

# Frozen Shoulder

*One of the risks of clinical work is a frozen shoulder or adhesive capsulitis, which causes pain and stiffness in the shoulder leading to limited range of motion.*

**mmmrhd**

Posted: 3/15/2011

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I have been having a lot of pain in my right shoulder, wrist, elbow and now fingers for the past month. Have been using NSAIDs and icing it, but it has been getting worse. Went to see the MD yesterday and she said I have a frozen shoulder. No patients for two weeks and physical therapy for a month.

Has anyone else had this? Did it go away with physical therapy? Will it affect my clinical abilities in the future? The research I did said it doesn't seem to be indicative of any one profession or industry, but I wonder. ■

**jelrdh**

Posted: 3/25/2011

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Had frozen shoulder months after mastectomy and it took a year to get it back to no pain. Pain did not usually bother me at work. Good luck. Not all physical therapists are equal. Hope you find a good one. ■

**jjj2595**

Posted: 3/25/2011

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Does this involve your neck as well? I have had (for years) multiple episodes of frozen neck and shoulder with radiating numbness to my non-dominant hand. I have been a clinical RDH since 1989 and finally found relief with a combination of chiropractic care and exercise. I found acupuncture to be helpful as well. NSAIDS, massage and icing were not enough. Physical therapy alone was minimally helpful and my primary care physician had suggested cortisone injections (this is when I decided to try chiropractic treatment).

I believe a "frozen shoulder" is also known as thoracic outlet syndrome and rotator cuff tendinitis.

I also found wearing magnification loupes very helpful to improve my ergonomics. Poor patient operator positioning is a key cause of these disorders. Making certain to position your patient supine (patient heels even with the chin) is critical to better clinician alignment and will work especially well with loupes. Also, keep your "wings" in to prevent the strain on the shoulders. It might take many months to undo years of wear, so be patient. I hope you find relief soon! ■

**periopeak**

Posted: 3/25/2011

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I have a sister who carries heavy trays for a living with her right arm and shoulder; she ended up with this condition. I urged her to see a chiropractor with a good familiarity with this condition and of the "pro-adjuster" method (computer scan method) of chiropractic. She waited and waited (very skeptical about chiropractors) and was in severe chronic pain for months. She finally went to a chiropractor because she couldn't handle the pain anymore. Long story short, she is all better after this care and has had no recurrence for over a year now. No surgery or other things required; a full recovery it seems. You can go online to find a "pro-adjuster" doctor near you. ■

I have very similar pain! I am currently in pain management and going through lidocaine IV fusion therapy. I just started and it seems to be working. I know people that have gone through this therapy and have been pain-free for more than two years. I got some relief from Voltaren cream. The treatment that helps the most is stretching and watching my ergonomics. I would also consult an orthopedic surgeon. ■

**KeriRDH**

Posted: 3/26/2011

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I currently am being treated for frozen shoulder by an orthopedic surgeon. My treatment has consisted of three cortisone shots two months apart with some physical therapy. He said it's common in peri-menopausal women and that, if we do nothing, it will go away on its own in a couple of years. Fortunately for me, I do not practice clinically. I was working three hours a week clinically, but gave that up when this started. My full-time job is teaching and there are some things I can't do, like turn on my overhead projector to get a PowerPoint presentation going. My students help. Also writing on the white board is difficult if I go too high. Being on the computer is not good.

**AnnieB25**

Posted: 3/27/2011

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Did you have an X-ray or an MRI? It's important to get a correct diagnosis. I struggled for a few months with an incorrect diagnosis of rotator cuff tendonitis because my internist did not refer me to an orthopedist soon enough. I went through painful physical therapy for the wrong condition! I say that to spare you the suffering. Get an X-ray and see a specialist! ■

Though this might seem too simple to really work – I have a close friend who has been in massage therapy for many years. She has spent huge amounts of money to further her knowledge in neuromuscular therapy (NMT). This woman works miracles on muscle problems. If you can track down a therapist who is skilled at NMT you might save yourself months of pain and a lot of money or even surgery. The NMT is fast, too. Start calling around to the local massage schools or tap into the massage network in your area to find that person with the hands of gold. ■

**shazammer1**

Posted: 3/27/2011

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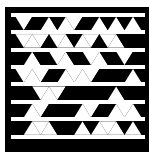
I have had some physical therapy and am definitely showing improvement in range of motion and level of pain. Not 100 percent yet, but definitely better than I was two weeks ago (and able to back off a bit on the NSAIDS).

**mmrdh**

Posted: 3/28/2011

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The physical therapist has been using a combo of heat, ultrasound, massage, exercises and cold. I am following up at home with heat, exercise and cold before I turn in at night. When I start seeing patients again she is going to come in and evaluate my posture, etc. I will also probably contact our ergonomics department for an evaluation. She also suggested I start getting regular massages. Tomorrow I have an appointment with someone in our integrative medicine department that was recommended by another hygienist. ■



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