



Case-Base Discussion – 8th March 2023 (Ref 290)

Case - Frozen Shoulder

The presenting practitioner, Jos, talked about her experiences with Frozen Shoulder, the treatments she tried, what worked/what didn't work, and how this has informed her practice as an osteopath.

Jos' shoulder problem was initially triggered by an RTA, symptoms building up over a period of time, and finally resolving after the 'classic' 18 months.

Today's discussion was the perfect opportunity to discuss the treatment modalities available 'from the inside out' – a healthcare practitioner experiencing the frustration and anxiety of trying to find the right course of treatment for a debilitating condition.

She tried osteopathy, acupuncture, physiotherapy, corticosteroid injection and exercises. She considered shockwave therapy, manipulation under anaesthesia (MUA), and hydrodilatation but there was no convincing evidence to persuade her that the benefits would outweigh the risks for the more intrusive options.

After a period of 18 months, however, the symptoms resolved, leaving Jos with almost full range of movement and very little pain.

Discussion of treatment options

Despite many treatment options available, there appears to be no research or strong evidence to support any of these options. The treatments under discussion included corticosteroid injections, acupuncture, Chinese medicine, MUA, exercises, osteopathy (including the Simeon Niel-Asher approach to the treatment of Frozen Shoulder), physiotherapy, hydrodilatation, and pharmaceutical management.

Similarly, there was no consensus of opinion as to the efficacy of any of these treatment options, from personal experience. Different attendees had benefited from MUA followed by a three-week exercise programme; corticosteroid injection; and a postural exercise programme with a personal trainer. The research discussed suggests that corticosteroid injections are ineffective, especially non-guided, and the view of the orthopaedic surgeon, Mr Simon Lambert is evidently that MUA should not be carried out under any circumstances, due to the damage it may cause.

There does not seem to be any standardised approach for the management of Frozen Shoulder – which is where we come in as holistic healthcare practitioners. The biggest 'release' that Jos felt was after she had come to terms with an emotional issue that she believes was contributing to the condition. We are trained to assess a patient holistically, and we understand more than most how underlying emotional issues can affect the

musculoskeletal system, in this example, through the SNS, tension through the anterior structures of the neck and shoulder, breathing patterns, cognitive responses to pain etc.

The treatment that worked best for Jos in the end was a combination of osteopathy, exercises, and emotional release, and most importantly the passage of time. But she says this would have been so much more palatable if she had been able to accept that the pain and loss of mobility was only temporary, and she would start to feel better again in due course.

It was interesting to discuss frozen shoulder from the patient's perspective and try to appreciate how over-whelming it must feel when faced with a wide range of possible treatment modalities but with no evidence to support any one of the options available.

Linking this case with Osteopathic Practice Standards Themes

A – Communication and patient partnership

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing

B - Knowledge, skills and performance

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

Linking this case with the Chiropractic Code

Principle E – Obtain informed consent for all aspects of patient care

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options.

Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions.