

Frozen shoulder - progress has plateaued



Assume that today's date is 22 October 2026. Mrs Sethi had her initial physiotherapy assessment on 27 August 2026 and attended her eighth weekly treatment session today. You are a physiotherapist at an outpatient physiotherapy clinic. Using the information in the case notes, write a letter to Mrs Sethi's GP, Dr Arun Juneja, updating him on her progress and asking him to consider further management. Address the letter to Dr Arun Juneja, General Practitioner, General Practice, 42 Park Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Name: Mrs Jocelyn Sethi | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/1971 (55 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 15 Elm Street | ☐ | ☐ | ☐ |
| 4. Referred by Dr Arun Juneja (GP) 08/26 with R frozen shoulder; initial physio assessment 27/08/26 | ☐ | ☐ | ☐ |

Social background

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|--|--------------------------|--------------------------|--------------------------|
| 5. Office administrator, full time; mainly computer work; R-handed | ☐ | ☐ | ☐ |
| 6. Married; husband currently doing most household tasks | ☐ | ☐ | ☐ |
| 7. Enjoys gardening and swimming; unable to swim since onset | ☐ | ☐ | ☐ |
| 8. Husband remarked at 3rd appt that she 'has always made a fuss about pain' | ☐ | ☐ | ☐ |

Medical history

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|--|--------------------------|--------------------------|--------------------------|
| 9. Type 2 diabetes (6 yrs): metformin 1 g BD; HbA1c 7.1% (06/26) | ☐ | ☐ | ☐ |
| 10. Hypothyroidism: levothyroxine daily | ☐ | ☐ | ☐ |
| 11. Appendicectomy aged 19 | ☐ | ☐ | ☐ |
| 12. Allergies: nil known | ☐ | ☐ | ☐ |

Initial assessment (27/08/26)

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|--|--------------------------|--------------------------|--------------------------|
| 13. Insidious onset R shoulder pain approx. 5/12 ago; no trauma | ☐ | ☐ | ☐ |
| 14. R shoulder X-ray (07/26, ordered by GP): no abnormality detected | ☐ | ☐ | ☐ |
| 15. Global ↓ active and passive ROM R shoulder, esp. external rotation (ER); night pain 7/10 | ☐ | ☐ | ☐ |
| 16. No neck-related symptoms; no red flags (no fever, wt loss, trauma or neurological signs) | ☐ | ☐ | ☐ |

Treatment

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| 17. Weekly physio × 8/52 (03/09/26–22/10/26): education, gentle ROM exercises within pain tolerance, home exercise program (HEP) | ☐ | ☐ | ☐ |
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Treatment

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| 18. Adherent to HEP: exercises 2×/day | ☐ | ☐ | ☐ |
| 19. Analgesia: paracetamol 1 g QID, limited relief; ibuprofen ceased 09/26 due to indigestion | ☐ | ☐ | ☐ |
| 20. Complained that clinic receptionist was rude to her on 2 occasions | ☐ | ☐ | ☐ |

Progress (22/10/26)

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|---|--------------------------|--------------------------|--------------------------|
| 21. Wks 1–4: small ↑ ROM (passive ER 10° → 20°) | ☐ | ☐ | ☐ |
| 22. Wks 5–8: no further ↑ ROM. Current passive R: flexion 100° (L 170°), abduction 80° (L 165°), ER 20° (L 70°) | ☐ | ☐ | ☐ |
| 23. Night pain persists 7/10; wakes 3–4×/night; unable to lie on R side | ☐ | ☐ | ☐ |
| 24. Tired at work; ↓ concentration due to poor sleep | ☐ | ☐ | ☐ |
| 25. Difficulty dressing (bra, jacket) and reaching overhead shelves | ☐ | ☐ | ☐ |
| 26. Anxious condition will 'never get better'; keen to try further treatment options | ☐ | ☐ | ☐ |
| 27. Asked about acupuncture, which a friend found helpful for back pain | ☐ | ☐ | ☐ |

Plan

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| 28. Ask GP to consider intra-articular corticosteroid injection for pain relief; pt willing | ☐ | ☐ | ☐ |
| 29. Alternatively / if no improvement: referral to orthopaedic shoulder clinic for further options | ☐ | ☐ | ☐ |
| 30. Corticosteroid inj may temporarily ↑ BGL: pt to monitor BGL closely after any injection | ☐ | ☐ | ☐ |
| 31. Continue physio fortnightly meanwhile; reassess ROM 4/52 after any injection | ☐ | ☐ | ☐ |
| 32. Next physio appt 05/11/26 | ☐ | ☐ | ☐ |