



# Shoulder distension

Orthopaedic department



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[yeovilhospital.nhs.uk](http://yeovilhospital.nhs.uk)

 Yeovil Hospital  
Healthcare

This information booklet has been produced to help you gain the maximum benefit after your operation. It is not a substitute for professional medical care and should be used as guidance in association with advice of the orthopaedic clinic and therapy department. Individual variations requiring specific instructions not mentioned here may be required.

### Why is a shoulder distension done?

The shoulder is a ball and socket joint that is surrounded by a capsule and ligaments. The capsule is normally a very flexible elastic structure. Its looseness and elasticity allows the huge range of motion that the shoulder has.

With a frozen shoulder (also known as Adhesive Capsulitis) the capsule and its ligaments become inflamed and contracted. The normal elasticity is lost and pain and stiffness set in. Frozen shoulder can occur spontaneously or as a secondary complication following a shoulder injury or operation.

A shoulder distension is performed to improve shoulder movement and prevent reoccurrence in people who have frozen shoulder by stretching the contracted capsule and dampening the inflammation with steroid.

## What will the procedure involve?

The procedure is carried out in the radiology department in Yeovil Hospital and is performed by a consultant radiologist.

As a patient having this procedure you will lie on an x-ray bed with your arm resting by your side, with your palm facing upwards. A sandbag is then placed in your palm to help maintain this position.

The radiologist will then inject some local anaesthetic into the front of the shoulder. This will help ease any discomfort. Under x-ray guidance and using a special viewing screen to locate the correct part of the shoulder, a long acting local anaesthetic and steroid will then be injected into the shoulder joint followed by a volume of air to stretch the contracted capsule and ligaments. At no point will the radiologist move or manipulate the shoulder to create more movement.

Stretching the contracted capsule will allow the shoulder to move more freely. There is some urgency after the procedure to capture the benefit of the distension and maintain the movement that you will have gained. Therefore it is important you start the exercises in this booklet as soon as you get home.

The steroid that is injected into your shoulder will help over time to reduce any inflammation and pain in the shoulder and prevent recurrence of the adhesions. It is important that you take pain relief to enable you to complete the following exercises.

You may not wish to drive immediately after the procedure so please bring someone with you to drive you home.

A physiotherapy appointment should be arranged to take place in the few days following your procedure with an emphasis on improving the range of movement in your shoulder. Once you have your radiology appointment please liaise with the physio department to organise an appointment.

## Questions that we are often asked:

### Will it be painful after the procedure?

Although the procedure is to relieve pain, it may be days or weeks until you begin to feel the full benefit. There is some urgency after the procedure to capture the benefit of the distension and maintain the movement that you will have gained.

It is important that you keep the pain under control with regular pain relief medication so you are able to do your exercises. We do not want you to mask the pain but you must be able to feel comfortable. This will allow you to sleep better, complete the exercises and therefore allow the procedure to be as successful as possible.

You may use local ice therapy on the shoulder to relieve the pain. If you have numbness of the skin or altered sensation of the shoulder please do not use ice therapy. Apply a pack of frozen peas or an ice pack, wrapped in a damp towel. Remove after 15-20 minutes. You can apply every two hours as required. Remove the ice if you experience excessive discomfort. Keep checking the condition of the skin underneath the ice pack to ensure the skin is not being damaged. Do not use the icepack if you experience pain or tingling as a result of the icepack.

### When do I have a physiotherapy appointment?

You will be seen by a physiotherapist within a few days of your procedure. If you would prefer to be seen at a physiotherapy department local to you please let the orthopaedic department know prior to your procedure.

### When do I return to the orthopaedic clinic at Yeovil?

Once you have had your distension please call the orthopaedic outpatient department (contact details at the back of this leaflet). Your consultant will decide when you need to be followed up in the clinic.

### **Are there things I should avoid?**

There are no restrictions to move in any direction. Do not be frightened to start moving the arm as much as you can. It is important to start moving the arm in all directions to prevent the capsule stiffening up. The exercises at the back of this leaflet will help you maintain the movement gained by the distension. Gradually, the movements will become less painful.

