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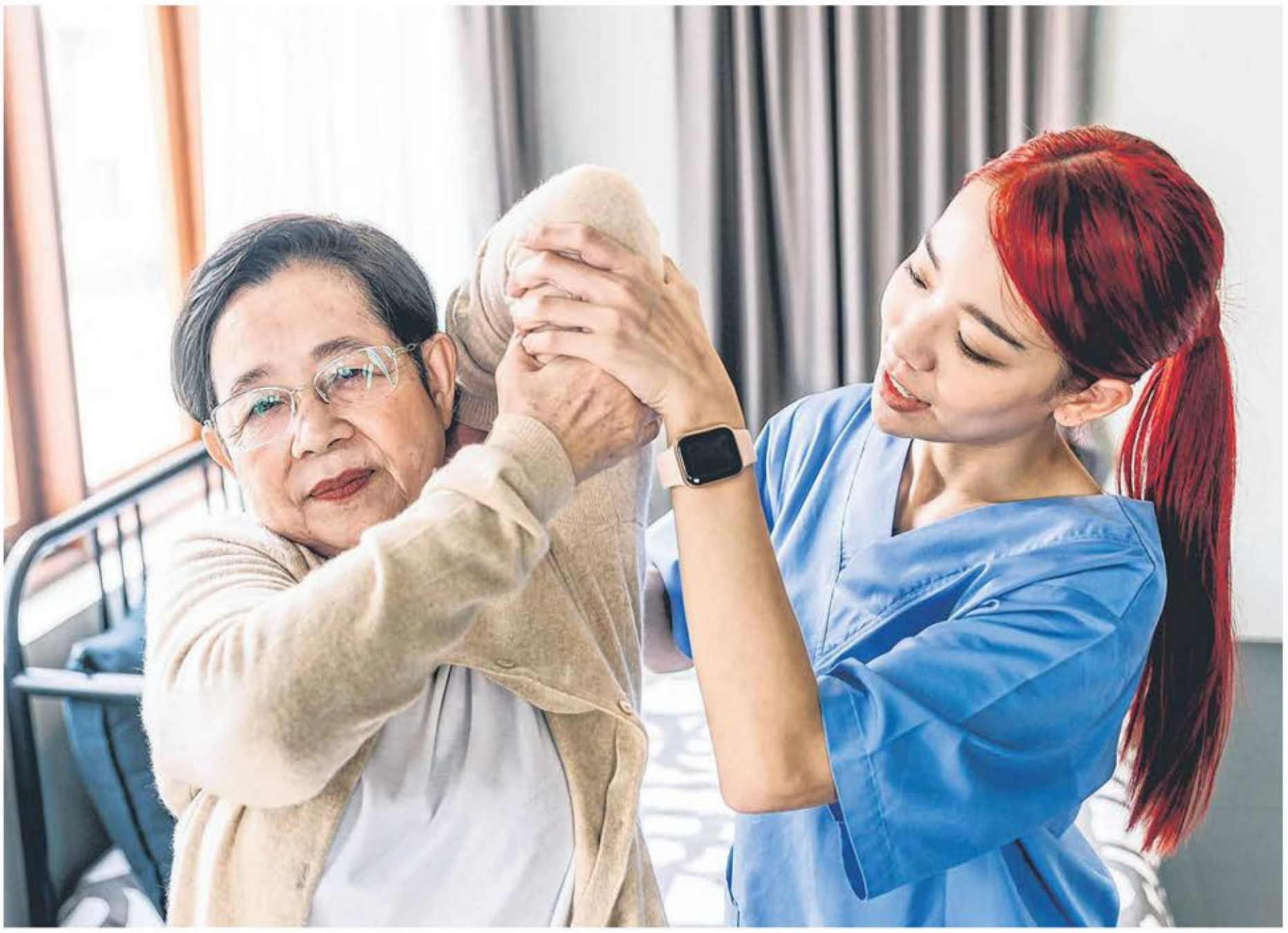


Physiotherapy is important to help increase the range of motion in patients with frozen shoulder. Pain is managed with medications or, in severe cases, a steroid injection.
PHOTOS: ADOBE STOCK

A frozen shoulder can strike for no reason. Here's how to fix it

Most cases can be managed without surgery, with physiotherapy playing a key role

In early 2025, Tan Boon Foo noticed a mild ache in his right shoulder. The 72-year-old retired tax consultant thought it was muscle pain that would go away after a couple of weeks.

