

The Cold Truth About Frozen Shoulder

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Do you wake up each morning with a shoulder that is painful and difficult to move? Does this condition persist throughout the day and no matter what you do to find relief nothing seems to work? If this is the case then you might have a condition called "frozen shoulder."

Frozen shoulder syndrome affects millions of Americans. In the medical profession little is known about its origin or how to effectively treat it besides surgery and drugs. Women seem more prone to this condition and it usually shows up after age forty.

The shoulder is made up of several large and small muscles that are affected. These muscles are the following:

infraspinatus, supraspinatus, teres minor, teres major, subscapularis, pectoralis major, pectoralis minor, latissimus dorsi, biceps, triceps, and the *deltoid*. Within the shoulder itself lies the rotator cuff. The shoulder is not just a small location but a functional

area that contains muscles that converge on the front of the chest as well as other muscles that ripple down the back. Frozen shoulder problems might begin from a tight pectoralis muscle in the front of the body or from the large trapezius muscle in the back. This condition might be localized to a small area or it might extend out ward like a spider web.

Frozen shoulder syndrome is a condition that takes a long time to develop. Sometimes years or decades of discomfort are experienced before a patient will be diagnosed with frozen shoulder syndrome. Most people continue to ignore the symptoms and self-medicate the problem until they can no longer tolerate the pain. By the time



a patient acknowledges that they have a problem they are now in an advanced stage of the issue. If they would have addressed the condition years before it would have been much easier to correct.

Frozen shoulder is usually diagnosed as a condition with mild to severe pain and a lack of mobility. Most people are unable to straighten their arm and a good many with this condition cannot even lift their arm above their head or even above their shoulder, no matter what the pain level. They appear glued together with no recourse. At times frozen shoulder could be related to other similar upper torso and shoulder issues like rotator cuff syndrome, bursitis, thoracic outlet syndrome or even carpal tunnel syndrome. While completely different in their outcome, there are certainly crossover patterns where a patient might experience frozen shoulder along with other ailments. They are related and yet different.

How does frozen shoulder syndrome begin?

There are several ways that frozen shoulder syndrome begins in the body. The most prevalent way is to experience a trauma to the shoulder. This could be a skiing accident, bicycle fall, a slip on an icy sidewalk or dancing accident. The collision with the ground or other object has created a spasm in the muscles in the shoulder and this might have been the origin.

This beginning phase is often ignored or forgotten about. Being hit by a fastball in the shoulder while playing high school baseball some thirty years before might have begun the cycle. You might have ignored or forgotten about the event. You might have downplayed a skiing accident that left you shaken up and sore for several weeks afterwards. Just because the bruises have gone away does not necessarily mean that you are out of danger.

Injuries do not just go away. When we fall or collide with the ground or another object the human body acts like a sponge to absorb the impact trauma. The impact might spread out in a wide arc away from its epicenter. The energy of impact will cause muscles to go into spasm and connective tissue to begin to glue together. The shoulder will start to deteriorate a little at a time if not corrected. We begin to protect areas of hurt by not moving them and many people will create further problems by building muscle around the injury. When you do this you are further gluing your problem in place.

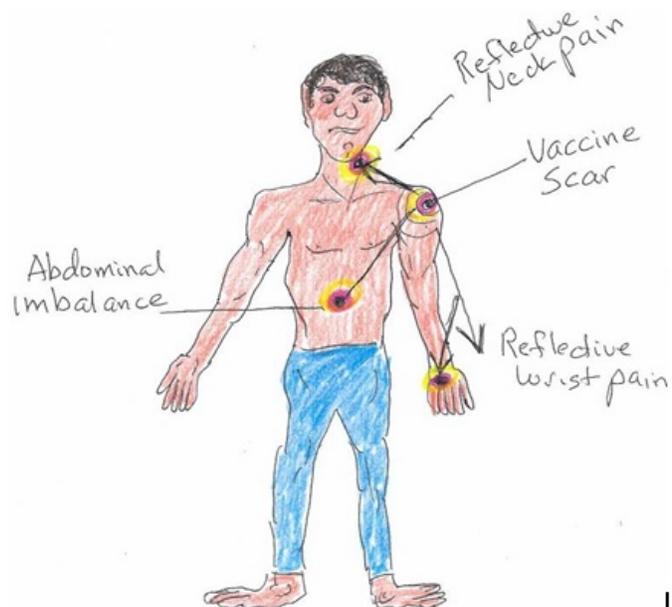


The second manner in which we create frozen shoulder syndrome is by repetitive strain. Someone who plays tennis frequently might be the one who now has this condition. It could also be a hobby like frequent knitting or a job like daily jack hammering that creates frozen shoulder syndrome. Movements that are made repeatedly and over time can have the effect of damaging the shoulder area.

