagnosis and management of frozen shoulders

Author : Willem-Paul Wiertz

In frozen shoulders, a number of morphological and histological changes has been observed that may contribute to the onset and maintaining of the condition. The joint capsule contracts and the rotator interval thickens, causing a reduced joint volume; neovascularity increases, concentrations of cytokines and substance P rise, and fibroblasts and myofibroblasts proliferate. All of these changes occur in a more or less similar manner in Dupuytren's disease.

If glenohumeral external rotation is actively and passively equally restricted and no radiological abnormalities are present, the diagnosis of frozen shoulder contracture syndrome (FSCS) may be established, but not before other pathologic conditions that initially present with similar symptoms have been excluded.

FSCS can be divided into three or four stages. In the first stage, an important part of management is patient education. Noteworthy, the notion that a frozen shoulder will resolve, even without treatment, can be questioned and joint mobilizations and exercises are the treatment of choice before “supervised neglect”. Although frequently administered, evidence for the use corticosteroid injections is not definitive; the same accounts for capsular distensions and manipulation under anaesthetic.



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