Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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Conservative management of the stiff shoulder

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Type of document	Guidance
Target audience	Other - Physical Health Physiotherapists
Document purpose	To establish a consistent approach to the management of the stiff shoulder

Approving meeting	West Locality Governance and Risk Meeting	Date 8-Sep-14
Implementation date	Sep-14	

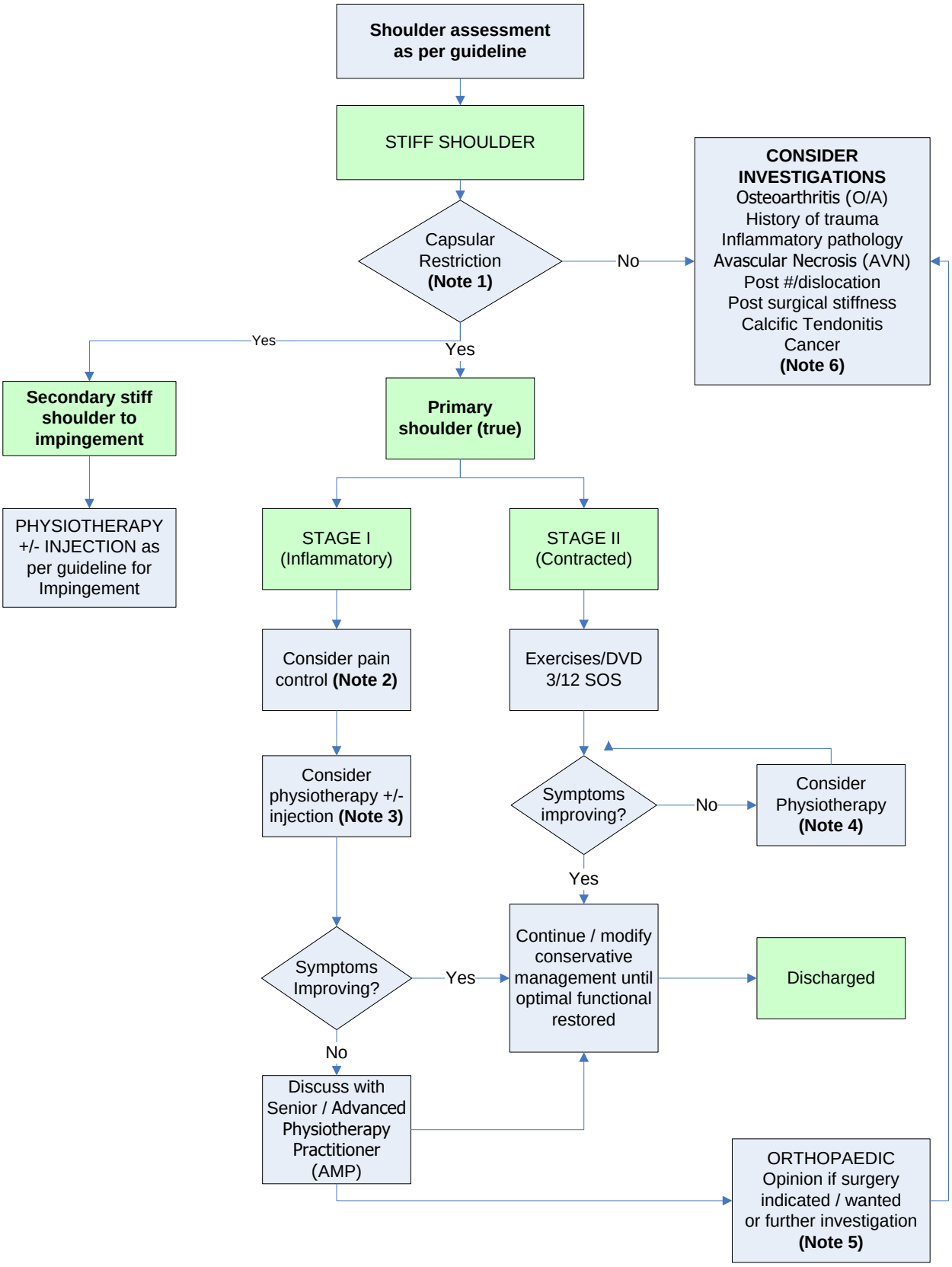
CWP documents to be read in conjunction with	
CC27	Clinical guideline to standardise the clinical assessment and diagnosis of common musculoskeletal shoulder
MH13	Part IV and IVA - Mental Health Act 1983 - Consent to treatment

Document change history	
What is different?	New document
Appendices / electronic forms	New document
What is the impact of change?	New document

To view the documents Equality Impact Assessment (EIA) and see who the document was consulted with during the review please click here

Content

Quick reference flowchart shoulder assessment for stiff shoulder
For quick reference the guide below is a summary of actions required.



1. Introduction and purpose

Patients with shoulder pain and / or dysfunction are referred to physiotherapy musculoskeletal services within Cheshire and Wirral Partnership NHS Foundation Trust (CWP) by their GP, consultant or via the Adult Musculoskeletal Assessment and Management Service. All these patients will have an initial clinical assessment as per clinical guideline to standardise the clinical assessment and diagnosis of common musculoskeletal shoulder conditions. Following assessment, those patients who are diagnosed with a stiff and painful shoulder are generally managed conservatively as physiotherapy is often the first line of treatment for this patient group. A corticosteroid injection may also assist in relieving symptoms. The upper limb working party reviewed evidence from extensive literature searches, including the Chartered Society Physiotherapy guideline on frozen shoulder management and information from recent shoulder courses, as a basis for this guideline.