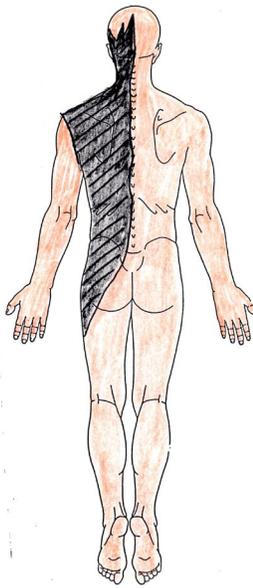
Excessive strength training is another root cause of frozen shoulder. A continual gym workout over time will cause the shoulder muscles to tighten and constrict. Many people errantly believe this to be a healthy concept as they were most likely taught to believe that a *"hard body is a healthy body."* This is not the case at all. Repetitive strength training over time will cause the muscles in the chest and shoulders to remain frozen and tight. The corresponding connective tissue will then glue together. One day you awaken to a shoulder that will not move and you wonder why.

Emotional holding is the fourth aspect of the root causes of frozen shoulder. Imagine if you grew up in a household that was not safe. You might have had an alcoholic parent that acted abusively towards you. In order to defend yourself from the trauma you would lie in bed and round your shoulders and curl into a fetal position as a symbolic manner of self-protection. Over time this rounding of your shoulders caused the muscles to freeze up and pain to begin. The emotions that have not been released are still held tightly in the shoulder muscles. Muscles are used to express emotion. Muscles are also used to hold back and repress emotion. Someone might be holding onto a deep emotional wound that lies buried within the soft tissue of the shoulder.

Another rather mysterious association with the origins of frozen shoulder is that of the effects of vaccine shots into our deltoid muscle. Nearly everyone has some sort of vaccine shot administered into the outside of the shoulder along the deltoid muscle. Years later you might experience a frozen shoulder due to one or repeated injections.



Reproduction of the vaccine trauma model as first introduced by Dr. Robert Marshall



This idea was first presented to me by Dr. Robert Marshall. Dr. Marshall indicated that vaccines have the ability to disrupt the muscles and connective tissue where the vaccine site is located. According to Dr. Marshall, these injection sites are said to create "interference fields". These interference fields are weakened areas that create disturbances in the "chi" energy and might reflect to other areas of the body. A weakened shoulder due to a vaccine in the shoulder might reflect into the neck and down the arm.

Dr. Marshall introduced the idea of the "Splatter Effect." This idea states that an injury is not localized to just the impact zone. Imagine shooting a paintball against a wall and watching it splatter outward. An injury

(including a vaccine injection) can be just like this. The energy of impact might affect the neck, back, chest and hip as it moves outward. Vaccines also carry many toxins with them. Carboic acid, formaldehyde, ethylene glycol, aluminum and mercury are just a few of these poisons often found in vaccines. These toxins can remain in the muscles and connective tissue for a long time creating a weakness.

My own anecdotal story supports this theory. When I was a young 12 year old I was playing little league baseball. I went to the doctor's office one afternoon and received a tetanus shot in my left deltoid muscle. That afternoon I was active on the baseball diamond playing a competitive game. Being a right handed player my glove was in my left hand. As baseballs were hit slightly above my head I could not raise my gloved hand to catch those balls. On a normal day they would have been an easy "out" but today my left arm remained dead and painful to move.

Over the course of the next forty-five years or so I would seemingly always have trouble with my left arm. When I swam it would never extend as far as the right arm. When I participated in yoga my left arm would never stretch as far as the right arm. There was always a "catch" in my left deltoid since that day of the tetanus shot as a twelve year old. Some would call this just a coincidence and not strong scientific evidence to make this conclusion. Sometimes personal and anecdotal information can be far more accurate and compelling than

what comes out of a scientific clinical trial or from a scientific regulating body.

When any muscle or group of muscles remains constricted for a period of time it loses its sensation. Often people do not know that there is a problem because the pain sensation has drifted away and shuts itself down. Lack of mobility becomes an issue but most people just ignore it and pretend it will go away by itself.



