

HKSH Orthopaedic & Sports Medicine Centre

Happy Valley

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Service Hours

Monday to Friday: 10:00 am – 6:00 pm
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Closed on Sundays and Public Holidays
by Appointment



Frozen Shoulder



For enquiries and appointments,
please contact us

Frozen shoulder is also known as adhesive capsulitis. It is characterised by pain and decreased shoulder motion in all directions. Frozen shoulder can either be primary or secondary. While primary frozen shoulder is spontaneous and insidious with unknown causes, the cause of secondary frozen shoulder is usually known, e.g. after injury or secondary to rotator cuff tear.

Who are Affected by Frozen Shoulder?

As a common condition, frozen shoulder affects about 2 percent of the general population. It is most common among patients in their 50s, irrespective of sex, race, arm dominance and occupation.

Is it Diabetes-Related?

Certain endocrine diseases are related to frozen shoulder. Patients with diabetes and thyroid disease may have an increased risk of developing frozen shoulder.

What are the Symptoms?

The symptoms include shoulder pain initially, followed by stiffness. The pain is usually a dull ache, which can be severe and sometimes affects sleep. It usually occurs over the shoulder area and in the upper arm. The stiffness often affects motion in all directions: people cannot lift the arms, while others may experience difficulties in combing hair or scratching the back because of the stiffness. The stiffness or the decreased motion cannot be improved by others trying to move the patient's shoulder.

How is It Diagnosed?

A clinical diagnosis is made based on the patient's medical history and physical examination.

Investigations such as X-ray, blood test and MRI are sometimes required to rule out diabetes or rotator cuff tear as the contributing factors.

What are the Treatment Options?

Non-Operative Treatment

Non-operative treatments can be effective in most cases of primary frozen shoulder, such as

- Medication for pain relief
- Physiotherapy
- Local injection

It may take up to 2 years for full recovery.

Over 90% of frozen shoulder cases can be treated effectively by non-operative treatment.

Operative Treatment

Severe cases, especially those related to endocrine diseases, may require surgery to release the contracted capsule. It can be achieved with minimally invasive arthroscopic technique, followed by manipulation under anaesthesia. Physiotherapy is always required after surgery.

How Can I Prevent Frozen Shoulder?

The best protection is to maintain joint flexibility by frequent stretching.