1.1 Aims

The aims of the guideline are:

- To establish a consistent approach to the clinical management of the stiff shoulder;
- To discuss other treatment options available and provide indications on when these options should be considered, e.g. injection;
- To introduce a validated outcome measure for patients in this group;
- To demonstrate an improvement in clinical outcomes with treatment;
- To contribute to Standards for better health D2d: Patients receive effective treatment and care, delivered by health care professionals who make clinical decisions based on evidence-based practice (DoH2004);
- To contribute to Standards for better health C5c: Clinicians continually update skills and techniques relevant to their area of clinical work (DoH2004).

2. Definitions

The stiff shoulder / frozen shoulder refers to a reduction in both active and passive range of movement at the gleno-humeral joint often associated with pain and functional restriction.

2.1 Terms

Conservative Management	Which refers to non-surgical management
Gleno-humeral	Refers to the shoulder joint, which is the joint between the humerus (upper arm bone) and the glenoid (shallow socket of the shoulder blade).
Stiff shoulder	Refers to a reduction in both active and passive range of movement at the gleno-humeral joint often associated with pain and functional restriction.

3. Procedure

No.	Action	Rationale
1.	Patient assessment as per clinical guideline to standardise the clinical assessment and diagnosis of common musculoskeletal shoulder.	- To identify patients with a stiff / frozen shoulder; - To rule out red flags (flowchart); - To establish if further investigations are required; - To ensure patient is referred for an orthopaedic / Advanced Medical Practitioner (AMP) opinion to enable further investigations and management; - To establish patients expectations; - To establish a baseline for rehabilitation.
2.	If red flags are identified, liaise with an AMP or referring GP regarding an urgent orthopaedic referral directly to secondary care (flowchart).	- To ensure patient is referred for an orthopaedic opinion as soon as possible to enable further investigations and management.
3.	Patients identified as having a stiff shoulder, should have their treatment plan discussed with them and informed consent obtained for their treatment / management.	- To ensure patient understanding and compliance; - To comply with the consent to treatment policy.

No.	Action	Rationale
4.	If there has been a previous history of breast or lung cancer a shoulder X-Ray need to be requested if the patient has not already had one.	- To ensure there is no metastatic disease involving the humerus or scapula.
5.	Provide the patient with a patient information leaflet about shoulder stiffness.	- To ensure patient understanding and compliance.
6.	Follow treatment plan (flowchart).	- To ensure treatment is of good quality and is evidence based; - To ensure that treatment is standardised across the trust.
7.	Re–assess after 12- weeks.	- To establish if the patient is improving on current management; - To decide on future management or discharge.
8.	Patients not responding to conservative management are offered an orthopaedic opinion.	- To discuss further management options, e.g. surgery; - For further investigation of condition.

4. Notes to accompany flowchart

Note 1
See Guideline to standardise the assessment and management of common shoulder conditions. Subjective symptoms of a capsular restriction may include pain in the upper arm and deltoid, 'jerk pain' upon sudden movements, night pain upon lying on the affected side ,and limitation of movements such as raising the arm overhead and taking the hand behind back.

Objective signs may include global reduction in active and passive range of movement in the gleno-humeral joint, with early loss of internal rotation, marked loss of external rotation and a 'hard' end feel too passive movement.

Note 2
If pain is the predominant complaint then a review of analgesia or a therapeutic injection (note 3) can be considered. Liaison with the GP regarding analgesia is recommended. Pain relieving modalities such as acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS), manual therapy can be offered by the physiotherapist in combination with an exercise programme to increase range of movement and improve function.

Note 3
An injection into the gleno-humeral joint can be considered provided there are no contraindications (see patient group directive for the administration by a physiotherapist of corticosteroid injection therapy for peripheral Intra or peri-articular lesions 2008). They are considered to be of greatest benefit if they are administered in the acute phase of the condition.

Note 4
If lack of movement and function remain the limiting factors then consider referral to physiotherapy. This may consist of shoulder stretches and passive / accessory joint mobilizations, soft tissue release of the posterior cuff / capsule, shoulder stretches and range of movement (ROM) exercises and specific strengthening exercises within normal movement patterns.

Note 5
If surgery is indicated i.e. patient has persistent severe pain, limitation of movement and functional restriction and they are happy to consider surgery, then a referral to an orthopaedic consultant is made. Surgical intervention may involve manipulation under anaesthetic, or an arthroscopic or open capsular release.

Note 6

There are no established clinical protocols for deciding upon the necessity of x-ray (XR). Suggested indications include persistent pain and movement restriction, joint crepitus, failure to respond to conservative treatment, history of trauma, suspicion of dislocation / subluxation, inflammatory pathology and a previous history of breast or lung cancer. Other conditions which may merit X-Ray include Osteo Arthritis (O/A, Calcific tendonitis, Avascular Necrosis (AVN) or suspicion of Fracture (#). However, the decision is ultimately based on clinical judgment. The typical views taken are anterior/posterior view, lateral view in the scapular plane, and axillary view.