Frozen Shoulder

A shoulder that gradually stiffens until even simple movements are impossible. Frozen shoulder is self-limiting — but the right treatment shortens the journey dramatically.

Strong diabetes link · Three stages · Almost always recovers

What is it?

Frozen shoulder (adhesive capsulitis) is inflammation and progressive tightening of the capsule — the flexible envelope around the shoulder joint. The capsule thickens and contracts, physically restricting movement in every direction.

It typically affects people aged 40–60, and diabetics are up to five times more prone, often with more stubborn disease. It usually resolves, but untreated can take 1–3 years.

Causes & risk factors

Often no trigger is found. Recognised associations: diabetes (the strongest), thyroid disorders, a period of shoulder immobility (after injury, surgery or even a cardiac event), and minor trauma.

It occasionally follows shoulder surgery or affects the opposite shoulder years later.

Symptoms

Stage 1 — Freezing (2–9 months): increasing pain, especially at night and with sudden movements, while stiffness quietly builds. Stage 2 — Frozen (4–12 months): pain eases but stiffness dominates; reaching overhead, behind the back or to the side is blocked. Stage 3 — Thawing (6–24 months): motion gradually returns.

The hallmark: motion is lost even when someone else moves your arm.

Diagnosis & investigations

Frozen shoulder is a clinical diagnosis — global restriction of passive movement, particularly external rotation. X-rays are done to exclude arthritis (which can mimic it); MRI is rarely needed.

Every new frozen shoulder deserves a blood sugar check — it's sometimes the first clue to diabetes.

Non-surgical treatment

The mainstays: pain control, a corticosteroid injection into the joint (most effective in the early painful stage — it can meaningfully shorten the disease), and stretching exercises within tolerable pain, done briefly but several times daily.

Hydrodilatation — distending the capsule with sterile fluid under imaging guidance — helps many patients in the frozen stage. Aggressive painful physiotherapy in the early inflamed stage tends to backfire; timing matters.

When surgery helps

Reserved for the minority who remain severely restricted after 6+ months of proper treatment: arthroscopic capsular release divides the tight capsule under vision, often combined with manipulation under anaesthesia, followed by immediate mobilisation.

Results are good, particularly for diabetic frozen shoulders that refuse to thaw.

Recovery & rehabilitation

With early injection plus a sensible exercise program, most patients improve substantially within 3–6 months rather than years. After capsular release, motion regained in surgery is protected with early, committed physiotherapy — the first two weeks are crucial.

Recurrence in the same shoulder is rare; the other shoulder is affected in about 1 in 5 people over time.

Prevention tips

Control blood sugar well, keep the shoulder gently moving after any injury or surgery (as advised), and seek help early if stiffness is building — early treatment is the single biggest time-saver.

Frequently asked questions

Will frozen shoulder go away on its own?
Usually yes — but 'eventually' can mean 1–3 years, and some people are left with mild permanent restriction. Early treatment (especially a well-timed steroid injection) can compress the timeline dramatically.

Why is frozen shoulder linked to diabetes?
High glucose alters collagen in the capsule, making it stickier and more inflammation-prone. Diabetics get frozen shoulder more often, more severely, and on both sides more frequently — good sugar control genuinely helps.

Should I push through the pain when exercising?
Stretch to the point of tolerable discomfort, not sharp pain. In the early inflamed stage, forcing the shoulder increases inflammation and worsens stiffness. Short, frequent, gentle sessions beat heroic painful ones.

Is massage or 'setting' the shoulder helpful?
Massage may ease muscle soreness but cannot release the tight capsule. Forceful unqualified manipulation risks fracture or cuff tear — capsular release, when needed, should be a controlled surgical procedure.

How is frozen shoulder different from a cuff tear?
A cuff tear causes pain and weakness but someone else can still move your arm fully. Frozen shoulder blocks passive movement in all directions. The two can coexist, which is why examination by a specialist matters.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit **ossifide.com/consultation.html**, WhatsApp **+91 90760 79000**, or email **ossifide@gmail.com**.