

NEWS FROM THE WHITE HOUSE PHYSIOTHERAPY CLINIC

SEPT 2010

ISSUE 2



PILATES CLASSES

Are your patients suffering from chronic lower back pain and revisiting your surgery?

The White House Physiotherapy Clinic has expanded its list of mat work classes throughout the week, catering for after work, lunchtime and day time classes.

Monday 5-6pm

Tuesday 10.30am–11.30am

Tuesday 6-7pm

Friday 12.30–1.30pm

Ante & Post Natal classes starting in September

OTHER SERVICES AT THE WHITE HOUSE CLINIC

- Acupuncture
- Physiotherapy
- Spinal rehabilitation
- Podiatry
- Sports Massage



IS IT A FROZEN SHOULDER?

Frozen shoulder is an extremely disabling condition, presenting with shoulder pain and stiffness.

Primary or idiopathic is identified by global limitation of glenohumeral motion, with a loss of compliance of the shoulder capsule, with no specific underlying cause found.

A secondary stiff shoulder can typically present after injury or surgery.

Diagnosis:

The diagnosis of a primary idiopathic frozen shoulder is made on the basis of:

1. Age:

More common in females, usually between 40–60 yrs old.

2. Pain:

Constant nature, severe, affecting sleep. Toothache pain at rest, with sharp pains on forceful movements.

3. Loss of external rotation:

Loss of external rotation; $<60^\circ$ from the sagittal plane. A secondary frozen shoulder usually has restriction of external rotation, which is beyond 0° (i.e. external rotation of 10° as opposed to -10° with a primary frozen shoulder).

Natural History:

Passes through 3 stages. These stages last for approximately 2 years.

Stage:

1. Freezing phase: This is associated with pain and loss of ROM for about 3 months.

2. Frozen phase: 3-9 months, with pain at extreme range of movement and marked stiffness.

3. Thawing phase: This lasts for approximately 9-18 months, usually painless and the stiffness starts to gradually resolve at this stage.

Aetiology:

The frozen shoulder has been found to be more common in association with the following conditions:

1. Diabetes (10-20% association). There is a 2-4 times increased risk for diabetics of developing frozen shoulder. Insulin-dependent diabetics have a 36% chance of developing it, 10% bilaterally and the condition is more severe in diabetics.

2. Cardiac/lipid problems.

3. Epilepsy.

4. Endocrine abnormalities, particularly hypothyroidism.

5. Trauma.

6. Drugs - MMPI.

Treatments:

The natural history of frozen shoulder is not that of complete resolution. The treatment options range from:

1. Nothing.

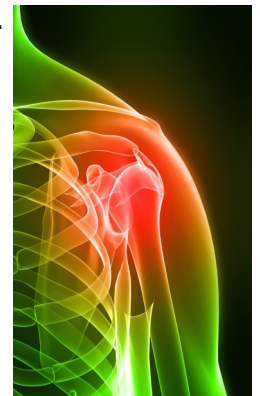
2. Physiotherapy.

3. Distension injections.

4. Locally acting steroid injections.

5. Manipulation under anaesthetics.

6. Open/arthroscopic capsular release.



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