# **DECISION AID**

# **Frozen shoulder:** What are your treatment options?

In frozen shoulder, the joint gradually becomes painful and stiff. That is caused by scar-like adhesions in the joint capsule, but it's not entirely clear why this happens. The symptoms can cause sleep problems and make daily activities like getting dressed, cooking, or driving difficult or impossible.

Frozen shoulder usually gets better on its own, but you need to be patient: It can take several months, or sometimes even one to two years. A number of different treatments can help to relieve the symptoms during that time. Your shoulder may not be as flexible as it used to be after that, but most people only have few lasting problems.

Your doctor might have recommended surgery to relieve the symptoms. An operation isn't always necessary, though. The aim of this decision aid is to help you choose a suitable treatment.

# THESE ARE THE TREATMENT OPTIONS:

#### Conservative

Surgical

 This mainly includes medication (steroid tablets and injections) to help with the pain and physical therapy to improve mobility. There is no proof that other conservative therapy options help. You can read about the pros and cons of these treatment options on the next pages.

Manipulation under anesthesia: The frozen shoulder is carefully moved in different directions under anesthesia. This is done to tear through the "stuck" joint capsule in order to restore mobility.

**Shoulder arthroscopy with joint mobilization:** Incisions are made into the scarred and contracted parts of the capsule to release the adhesions.

You can take your time to find the information you need and weigh the pros and cons. You can also get a second medical opinion if you like.

# PROS AND CONS OF THE TREATMENTS

	Conservative therapy	Manipulation under anesthesia	Shoulder arthroscopy with joint mobilization
What does the treatment involve?	The first step is to relieve pain with short-term steroid therapy. Physical therapy and stretching exercises are then used to try to make the shoulder more mobile again. It is important to start the exercises gently and not force them because that can make the pain worse.	The frozen shoulder is carefully moved in different directions under anesthesia. That tears the frozen joint capsule, which aims to restore mobility. Steroids are sometimes injected into the shoulder as well.	Small instruments are inserted into the shoulder during the procedure to make cuts in the capsule tissues and release the adhesions. Physical therapy is recommended following treatment to make sure the shoulder adhesions don't come back.
What are the advan- tages of the treat- ment?	Steroid tablets or injections are proven to be able to relieve pain. Physical therapy and stretching exercises can help to relieve the stiffness and improve mobility.	These procedures do not have any advantages over conservative therapy.	
What are the possi- ble disad- vantages?	Steroid injections: Pain and skin discolorations at the site of the injection, temporary skin redness and a feeling of warmth ("steroid flush") and menstruation problems. Complications such as joint infections are very rare. Steroid tablets are usually not taken for more than three weeks to treat frozen shoulder. The risk of serious side effects is then very low. Steroid tablets are not suitable for long-term therapy.	The possible complications of manipulation under anesthesia include bleeding in the joint, and torn tendons, ligaments and muscles. The risk of nerve damage or joint dislocation is very low.	Possible complications of shoulder arthroscopy are bleeding, infections, thromboses, and nerve damage.
		These procedures cause complications in 2 to 3 out of 100 people. It is not clear whether there is any difference in the frequency of complications between the two methods.	
Who is the treatment suitable for?	Frozen shoulder is mainly treated conservatively, usually over several months.	Surgery should only be considered if things haven't got better over a longer period with conservative therapy using steroids and physical therapy. Some experts only recommend surgery if conservative therapy hasn't led to any improvement after one year; others recommend surgery sooner.	
		The pain should be so severe that it justifies accepting the risks of surgery. Surgery should also only be considered in phases when the joint is very stiff.	

### HELP WITH YOUR DECISION

You may still be unsure about which treatment you would prefer. You can write down your thoughts and questions on the following two pages.

Which treatment would you consider?		What do you like about it?	What don't you like about it?
Conservative therapy			
Manipulation under anesthesia			
Arthroscopy with joint mobilization			

#### IF YOU STILL AREN'T SURE: WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

It can be hard to choose a treatment, especially if none of the options clearly offers more advantages. But there is no rush to make a decision. You can take your time to think about which treatments are an option for you.

If you need more help:

- You will find links to further information on the next page.
- A second medical opinion can sometimes help. You will find information about this option on the next page, too.

#### YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:



Frozen shoulder and the treatment options www.informedhealth.org/frozen-shoulder.html



**Detailed information on second medical opinions** www.informedhealth.org/second-opinion-before-surgery.html

#### PREPARING FOR THE DOCTOR'S APPOINTMENT

Do you still have any questions or concerns? Write down your questions or your own thoughts to discuss with the doctor, and take this decision aid along. You can talk about anything that is worrying you with your doctor.

There's a list of possible questions here: www.informedhealth.org/list-of-questions/

#### **PUBLISHING DETAILS**

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)

www.informedhealth.org/about-us

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