As the shoulder remains impacted the fascia (a type of connective tissue) will begin to harden and glue together. A frozen shoulder might better be called a "glued together shoulder." A process called "hydrogen bonding" ensues and the fascia will begin to mold together somewhat like an old stack of newspapers left in a moldy garage for many years. It might be difficult to separate the layers of newspapers as they have fused together. The fascia of the body does the same thing. Over time, as an area remains immobile the fascia tissue will bind together and the "glue" will harden. Even if you tried you could not move your arm because you have been glued together. By the time most people recognize that they have a problem the fascia has become cemented together and "fossilization" has set in. You are not "frozen" but you are "glued" in place.

Despite what many professionals want us to believe aging has nothing to do with frozen shoulder. People do not acquire frozen shoulder because of the accumulation of years in their life. Most likely they have ignored a problem for many years or decades and they finally have awakened to this realization.

Solutions

Frozen shoulder is a "fixable" condition. The problem is that most people will do the wrong things in order to try to eradicate the situation and will end up making things worse. Others will do some of the right things but not enough of them. In order to cure oneself of frozen shoulder you must do enough of the right things. This might take anywhere from a couple of months to a couple of years. Frozen shoulders do not come on over night and in most cases will not go away over night as well.

For many they will try surgery. A surgeon might cut a muscle or tendon in order for the arm to have a better range of motion. Afterwards you might be limited in what you can do because your

shoulder muscles have now been altered. In other cases a surgeon will put a patient under general anesthesia and will tear the fascia in order for the arm to move. You might regain your mobility but this practice seems quite barbaric. A hundred years from now we might look back at present day scientific methods and cringe at our naïveté.

I have found that there are better methods to relieve frozen shoulder syndrome. The first method is to utilize expansive movement. These gentle exercises are meant to re-educate the muscles.

Examples of expansive types of movement are the following: yoga, Feldenkrais, Alexander, Trager, Mentastics and Continuum Movement. Currently the muscle tissue just knows how to stay in a state of contraction. Re-education exercises will give the muscle a new perspective—relaxation. This new perspective will help to relax the frozen muscles.

Many people errantly do the wrong kinds of movements. Common in sports training facilities and physical therapy clinics is the notion of building strength around the injury.

This is most often a foolish strategy that only worsens the situation. The shoulder muscles are not weak and do not need more strength. The muscles are glued together and need to be separated.

The other method that I have commonly found to be effective is several sessions of "*connective tissue bodywork*". Fascia is a type of connective tissue that has fused together in and around the shoulder muscles. Somewhat like the rings of a tree, each layer must be separated from the next. As the shoulder muscles became glued together over time the fascia has dried out and lost much of its vitality. The shoulder muscles essentially went from healthy tissue to "beef jerky." As the fascia layers become impacted they will bind even closer together with much less space between each layer. This can be the equivalent of a tree suffering a wound like an avalanche hit or other intrusion. As the layers are pressed together they become more dense and more impacted. There is very little moisture in them and they become very difficult to separate. Frozen shoulder is much more



about the fusion of the fascia layers like in a wounded tree than it is about any weakened muscles.

You cannot just dig your elbow deeply into the mass of soft tissue and hope that it releases. This common strategy is almost always sure to fail. This strategy of "deep tissue bodywork" is very limited (and at times damaging) because it does not address the issue of separating the individual layers of fascia. Each individual layer must be unwrapped and separated for the shoulder to come back to life. What most people do not realize is that frozen shoulder syndrome did not occur over night. One treatment will not release the entirety of the problem. Many sessions are required in order to achieve the desired results.



As the tree rings experience an impact (like an avalanche) the layers become tightly packed and fused together. The fascia in the body does the same thing. An injury over time will dry out and the fascia will fuse together.

Fixing frozen shoulder syndrome is completely possible. It does require, time, patience and often a financial commitment. Or you can continue to ignore the problem and just hope that it goes away some day (it won't).

Resources

Movement and Bodywork

Feldenkrais.com

Trager Mentastics book: *Trager Mentastics: Movement as a Way to Agelessness* by Milton Trager

Alexander technique: Alexandertechnique.com

Integrative Yoga Therapy: iytyogatherapy.com

Cranial sacral bodywork: UpledgerInstitute.com

Continuum: Continuummovement .com

Rolf.org

Hellerwork.com

Myofascialrelease.com

Robert Marshall and Interference fields:

<http://thereferencepoint.com/blog/interference-fields/>

<http://thepremiercenter.net/what-are-interference-fields/>

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The Perils and Pitfalls of Physical Therapy

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