

Dr Jonathan Herald, Orthopaedic Surgeon

Thawing out frozen shoulder in diabetes patients



- Frozen shoulder or Adhesive Capsulitis is a lesser known complication of diabetes
- Type II diabetes: Incidence is 11-30% compared to less than 10% in general population ~ Journal of Clinical Orthopaedic Surgery
- Type 1 diabetes: the rate increases to 59% of patients; about 73% of this group in both shoulders ~ 2017 Archives of Physical Medicine and Rehabilitation
- Extensive physical therapy is vital to break down the adhesions or scarring that has occurred on the shoulder joint with or without surgery. [Click here](#) to watch these at home patient exercises using coat hanger and broomstick. This video with Dr Jonathan Herald is ideal home therapy for frozen shoulder or post shoulder surgery.

Symptoms

- Pain ranges from mild to breath-taking and often impacts sleep
- Stiffness, difficulty putting on a bra or coat, reaching overhead or across chest
- For people with diabetes creates difficulties injecting insulin
- Over time, movement reduced and shoulder becomes “frozen”
- Generally three phases, painful or freezing (6 weeks-9months), frozen (4-6 months) and thawing up to two years

Diagnosis & Imaging

- Patients with primary frozen shoulder generally have no significant findings in the history, clinical examination, or radiographic evaluation to explain their motion loss and pain.
- X-Ray and MRI important to rule out other causes

Red Flags

- Loss of passive range of motion (ROM) critical element in establishing diagnosis
- Check glucose levels. It's thought that collagen becomes sticky if sugar molecules attach causing stiffness and adhesions or scarring ([glycosylation](#))
- Hypothyroidism, hyperthyroidism, Parkinson's disease, and cardiac disease increase risk and one frozen shoulder increases risk of other side freezing

Continued overleaf...



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When to refer

- Refer to an Orthopaedic Surgeon if the patient is not responding to the initial treatment plan (6 months of non surgical treatment)

Non-Surgical Treatment

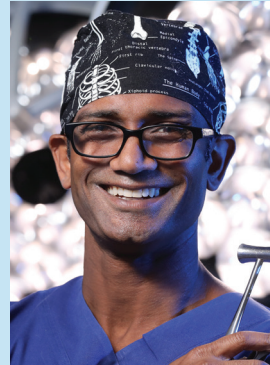
- As a first line, heat and physiotherapy and Panadol or Aspirin
- Guided cortisone under ultrasound can help patients without diabetes
- When cortisone contraindicated in diabetes, patients in severe pain can benefit from Hydrodilatation (saline injection to stretch shoulder joint capsule) or surgical options

Surgical Treatment

- Outpatient day procedure at Strathfield Private known as Shoulder Joint Capsule release or [arthroscopic capsular release](#)
- Consider after 6 months of no pain relief with non-surgical options
- Some patients choose to get this done in the initial stages because the pain is so severe or stops them sleeping which exacerbates depression
- This procedure is considered a very low risk surgery
- You can generally return to work within a week or two and drive within a week or two
- One study in the GP Journal of Family Practice found that 94% of patients experienced immediate pain relief after surgery often lasting up to 10 years

Follow up

Guided physiotherapy and active assisted exercises using broomstick or a coat hanger done by patient at home can help thaw out shoulder. This way you are still exercising your affected limb, but not in a way that hurts.



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