Review Article

Adhesive Capsulitis of the Shoulder

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Abstract

Adhesive capsulitis is characterized by painful, gradual loss of active and passive shoulder motion resulting from fibrosis and contracture of the joint capsule. Other shoulder pathology can produce a similar clinical picture, however, and must be considered. Management is based on the underlying cause of pain and stiffness, and determination of the etiology is essential. Subtle clues in the history and physical examination can help differentiate adhesive capsulitis from other conditions that cause a stiff, painful shoulder. The natural history of adhesive capsulitis is a matter of controversy. Management of true capsular restriction of motion (ie, true adhesive capsulitis) begins with gentle, progressive stretching exercises. Most patients improve with nonsurgical treatment. Indications for surgery should be individualized. Failure to obtain symptomatic improvement and continued functional disability following ≥6 months of physical therapy is a general guideline for surgical intervention. Diligent postoperative therapy to maintain motion is required to minimize recurrence of adhesive capsulitis.

Adhesive capsulitis is one of many conditions that present with pain and progressive limitation of active and passive shoulder motion. Both intrinsic and extrinsic pathology of the shoulder can cause stiffness and pain, and treatment should address the specific anatomic cause. Patients who present with a

subsynovial layer produces capsular thickening, fibrosis, and adherence of the capsule to itself and to the anatomic neck of the humerus.[2] The contracted, adherent capsule causes pain, especially when it is stretched suddenly, and produces a mechanical restraint to motion.

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