

骨科及運動醫學中心 Orthopaedic & Sports Medicine Centre

ORF288 02/2012

查詢或預約，歡迎聯絡我們

骨科及運動醫學中心

香港跑馬地山村道二號

養和醫院李樹芬院二樓

電話：2835 7890

傳真：2892 7517

電郵：osmc@hksh.com

辦公時間

星期一至星期五：上午十時至下午六時

星期六：上午十一時至下午三時

星期日及公眾假期休息

www.hksh.com

© 香港養和醫院有限公司 版權所有

五十肩



養和醫院
Hong Kong Sanatorium & Hospital

骨科及運動醫學中心
Orthopaedic & Sports Medicine Centre

五十肩又名黏連性肩關節囊膜炎，可分為原發性和次發性。患者會感到痛楚，肩膀的整體活動受限。原發性五十肩成因不明，往往在不知不覺間自然而成。次發性五十肩則有已知成因，如肩膀受傷或肩袖撕裂傷等。

誰受五十肩影響？

此症相當常見，約影響2%的人口，五十多歲人士最常患有此症。性別、種族、職業及使用左右手的習慣與此症並無顯著關係。

此症與糖尿病有關嗎？

某些內分泌疾病會導致五十肩，糖尿病和甲狀腺病亦有可能增加患五十肩之風險。

症狀是甚麼？

患者初期會有肩痛，接著肩膀會變得僵硬。患處大多會隱隱作痛，但有時也會劇痛，甚至影響睡眠。痛楚大多集中在肩膀及上臂，肩膀亦會多角度僵硬。有些患者無法舉起手臂，肩膀甚至會僵硬得無法梳頭或抓背。即使他人嘗試活動患者肩膀，亦無法改善僵硬和活動受限的情況。

此症如何診斷？

醫生會參考患者病歷，檢查患處，再作臨床診斷。醫生或需要進行X光檢查、血液測試及磁力共振掃描，以排除糖尿病或肩袖撕裂傷等可能性。

有何治療方法？

非手術性治療

大部份原發性五十肩都可透過非手術性治療得以改善，方法包括：

- 止痛藥
- 物理治療
- 局部注射

要完全治癒，所需時間可長達兩年。

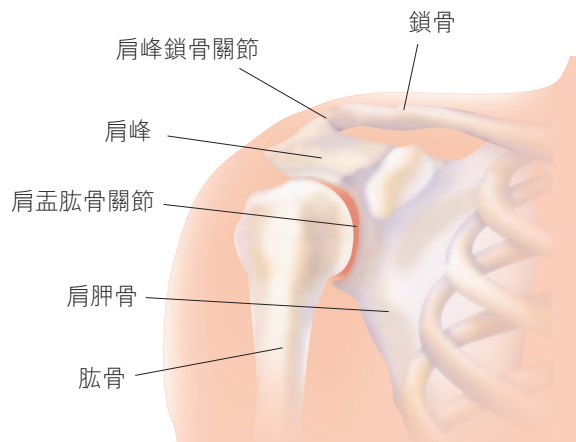
非手術性治療能有效治療超過90%的五十肩個案。

手術性治療

情況嚴重的患者（由內分泌疾病引致的五十肩尤甚），或要透過手術放鬆緊縮的關節膜。醫生可採用微創關節內窺鏡技術，在患者經麻醉的情況下進行治療。患者在手術後需要接受物理治療。

怎樣預防？

最佳的預防方法是多伸展肩關節，保持其靈活性。



For enquiries and appointments,
please contact us at:

Orthopaedic & Sports Medicine Centre

2/F, Li Shu Fan Block
Hong Kong Sanatorium & Hospital
2 Village Road, Happy Valley, Hong Kong

Tel: 2835 7890
Fax: 2892 7517
Email: osmc@hksh.com

Service Hours

Monday to Friday: 10:00 am – 6:00 pm
Saturday: 11:00 am – 3:00 pm
Closed on Sundays and Public Holidays

www.hksh.com

Frozen Shoulder



養和醫院
Hong Kong Sanatorium & Hospital

骨科及運動醫學中心
Orthopaedic & Sports Medicine Centre

Frozen shoulder is also known as adhesive capsulitis. It is characterized by pain and decreased motion of the shoulder in all ranges of direction. It can be categorized into primary and secondary frozen shoulder. Primary frozen shoulder occurs spontaneously and insidiously. Its cause is unknown. Secondary frozen shoulder has a known cause, such as after injury or secondary to a rotator cuff tear.

Who Is Affected?

Frozen shoulder is common among two percent of the general population. It commonly affects people in their 50s. Sex, race, arm dominance and occupation have no clearly associated predisposition.

Is It Diabetes-Related?

Some endocrine diseases are related to frozen shoulder. Patients with diabetes and thyroid disease may have an increased risk of developing frozen shoulder.

What Are the Symptoms?

The symptoms include shoulder pain initially, followed by stiffness. The pain is usually a dull ache, which can be severe and sometimes affects sleep. It usually occurs over the shoulder area and in the upper arm. The stiffness often affects motion in all directions. Some people cannot lift up their arms; others may experience difficulties in combing their hair or scratching their backs because of the stiffness. The stiffness or the decreased motion cannot be improved by other people attempting to move the shoulder for the patient.

How Can It Be Diagnosed?

Frozen shoulder is diagnosed clinically. The doctor will diagnose frozen shoulder based on the history and physical examination.

Investigations such as X-ray, blood test and MRI are sometimes needed to determine the contributing causes such as diabetes or rotator cuff tear.

What Are the Treatment Options?

Non-Operative Treatment

Most cases of primary frozen shoulders will improve with non-operative treatment, which may include:

- Medication for pain relief
- Physiotherapy
- Local injection

It may take up to 2 years for complete healing.

Over 90% of frozen shoulder cases can be treated effectively by non-operative treatment.

Operative Treatment

Severe cases, especially those related to endocrine diseases, may require surgery to release the contracted capsule. This can be achieved with minimally invasive arthroscopic technique and followed by manipulation under anaesthesia. Physiotherapy is always needed after the surgery.

How Can I Prevent It?

Keeping the shoulder joint mobile by stretching is the best way to prevent frozen shoulder.

