frozen shoulder

As far as joints are concerned, the shoulder is truly remarkable. It moves in absolutely every direction. The only other joint that is even somewhat close in terms of the different types of movement is the hip. But even there, the mobility is much more limited.

You need a lot of movement in the shoulder to perform everyday activities. The ligaments that hold the upper arm bone, the *humerus*, in the socket are quite loose to allow for this wide range of motion. Because they are lax, they don't do much to hold the shoulder together.

What really holds the shoulder together and stabilizes the joint are muscles that are referred to as the *rotator cuff*. There are four small muscles that run from the shoulder blade to the humerus. These muscles completely surround the humerus like a sleeve or cuff. They are very dynamic, contracting to stabilize the shoulder when needed or relaxing to allow you to move the arm freely. The movement of our shoulder is so free and easy that we often take it for granted.

"See your massage therapist immediately after any shoulder injury to prevent frozen shoulder"

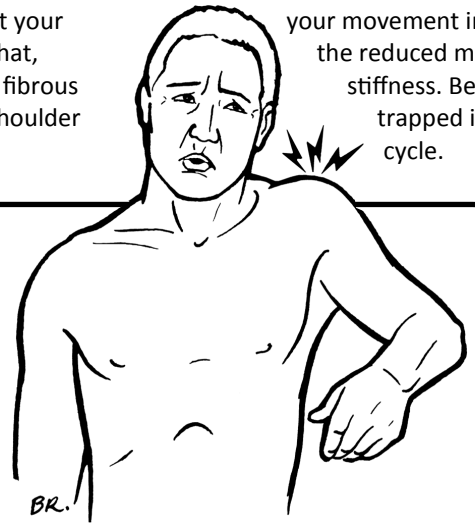
how does a ***shoulder "freeze"?***

Frozen shoulder, also called *adhesive capsulitis*, usually starts with a minor injury. For example, you may jar your shoulder by tripping and breaking your fall with an outstretched arm. It may also start after an inflammatory problem, like a little tendinitis or bursitis of the shoulder.

Because the shoulder is painful, you'll often limit your movement or stop using your shoulder to avoid any discomfort. Although it's important to rest your body if it's injured, the rest period should be limited to just the first 24 to 48 hours following an injury. If you restrict your movement for any longer than that, *adhesions*, constricting bands of fibrous tissue, start to form within the shoulder joint.

You are always moving your shoulders, even if it's brushing your hair or reaching behind you to close the car door. Because of this ongoing movement, adhesions don't normally have an opportunity to develop. Limit your movement for several days, however, and this fibrous tissue starts to stick to the ligaments in your shoulder, especially in the lower part of the joint where the ligaments are most lax.

Once these adhesions begin to form, the shoulder starts to feel stiff and uncomfortable. You'll limit your movement in response to the pain and the reduced movement causes more stiffness. Before you know it, you're trapped in what seems to be a vicious cycle.



With frozen shoulder, you lose the ability to lift your arm to the side. Not only is the shoulder painful, but the neck and back muscles start to ache as they try to compensate for the limited shoulder movement.

If you don't take care of the problem immediately, it will progress from a little discomfort to severe pain that interferes with your daily activities and your sleep. It can become difficult or impossible to do simple

things like brushing your hair, doing up your bra behind your back or even reaching your arm back to put it into the sleeve of your coat.

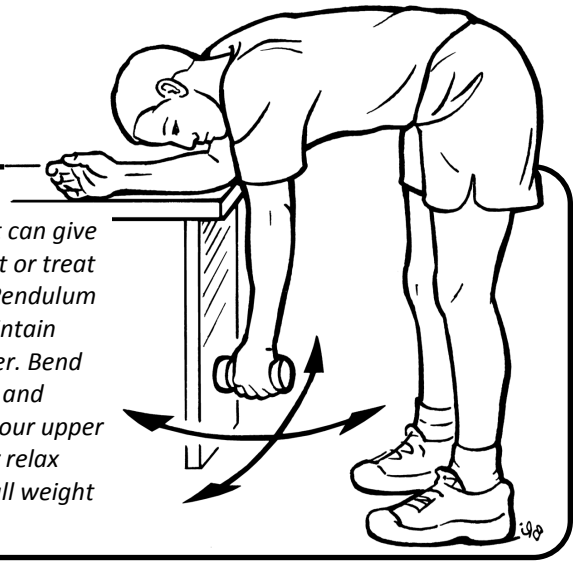
Over time, you will be unable to lift your arm. Your shoulder, in a sense, becomes frozen, hence the name. The pain in the shoulder can be intolerable and will likely spread into your neck and arm as your body tries to compensate for the lost movement. If you catch the problem early, you can recover relatively quickly with some regular massage and some self-care exercises that you can do at home. Otherwise expect a lengthy and somewhat uncomfortable course of treatment to regain your normal pain-free movement.

"That the subscapularis muscle is critically involved [in frozen shoulder] is usually overlooked. "
– Trigger point specialist, Dr Janet Travell, MD

The conventional treatment for a severe case is manipulation under anesthetic. A surgeon will put you under and while you are asleep will force your shoulder through a full range of motion to pull apart the adhesions. Sometimes surgery is used. In either case, don't expect a quick fix. This kind of treatment is usually followed by several months of physical therapy or massage therapy.

For moderate cases, doctors may use oral anti-inflammatory drugs, or they may inject cortisone or anesthetic medications into your shoulder to reduce the pain and inflammation.

Your massage therapist will typically treat frozen shoulder through a combination of massage techniques, stretching and possibly joint



Your massage therapist can give you exercises to prevent or treat frozen shoulder. This "Pendulum exercise" is used to maintain mobility in your shoulder. Bend forward from your hips and support the weight of your upper body. Let your shoulder relax and gently swing a small weight back and forth.

the frozen shoulder **mimic**

Here's something that most health professionals, including your doctor, don't likely know: Trigger points in one of the rotator cuff muscles can mimic the exact same symptoms as frozen shoulder.

There's a rotator cuff muscle underneath the shoulder blade (scapula) that is called subscapularis. It can develop knots or trigger points that cause symptoms that are almost exactly like symptoms of frozen shoulder. These knots refer pain into the shoulder in the same way and cause your movement to be limited in a similar pattern.

Unlike frozen shoulder, however, these trigger points can be deactivated, sometimes very quickly. Relief can be had after only a few sessions.

Most massage therapists are able to assess for these trigger points and help eliminate them from your muscles. So if you suspect that you are developing frozen shoulder, book an appointment with your massage therapist so they can check for this frozen shoulder copycat.

Your therapist may do hands on work to the muscle to get rid of the knot or they may use a gentle stretch technique where they will have you first contract and then relax the muscle as they pull it into a stretched position. There are a variety of approaches that can be taken and your massage therapist will choose the most appropriate