

Post Operative Care

No slings are worn. The shoulder is to be used immediately. It is very important to initiate an aggressive range of motion program with a physiotherapist the next day.



George Murrell
Shoulders

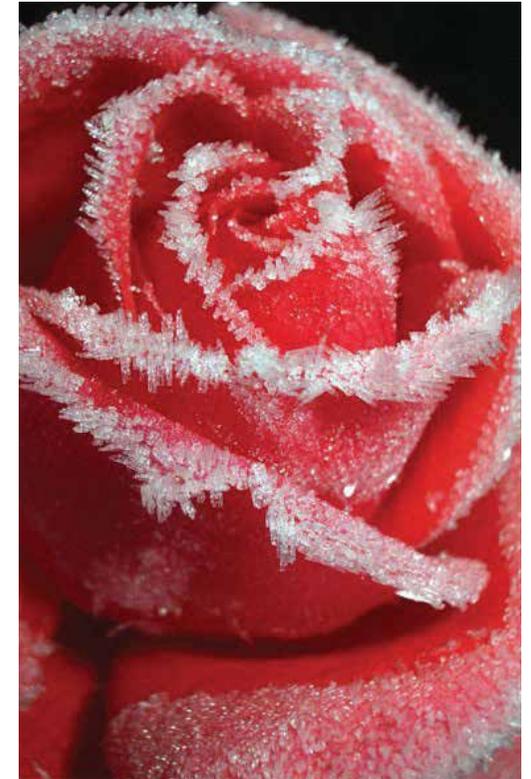


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FROZEN SHOULDER

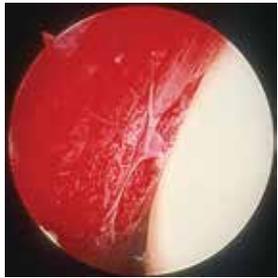


1. Diwan DB, Murrell GAC. An evaluation of their effects of the extent of capsular release and of post-operative therapy on the temporal outcomes of adhesive capsulitis. *Arthroscopy*. 2005; 21(9):1105-1113.
2. Le Lievre HMJ, Murrell GAC. Long-term outcomes of arthroscopic capsular release for idiopathic adhesive capsulitis. *J Bone Joint Surg (Am)*. 2012(94):1208-1216.
3. Barnes CP, Lam PH, Murrell GA. Short-term outcomes after arthroscopic capsular release for adhesive capsulitis. *J Shoulder Elbow Surg*. 2016; 25(9):e256-e264.



SHOULDER STIFFNESS

Pain and stiffness of the shoulder are common complaints. There are several causes of painful, stiff shoulders, but the most common cause in the fourth and fifth decades of life is idiopathic adhesive capsulitis (frozen shoulder).



Thickened, red capsule of frozen shoulder

Diagnosis

Adhesive capsulitis may occur spontaneously or following an injury and initially is characterised by pain, particularly at night.

The easiest way to rule in or rule out a diagnosis of shoulder stiffness is to check external rotation with the arm at the side.

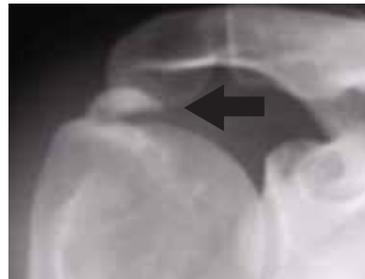


Imaging

A plain xray is important to rule out arthritis and calcific tendonitis.



Arthritis



Calcific tendonitis

Ultrasound is important to rule out a rotator cuff tear.

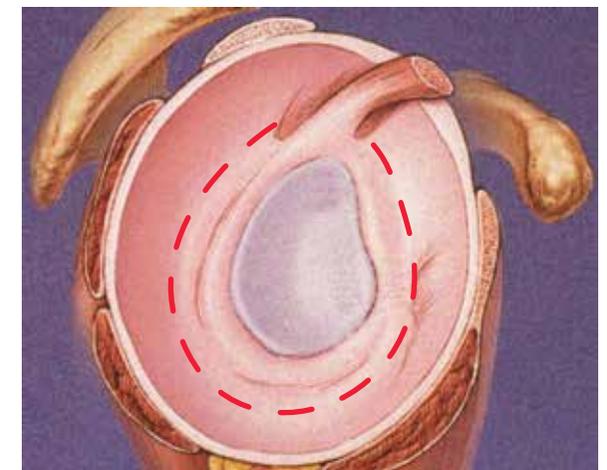


Management

Frozen shoulder resolves on its own, but takes on average 2½ years.

An alternative is arthroscopic capsular release, where the thickened, tight shoulder capsule is released (cut) under direct supervision of an arthroscope via keyholes as a day case under local anaesthetic.

We have found this procedure results in rapid improvements in pain and range of motion and these continue in the long term^{1,3}.



Arthroscopic capsular release