

Should You Get a Steroid Injection for a Frozen Shoulder

Adhesive capsulitis, sometimes called a "frozen shoulder" still baffles physicians and scientists alike. No one knows what really causes it -- or how to treat it. Women, age over 40, and shoulder injuries (trauma) head the list of possible risk factors.

But adults of both sexes (male and female) who have serious health problems such as diabetes, heart disease, stroke, or thyroid conditions have a higher incidence of adhesive capsulitis than the general adult population.

The problem comes on gradually causing pain, loss of shoulder motion, and decreased function. It disrupts the person's life during the "frozen" stage. And then the problem goes away as mysteriously as it came on. These three stages (freezing, frozen, and thawing) can last anywhere from months to years. In the end, most people come out okay without any major long-lasting effects.

But, in the meantime, the painful symptoms, difficulty sleeping at night, and loss of shoulder function during the day can be very disabling. The patient's quality of life suffers. What can be done to help the patient during these three stages? There are four main treatment methods: 1) antiinflammatory medications, 2) Physical Therapy, 3) steroid injections, and 4) surgical manipulation.

Which treatment works best? What order should the different options be used? These are questions for which we still don't have certain answers. In this report, surgeons from Ohio State Medical Center take a look back at all the published data on steroid injections for adhesive capsulitis. They provide us an updated comparison of steroid injection to other forms of treatment for this condition.

They confined their analysis to studies of patients with primary adhesive capsulitis. Follow-up for more than six months was also required. Primary adhesive capsulitis leaves out patients who have a frozen shoulder because of some other medical condition (as mentioned such as diabetes, heart attack, stroke, thyroid disease). Only studies of adhesive capsulitis of unknown cause (also referred to as idiopathic adhesive capsulitis) were included in this review.

In the end, there were eight studies included that met all the qualifications for high-quality (level I or II) research. A combined total of 409 shoulders from the eight studies were evaluated. Treatment alternatives to steroid injections included ice pack treatment, no treatment, or placebo injection with saline (salt) solution instead of steroid medication.

The authors report that patients got better (pain relief) no matter what treatment was given. Using a special tool called the Shoulder Pain and Disability Index (SPADI), even greater improvements were made when steroid injection was paired with Physical Therapy. That particular combination worked better than steroid injection alone, saline solution injection alone, or saline injection with Physical Therapy. Taking a closer look at the overall (long-term) results, any advantage the steroid injections provided was short-term. With longer follow-up, all treatments had an equal effect.

In summary, Level I and Level II (high-quality) studies support the use of steroid injections for fast pain relief from adhesive capsulitis. However, the effects don't last and steroid injections don't give a better final result. But patient satisfaction is improved when pain can be targetted early on in the course of this condition.

Compared with no treatment, joint injection also improved shoulder motion sooner. But again, in the

long-term, shoulder motion was restored in all patients regardless of the treatment used (including no treatment). Those findings bring out the question: should treatment even be applied if it's all the same in the end?

The current thinking is 'yes,' treatment helps patients with the pain and may possibly speed up the healing process. But more studies are needed to show what works best to improve symptoms, motion, and function during the three phases of this condition.

The authors found from reviewing these eight studies that there is a need for better research. For starters, they suggest that studies should be conducted using the same outcome measures, the same number of patients in each treatment group, and better statistical analysis of the data collected.

Reference: Michael J. Griesser, MD, et al. Adhesive Capsulitis of the Shoulder. A Systematic Review of the Effectiveness of Intra-Articular Corticosteroid Injections. In *The Journal of Bone and Joint Surgery*. September 21, 2011. Vol. 93A. No. 19. Pp. 1727-1733.

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