Cycle 3- Shoulder
2304 - Treatment Options for Frozen Shoulder
SCRIPT

(1)
EDMOND YOUNG, MD:
The treatment options for adhesive capsulitis or frozen shoulder depend a lot on the duration of the symptoms.

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EDMOND YOUNG, MD:
Sometimes people will come in fairly early in the process, after they've just been having pain for a few weeks, because they don't understand why their shoulder started hurting. They can't understand what caused it. More frequently, they'll come in because it just hasn't gone away.

(3)
RONALD NAVARRO, MD:
I think most people don't know these technical terms, adhesive capsulitis or capsulitis if they do have a notion that they have limitation of motion, they will come in and say, "I think it's frozen or stuck," or "I can't get to places where I normally get to. Many of 'em will say, "I have upper back pain," And then-- they realize that they're moving differentially to-- achieve the same range of motion.

(4)
EDMOND YOUNG, MD:
There's pretty good evidence that the success rate of treatment depends on when during the course of that treatment you intervene. Meaning that we typically describe it in basic terms as a freezing phase, a frozen phase, and a thawing phase.

The freezing phase is when people will typically come in, because it's becoming more painful and stiffer.

(5)
RONALD NAVARRO, MD:
There are some associations with endocrine abnormalities that lead to frozen shoulder too. They do not get from frozen to thawed as fast, if at all. It's harder for them to get better.'

EDMOND YOUNG, MD:
The problem is that, if we intervene, the success rate of treating a patient during that freezing phase is poor.

EDMOND YOUNG, MD:
And, in most cases, it's not recommended that any significant interventions other than treating symptoms-- be taken on during that period. Because they just, unfortunately, don't work very well. Once you get to the frozen phase-- and, in most cases, the rule of thumb is roughly six months of symptoms-- then, we can make some progress by intervening.

(6)
RONALD NAVARRO, MD:
So it's important for me to ferret out the ones who just have, I would call it, a more typical frozen shoulder that may get better with non-surgical intervention, and the patient who doesn't want surgical intervention can go with me on that-- treatment journey. But the ones who have an endocrine abnormality, it's less likely to get better with-- non-surgical methods.

(7)
EDMOND YOUNG, MD:
In the early stages of the disease, we'll tend to focus on trying to make the patient more comfortable, using anti-inflammatory medications, trying to improve range of motion with physical therapy and stretching, and, really, basically, to try to wait through what we know is the initial course of the disease that really needs to just take time.

(8)
EDMOND YOUNG, MD:
After about six months or so, if patients still haven't improved, then, we'll consider going another step further. And the next step would be something called a manipulation, where we would move the shoulder through a range of motion but with the patient asleep so that they're not experiencing pain. And that can often be enough to restore a range of motion and improve their function. And, if that is successful, that may be all the treatment that's necessary.

(9)
EDMOND YOUNG, MD:
Beyond that, there's actual surgical intervention, where we would go in, typically, arthroscopically. So, that would mean going through a very small incision with a fiber-optic camera, and, through a very small access point, go into the shoulder, and actually divide the tough tissue with-- a surgical camera so that we can get the shoulder moving again.

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