

Frozen Shoulder (Adhesive Capsulitis)

Defined as

- Loss of both
 - Active motion (without assistance)
 - Passive motion (with assistance)
- 40- 60 years
- Progressive loss of active + passive range of movement
- Restrictive external rotation

Information Required for Referral

- History
- Onset, progression, duration, severity, any initiating factors
- Range or movement of joint
- Functional limitations
- Associated medical conditions
- Any previous surgeries
- Any previous treatments
- Current medications

Investigations Required for Referral

- X-ray(AP /Lateral Shoulder)
- Ultrasound

Fax to

- Orthopaedics Outpatients Upper Limb Clinic Fax: 08 8374 2591

Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

- ▣ Symptoms of septic arthritis

Suggested GP Management

- NSAID
- Home Exercises
- Steroid Injection
- Referral with no improvement after > 6 months

Clinical Resources

- Maund et al. Management of frozen shoulder: a systematic review and cost effective analysis Health Technology journal 2012:16(11) 1-264

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	July 2014	July 2016	Original