

Frozen Shoulder

In frozen shoulder the joint capsule becomes inflamed, thickens and contracts, gluing itself to the surrounding bone — which is why even simple movements become painful and restricted.

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What you're feeling

You likely have a gradual onset of diffuse shoulder pain that worsens over weeks to months. The pain is usually worse at night and is exacerbated by lying on the affected side. As you use your arm less, pain leads to stiffness. You may seek pain relief by restricting movement, which heralds the beginning of the stiffness phase.

The stiffness phase of primary frozen shoulder usually lasts 4 to 12 months. As stiffness progresses, a dull ache is present nearly all the time, especially at night. Sharp pain during range of motion at or near the new endpoints of motion often accompanies the dull ache. You may describe difficulty with activities of daily living, such as men having trouble getting to their wallets in their back pockets and women having trouble with fastening brassieres.

The thawing phase of frozen shoulder lasts for weeks or months. As motion increases during the thawing phase, pain diminishes. Without treatment other than benign neglect, motion return is gradual in most patients but may never objectively return to normal. Most patients subjectively feel near normal after the thawing phase, perhaps as a result of compensation or adjustment in ways of performing activities of daily living.

What's actually happening

Frozen shoulder is a condition where the joint capsule—the flexible sleeve that wraps around your shoulder joint —becomes thick, tight, and inflamed. This tightening restricts your movement and causes significant pain. It can happen on its own without any prior injury or existing shoulder problems. It can also occur after an injury, such as a fracture or soft tissue damage, though the pattern of symptoms may differ.

In the most common form, the condition progresses through three distinct phases. The first phase is pain. You will feel a gradual, diffuse ache that worsens over weeks to months. This pain is often worse at night and makes it difficult to sleep on the affected side. This painful stage typically lasts 10 to 36 weeks.

The second phase is stiffness. You may naturally move less to avoid pain, which leads to further tightening. This phase usually lasts 4 to 12 months. During this time, you might struggle with daily tasks, such as reaching into

back pockets or fastening a bra. A dull ache may be present nearly all the time, especially at night. You may also feel sharp pain when you try to move your arm near its new, limited range.

The third phase is thawing. Over weeks or months, your motion gradually increases and the pain diminishes. Without specific treatment, this natural recovery process can take about 18 months in total. While most patients feel near normal by this stage, your motion may not fully return to how it was before.

The tightening is caused by changes in the tissue itself. Cells that build scar tissue become overactive in the structures around your shoulder joint. This leads to a loss of elasticity and increased stiffness. While X-rays usually look normal, this internal thickening is what limits your movement. Your surgeon diagnoses this by observing that no other injury or disease explains your specific loss of motion.

What we can do about it

Your journey through frozen shoulder usually follows three phases: pain, stiffness, and thawing. In the first phase, you may feel a gradual, diffuse pain that worsens at night or when lying on the affected side. Your surgeon will likely recommend starting with self-management and physiotherapy. Gentle movement and supervised exercises help maintain what motion you have and prevent further tightening. Most patients experience resolution with these nonoperative measures in a relatively short period. However, be aware that without treatment other than benign neglect, motion return is gradual and may never objectively return to normal. You might feel near normal eventually, often by adjusting how you perform daily tasks.

If gentle movement does not provide enough relief, your surgeon may suggest medical management to control pain and inflammation. Intra-articular steroid injections are effective and safe for frozen shoulder. They relieve pain, improve functional performance, and increase your range of motion. These injections can be given as a single shot or at multiple sites within the shoulder joint. For some patients, hydrodilatation (injecting fluid to stretch the capsule) is also used. If you cannot tolerate more than 20 mL of injection during this procedure, further treatment may be indicated in 41% of cases. Recurrence is more common in primary frozen shoulder (33%) compared to secondary frozen shoulder (16%). Your surgeon will choose the best option based on your specific symptoms and phase of the condition.

Surgery is considered only when conservative care has reached its limit and symptoms persist. Early surgical intervention might shorten the overall duration of your symptoms. Options may include manipulation under anesthesia, where your surgeon gently moves your arm to break up scar tissue, or arthroscopic capsular release, which involves carefully cutting tight parts of the shoulder capsule. A combination of limited capsular release and manipulation is a safe and effective procedure that results in marked improvement in pain, function, and range of motion. These interventions are suitable for patients with refractory frozen shoulder who have not responded to other treatments. Your surgeon will discuss whether these steps are appropriate for you based on your progress and the severity of your stiffness.

What to expect

Frozen shoulder is a painful and stiffening condition that typically unfolds in three phases: pain, stiffness, and thawing. In the first phase, you will likely feel a gradual, diffuse ache that worsens at night or when lying on the affected side. This pain often lasts for weeks to months. As the condition moves into the stiffness phase, you may restrict your movement to avoid pain. This phase usually lasts 4 to 12 months. During this time, you might find daily tasks difficult, such as reaching into a back pocket or fastening a bra. You may also feel a dull ache nearly all the time, along with sharp pain when you try to move your shoulder near its limit.

The final phase is the thawing stage, which lasts for weeks or months. As your motion gradually increases, the pain diminishes. Most patients subjectively feel near normal during this time, often because they have adjusted how they perform daily activities. However, without treatment, the return of motion is slow. In some cases, motion may never objectively return to normal. The condition generally resolves gradually over 1 to 3 years. Despite this natural resolution, persistent limitation occurs in 50% to 60% of patients. In the long term, 59% of patients have normal or near-normal shoulders, while 41% report some ongoing symptoms.

Treatment can help manage your symptoms and improve function. Early surgical intervention might shorten the overall duration of your symptoms and does not lead to worse outcomes compared to waiting. Procedures like manipulation under anaesthesia or arthroscopic capsular release can improve motion and function, with benefits maintained in the long term. If you have diabetes, your surgeon may discuss specific considerations, as high blood glucose levels are a likely risk factor. While most patients improve significantly, a high percentage still present with some impaired range of movement even at long-term follow-up. Your surgeon will work with you to choose the best path forward based on your specific needs and symptom duration.

When to see someone

See your GP if you have progressive shoulder pain that worsens at night or prevents sleep. Ask for a specialist review if stiffness limits daily tasks, such as fastening clothing or reaching your back pocket. Symptoms typically last 1 to 3 years, but untreated stiffness may persist for another 6–12 months before gradually improving. Most patients feel near normal after this period, though motion may never fully return to normal. Seek care if you experience weakness, locking, or sudden worsening. Persistent limitation occurs in 50% to 60% of cases. Early intervention can shorten symptom duration. Your surgeon will check for underlying conditions like diabetes, which is a likely risk factor.