However, the ache worsened. After two months, when he reached for a cup of coffee one day, he felt a jolt of stabbing pain.

"The pain was mild when I did things without stretching, but when I tried to reach out, I felt this stabbing pain and had to pull myself back," he says.

Tan had frozen shoulder, or adhesive capsulitis, a condition that leads to prolonged stiffness and a reduced range of motion, which affects daily life.

He was unable to wash his hair or reach behind his back. Any activity that required stretching, even lifting his hand up, was painful.

He also could not put any weight on that shoulder. If he unconsciously turned onto his right side while sleeping, the pain would wake him up.

Physiotherapy is recommended for a frozen shoulder, but some patients, like Tan, are in too much discomfort to do the exercises needed to improve their range of motion.

A steroid injection gave him pain relief for up to a year. Being pain-free has motivated him to keep up mobility exercises that help him reach behind his back.

THE ONLY JOINT THAT FREEZES

Doctors know what happens inside a frozen shoulder, and who might be at risk of developing it. However, sometimes the shoulder just freezes without any obvious reason.

A frozen shoulder starts with inflammation of the shoulder joint capsule, or lining of the shoulder joint.

Consultant Luke Peter from Ng Teng Fong General Hospital's division of shoulder and elbow surgery says that patients first feel pain because of this inflammation in the capsule.

As the inflammation wanes, cells begin to deposit more collagen in the capsule. The capsule thickens and tightens.

It becomes harder for the patient to move the joint under his or her own strength – the active range of movement.

Passive range of movement is also affected. This is when a healthcare professional physically manipulates the joint as the patient relaxes.

A frozen shoulder is usually diagnosed through clinical examination.

X-rays or magnetic resonance imaging may be recommended to rule out other causes, such as joint damage or arthritis.

The shoulder is the only large joint in the body known to freeze this way. It is not clear why.

The good news is that a frozen shoulder can get better within a couple of years.

The bad news is that sufferers who do not opt for intervention will find simple tasks literally out of their reach during this time.

Even when the stiffness decreases, they may not regain the original range of motion.

RISK FACTORS

A frozen shoulder can develop without any obvious reason. However, studies do indicate a few risk factors.

Orthopaedic surgeon Lester Tan Teong Jin from private practice Oxford Orthopaedics says that when the condition was described by Chinese and Japanese doctors, they called it "the 50-year-old shoulder".

"It typically affects those aged 40 to 60, but we still don't fully understand why," says the senior consultant.

He adds: "There is an association with diabetes and thyroid problems, but not all diabetics get it, and likewise those with thyroid problems."

Women aged 40 to 60 are at significantly higher risk of developing a frozen shoulder. While the reasons for this are still not well understood, Peter says it could be because of an age-related decrease in oestrogen levels, which is associated with increased inflammation.

Increased inflammation in diabetics is also related to an elevated risk of frozen shoulder, he adds. Thus, keeping diabetes under control can reduce the risk.

