



PATHWAY DEVELOPMENT

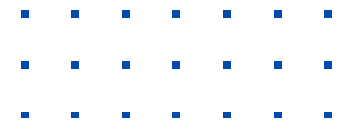
FROZEN SHOULDER

23RD JUNE 2023

**INNOVATING LONDON'S MUSCULOSKELETAL SERVICES -
HEALTH INNOVATION NETWORK**

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The UK FROST Trial

Rangan, et al. (2020)

What was the UK FROST Trial? _____

The UK FROST trial was a National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) Programme (project ID: 13/26/01) funded multi-centre, randomised controlled trial (RCT) study, comparing three common NHS treatments for patients (over the age of 18) with a frozen shoulder.

What were the treatments? _____

Early structured physiotherapy & a steroid injection: Participants received 12 sessions of structured physiotherapy over 12 weeks. Treatment included an intra-articular steroid injection, manual mobilisation techniques and a home exercise programme. It also included patient education, advice on pain management and activity modification.

Manipulation under anaesthesia (MUA) & a steroid injection: The shoulder is manipulated to stretch and tear the tight capsule under a general anaesthetic. A steroid injection is also given. Participants were placed on the surgical waiting list and underwent routine pre-operative screening; surgery was usually performed within 18 weeks as a day case.

Arthroscopic capsular release (ACR) with MUA: Keyhole surgery under general anaesthetic. Tight capsule is opened through cutting/removing thickened parts using radiofrequency ablation. Participants were placed on the surgical waiting list and underwent routine pre-operative screening; surgery was usually performed within 18 weeks as a day case.

What was measured? _____

The study measured how effective the treatments were, patients function, quality of life, pain, recovery and any complications (e.g. infection following surgery).

What were the results?

Early structured physiotherapy & a steroid injection

- ✓ Improvement in patient-reported outcomes for pain and function
- ✓ Earlier access in the NHS, less waiting times
- ✗ More likely to require further treatment

Manipulation under anaesthesia & a steroid injection

- ✓ Improvement in patient-reported outcomes for pain and function
- ✓ More cost-effective option
- ✗ Longer NHS waiting times

Arthroscopic capsular release with MUA

- ✓ Improvement in patient-reported outcomes for pain and function
- ✓ Less likely to require further treatment
- ✗ Higher risks and costs

For more information



Frozen shoulder: which treatment should you choose?



The Lancet publication



Frozen shoulder pathway

Presentation, assessment & diagnosis

- Triage to the most appropriate professional in primary care (e.g., First Contact Practitioner)
- Arrange a face to face appointment
 - Consideration of patient history, age, risk factors (e.g., diabetes)
 - Assess for external rotation of both arms, loss of 50% when compared to the unaffected side
- Provide initial management advice for 6 to 8 weeks
 - Rest, analgesia, activity modification, advice & exercises
- **If presentation is an acutely painful & stiff shoulder, they should not be made to wait 6 to 8 weeks, refer straight for an x-ray**
- The patient should be reassessed after 6 to 8 weeks if pain persists or stiffness develops
- Referral for two view x-rays (true anterior posterior & axillary view)
 - Help to rule out osteoarthritis, posterior dislocation etc.
- **USS and MRIs are not indicated in primary care**
- Consider investigation for diabetes/thyroid if no previous diagnosis
- Shared decision-making regarding treatment options, consider patient factors & preference

Stakeholder notes:

Physiotherapy & steroid injection

- Provide patient with or refer patient for a glenohumeral steroid injection provided by an appropriately trained professional (e.g., GP, FCP, APP)
- Provide patient with patient education & exercise booklet
- Refer for further, urgent structured physiotherapy following injection (maximum waiting time 2 weeks)
- Commence early structured physiotherapy as per the UK FROST Trial
 - Exercise prescription should consider timeframes, pain or stiffness phases, patient beliefs, arm dominance, functional restrictions and goals
- Assess patient's self-efficacy to complete exercises independently
- Stratify the patient's who need additional assistance & support
- Maximum of 6 follow-up physiotherapy sessions

Stakeholder notes:

Referral to surgery, discharge & follow-up

- Refer to secondary care to consider surgery if:
 - Patient has plateaued with physiotherapy
 - No improvement with physiotherapy
 - Patient preference
- Review and assess patient in an orthopaedic MDT shoulder clinic
- Manipulation under anaesthesia (MUA) with steroid injection is recommended as the first surgical option
- Second surgical option after MUA should be arthroscopic capsular release (ACR)
- Provide patients with post-operative rehabilitation booklet as per the UK FROST Trial

Stakeholder notes:

Additional notes

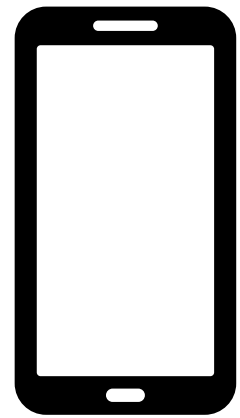
Please make any additional notes here regarding the frozen shoulder pathway.

Stakeholders

Please complete the below survey if you are interested in participating in future stakeholder work relating to UK FROST and frozen shoulder.



**SCAN
ME**



Or go to the below link:

<https://redcap.link/UKFROSTstakeholder>

Contact information:

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