

Frozen Shoulder (Adhesive Capsulitis)

Phases and Movement Tips • Authored by PT Ahmad Al Hariri

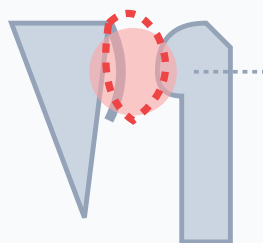
What Is Frozen Shoulder?

Frozen shoulder, also known clinically as **adhesive capsulitis**, causes progressive shoulder pain and stiffness as the joint capsule becomes thickened and tightened. The condition restricts both active and passive glenohumeral movement. External rotation is often particularly limited, which can significantly interfere with daily activities such as dressing, reaching overhead, grooming, sleeping, and placing the hand behind the back.

While the condition may develop without an obvious injury, it is associated with previous shoulder immobilization, and certain metabolic conditions. The biological trigger is not always clear, but the outcome is a highly restricted, painful joint. Proper physical therapy management focuses on preserving function and mitigating symptoms based on the specific phase of the condition.

Typical Features of Adhesive Capsulitis:

- Gradual onset of shoulder pain, which may often disturb sleep.
- Progressive loss of shoulder movement in multiple directions.
- Restriction of passive as well as active range of motion.
- Noticeable loss of external rotation (moving the arm outward).
- Increasing difficulty with reaching behind the back or grooming.



The Joint Capsule

In adhesive capsulitis, the surrounding tissue becomes inflamed, thickened, and tight, severely restricting motion.

The Three Phases of Recovery

The traditional clinical model describes three overlapping phases: freezing, frozen, and thawing. These help guide rehabilitation planning, though individuals often experience a blend of pain and stiffness simultaneously. The phases act as a useful framework for determining movement strategies.

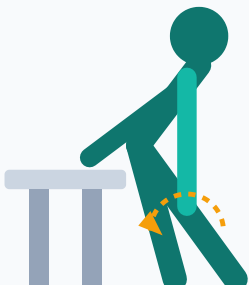
Phase	Main Clinical Pattern	Physical Therapy Emphasis
Freezing	Pain becomes increasingly prominent and movement gradually decreases.	Pain control, maintain available mobility, and strictly avoid aggressive stretching.
Frozen	Pain may become less dominant at rest, while stiffness becomes the primary issue.	Restore restricted movement, progressive mobility work, and introduce light strengthening.
Thawing	Movement gradually returns and overall joint stiffness dissipates.	Active mobility, regain function, and build strength, endurance, and confidence.

Phase 1: Freezing — When Pain Controls Movement

During the freezing phase, movement becomes increasingly uncomfortable, and night pain is common. A frequent rehabilitation mistake is treating this early stiffness as if the shoulder simply needs to be forced open. Aggressive stretching can increase irritability rather than producing useful movement gains.

Phase 1 Movement Tips

- **Move frequently, but do not repeatedly provoke the shoulder.**
- Avoid prolonged immobilization; keep using the arm for tolerable daily tasks.
- Utilize short, gentle movement sessions repeated across the day.
- Use **Pendulum movements** for low-load motion when lifting the arm actively is difficult.



Pendulum Movement

Support your body weight with the unaffected arm. Let the affected arm hang completely relaxed and gently oscillate.

Phase 2: Frozen — When Stiffness is the Main Problem

In the frozen phase, pain may become less severe, particularly at rest. However, the restriction of movement becomes glaringly obvious. Daily activities that require lifting or reaching become highly challenging. Because the shoulder's irritability is typically lower, this phase is much more suitable for progressively directed mobility work to combat the stiffness.

Phase 2 Movement Tips

- **Wall slides:** Use a wall for external support while gradually sliding the arm upward. Ensure the movement is controlled and avoid excessively shrugging the shoulder to compensate.
- **Table slides:** Gently slide the arm forward across a table surface to improve elevation without fully resisting gravity.
- **Stick-assisted rotation:** With the elbow supported at your side, use a light stick or wand to gently explore and expand your external rotation range.

Wall Slide Exercise

Use a towel against a smooth wall. Slide the hand upward slowly, keeping the movement controlled and deliberate.



Phase 3: Thawing — Rebuilding Movement and Strength

The final phase brings a gradual and steady return of motion. While recovery can take time, the primary objective here shifts to regaining full function. Physical therapy during this stage incorporates active mobility through larger ranges, progressive resistance training, and functional movements to restore strength, endurance, and confidence in the shoulder's daily use.

***Clinical Disclaimer:** This guide provides physical therapy and movement advice only. It is not intended to substitute for, or interfere with, medical or surgical management of adhesive capsulitis. Always consult with your healthcare professional regarding your specific condition.*