

The following is a sampling of the content in *The Ultimate Frozen Shoulder Therapy Guide*. The full version of this e-book is also in an adobe acrobat format. This e-book is best suited for those looking to reduce shoulder pain, improve shoulder movement or prevent further loss of motion related to having a frozen shoulder.

Please keep in mind that this product is not intended to diagnose, treat or cure a medical problem. It is also not intended to replace the care of a physician or physical therapist.

Sample text

Frozen shoulder is more prevalent in women than in men and typically affects the non-dominant arm. It may take anywhere from 6 months to 2-3 years to completely resolve, but it will eventually go away on its own. Physical therapy is often prescribed and may have limited results based on the individual.

There are 3 phases of a frozen shoulder: **Freezing** (1-6 months), **Frozen** (6-18 months) and **Thawing** (12-36 months). These are general timeframes and may not be exact in every case.

Common signs and symptoms

- Intense pain in the deltoid region
- Pain may radiate down the arm
- Pain is worse with shoulder motion (especially external rotation)
- Pain is better with rest
- Pain is worse at night and often disturbs sleep
- May have associated pain in the upper back and neck
- Guarded shoulder movements
- Difficulty reaching behind the back
- Reduced arm swing with walking
- Those affected typically hold the arm close against the body
- Rounded shoulders and stooped posture
- Muscle spasms
- Trigger points in the upper trap muscle

Treatment

The treatment for a frozen shoulder typically involves moist heat prior to joint mobilization, stretching, selected range of motion exercises, low level strengthening and ice following activity or exercise. Non steroidal anti-inflammatory meds are commonly prescribed to ease pain and inflammation.

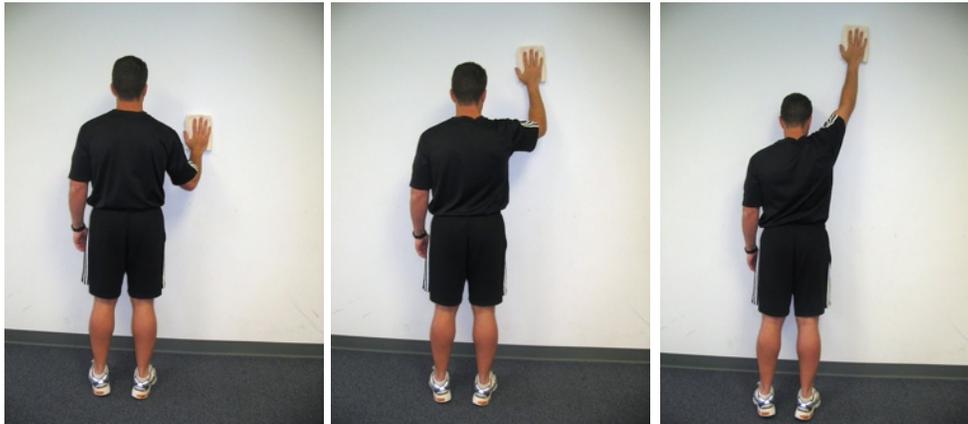
Note: *The following exercises are only a small part of the comprehensive stretching plan included in the full e-book to restore shoulder motion.*

Stretch # 1 – Shoulder Flexion

This stretch is designed to improve elevation. It is performed using a small hand towel beneath the hand of the affected shoulder. If using a passive or active assistive approach, place the unaffected hand on the wrist of the affected arm. Now slide the affected arm up the wall until a comfortable stretch is felt. Hold for 5 – 10 seconds and repeat. Attempt to perform 10 – 15 repetitions. However, do what you can tolerate at first and work up to that.

If able, you can perform the stretch actively by using only the affected arm. Again, hold at the top as specified above and repeat for the necessary reps.

Active Progression



Start

Middle

Finish

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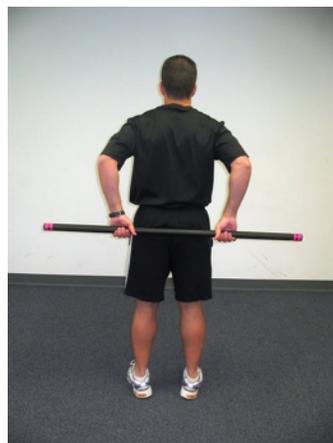
Range of Motion Exercise # 8 – Standing Internal Rotation

This exercise is intended to improve your ability to reach behind the back for daily activities including fastening a bra, tucking a shirt in, getting a wallet out of the back pocket or even putting a belt on. As mentioned earlier, this movement is perhaps the most difficult to restore and it certainly places the most stress on the shoulder and rotator cuff.

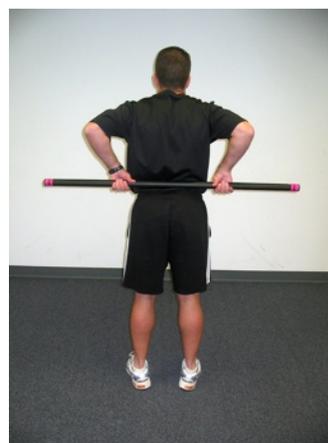
Begin in standing similar to the standing extension start position. With the palms facing backward and away from the body, raise the cane straight up toward the ceiling until a comfortable stretch is felt in the affected shoulder. Hold for 2-5 seconds. Do 10 – 20 repetitions. Keep the cane against the body during the movement. Remember not to force the motion as this exercise if done too aggressively will certainly increase your pain and inflammation.



Start position



Mid position



End range position