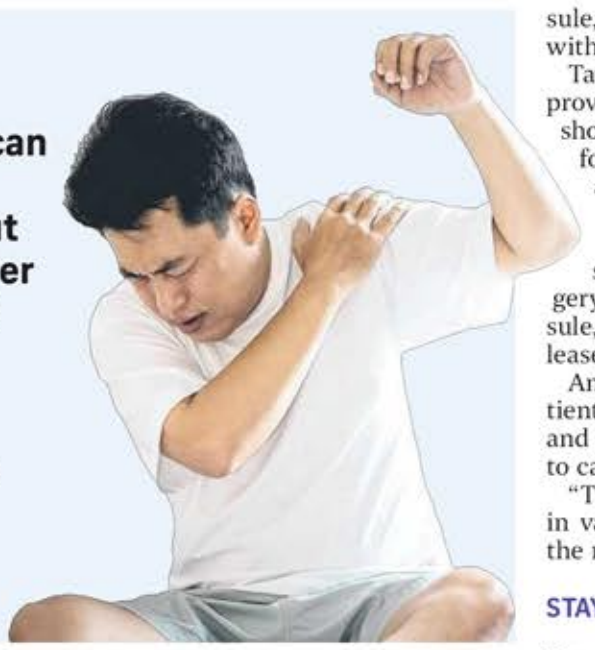
Orthopaedic surgeon Eileen Tay from The Orthopaedic Practice And Surgery says the risk also increases for people with injuries to the shoulder, or those who have kept the arm and shoulder immobile for a prolonged period of time.

"Light exercise and regularly moving the shoulder will help to regain mobility in the shoulder faster," adds the senior consultant.

GOOD NEWS

The condition can be quite debilitating, but there is a 100 per cent chance of improvement.

ORTHOPAEDIC SURGEON EILEEN TAY



TREATMENT

Tay says most cases of frozen shoulder can be managed without surgery.

Physiotherapy is important to help increase the range of motion. This can be through manual therapy, where the physiotherapist moves the joint, and through stretching.

Pain is managed with non-steroidal anti-inflammatory medications or, in severe cases, with a steroid injection.

"The condition can be quite debilitating, but there is a 100 per cent chance of improvement," Tay says.

More serious cases might require hydrodilatation, where a steroid and saline solution are injected into the shoulder joint to stretch out the tight shoulder capsule, like stretching out a balloon with water.

Tay says: "This significantly improves the range of motion of the shoulder, but should always be followed up with physiotherapy."

Peter says surgical options for severe cases of frozen shoulder include keyhole surgery to release the shoulder capsule, or arthroscopic capsular release.

Another method is to put the patient under general anaesthesia and give him or her medications to cause muscle relaxation.

"The shoulder is then stretched in various directions to increase the range of movement," he says.

STAY ACTIVE

Peter says he is seeing a growing number of cases of frozen shoulder involving pickleball players in their 50s and 60s.

The condition arises not necessarily from sports-related injury, but from excessive rest after a minor injury.

"There's a risk of them wearing an arm sling for an excessive amount of time, which leads to the shoulder becoming stiff," he says.

All three doctors emphasise the importance of exercise and physical activity for general health, as well as recovery from a frozen shoulder.

Tan Boon Foo says he did not start developing shoulder issues until his life became more sedentary.

He used to exercise three times a week, until the Covid-19 pandemic interrupted this routine.

He now spends a good part of his day seated, either playing computer games or taking his granddaughters to school or activities.

While seeking treatment for his frozen shoulder, he also saw another specialist for trigger finger. It was hard to straighten out his right index finger, which made a clicking sound as he moved it.

"When I was moving around and exercising, such things didn't bother me at all," he says.

Lester Tan says activity and stretching can help frozen shoulder patients with their recovery.

Peter says the same, but adds that patients should be cautious and exercise under the guidance of a physiotherapist to prevent aggravating the condition.

Tay suggests yoga, swimming or other exercises with slow, gentle movements.

"Avoid heavy lifting or exercises that involve a hard impact on the arm or sudden movements, such as racquet games," she says.

"These can aggravate pain and inflammation in the shoulder or cause secondary injuries."

Pain management is most important to Tan Boon Foo. He says he finds it hard to commit to physical activity, and pain makes it even more difficult to stay consistent with physiotherapy.

"I probably did 10 per cent of what was recommended, and it didn't help," he says.

His doctor, Peter, gave him a steroid injection that eliminated the pain for about a year. The pain recurred slowly, requiring a second steroid injection recently.

He is more motivated now to do exercises that will help him reach behind his back.

"I got scolded by the physiotherapist for not doing the exercises," he says with a laugh. "Being the lazy guy that I am, I do it when I can."

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