### **When can I return to work?**

This will depend on the type of work you do. There are no restrictions to returning to work, and you can return to work as your pain allows. Please discuss this further with your doctor or physiotherapist if you feel unsure.

### **When can I participate in my leisure activities?**

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. Nothing is forbidden, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity.

### **When can I drive?**

You can drive as soon as you feel able. This normally is within a week. Check you can manage all the controls and perform an emergency swerve and it is advisable to start with short journeys. It may be required that you inform your insurance company of your procedure to check you are insured.

## Exercises

### Do I need to do exercises?

Yes! There is some urgency after the procedure to capture the benefit of the distension and maintain the movement that you will have gained. It is important that you keep the pain under control with regular pain relief medication for you to be able to do your exercises.

It is important to start the following exercises as soon as you get home. They aim to stop the capsule tightening up and your shoulder getting stiff.

Use pain relief medication and/or ice packs to reduce the pain before you exercise, if necessary. Do short, frequent sessions (eg. five to ten minutes) four times a day rather than one long session.

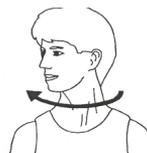
It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, intense pain or pain that lasts more than 30 minutes after completing the exercise is an indication to change the exercise by doing it less forcefully or less often.

## Exercises

**Note:** The following pictures are shown for the right shoulder unless specified.

### Neck and shoulder blade:

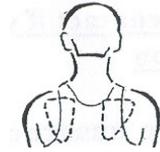
1. Turn your head to one side.  
Repeat 5 times. Perform to the other side.



2. Tilt your head towards one shoulder.  
Repeat 5 times. Perform to the other side.



3. Pull shoulder blades down and together  
Repeat 10 times.



### Pendulum (left arm)

4. Lean forwards.

Let your arm hang freely. Start with small movements. Swing your arm:

- forwards and backwards
- side to side
- in circles



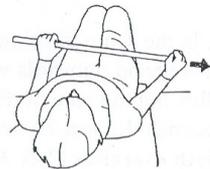
Repeat 10 times each movement

### External rotation

5. Sitting or standing, elbow to your side. Hand near stomach.  
Take hand away from stomach.  
(This twists the shoulder joint.)  
Repeat 10 times.



6. Lying on back (on bed or floor), with a towel under your upper arm. Position your elbow slightly away from your body and bent to 90 degrees. Hold stick in your hands. Move the stick sideways, gently pushing hand on your operated arm outwards.  
Repeat 5 times.



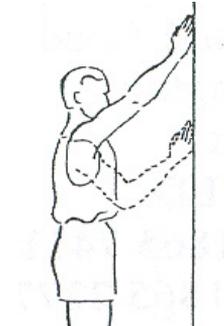
### Flexion in lying (left shoulder)

7. Lying on your back on bed/ floor.  
Support your operated arm and lift up overhead.  
Repeat 10 times.



### Flexion in standing

8. Standing facing a wall, with elbow bent and hand resting against wall.  
Slide your hand up the wall, aiming to get a full stretch.  
Repeat 10 times.



### Hand behind back

9. Standing with arms behind your back.  
Grasp the wrist of your operated arm.  
Gently slide your hands up your back.  
Repeat 5 times.



### Hand to opposite shoulder

10. Place hand across chest to touch opposite shoulder and stretch with the opposite arm.  
Repeat 5 times.



For more information

Orthopaedic outpatients

01935 384159

If you have a query about exercises or movements, or have not seen a physiotherapist before being discharged home please contact:

Physiotherapy department

01935 384358

If you feel unwell with a high temperature, contact your GP.

Patients may be contacted by post and requested to complete and return a questionnaire. This is useful for the surgical team, for monitoring patients progress and may save an unnecessary visit to the hospital.

**If you would like this leaflet in another format or in a different language, please ask a member of staff.**

