

Osteopathic Treatment of Frozen Shoulder: a report on the Neil-Asher technique

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Frozen shoulder is a broad term used to describe a painful shoulder with a reduced range of movement. It is often over-diagnosed since many shoulder problems result in severe pain and immobility. 'True' frozen shoulders show a reduction in all ranges of movement due to the development of fibrous adhesions within the large capsule of the gleno-humeral joint. Frozen shoulder's can often take between 12 and 18 months to fully recover.

In the United Kingdom, osteopaths know Simeon Neil-Asher as the 'Frozen Shoulder Man' for developing an eponymous technique for treating Frozen Shoulders by building upon traditional osteopathic approaches.

Simeon Neil-Asher has lived and worked in Highgate since 1994. He became renowned for his success with treating frozen shoulders, so much so that since developing the 'Neil-Asher Technique' he has been categorized as a shoulder specialist within the UK osteopathic community. He has taught the treatment widely to osteopaths throughout the UK whom he certifies to use the Neil-Asher Technique.

The Neil-Asher Technique is a non-surgical approach to the treatment of frozen shoulder. The technique involves activating the body's innate healing mechanisms by stimulating a number of pressure points in the muscles around the shoulder. The pressure sends messages to the brain which alters the way the muscles supporting the shoulder complex work.

Neil-Asher describes his technique as "Cortex-Neuro-Somatic-Programming". The theory is that in a frozen shoulder there is a mass of inflammation which causes the brain to start activating the 'wrong' muscles to move the shoulder. The set programme of treatment developed by Neil-Asher attempts to stimulate a unique sequence of reflexes to re-train the shoulder muscles.

Unlike general osteopathic techniques, the 'Neil-Asher Technique' is a set routine, which has proved to be a little controversial within a profession that prides itself on approaching each patient individually.

That said, the technique does seem to work, both quickly and effectively. A clinical trial conducted in the Addenbrooke Hospital, Cambridge found 80% of patients treated with the technique showed a reduction in both pain and disability

(increased range of movement, strength and power).¹ This is, no doubt the main reason why many practitioners have been tempted to learn the technique. Currently there are 40 practitioners in the UK who have been trained in the 'Neil-Asher Technique'.

There is no evidence to suggest whether the conventional treatment of frozen shoulders is effective or not; often it can just be a case of just waiting for the symptoms to settle on their own. There are however known triggers or causes which, if treatable, can aid in a speedier recovery.

The current advice for patients suffering with frozen shoulders consists of manual therapies, e.g., osteopathy or physiotherapy, as well as more conventional approaches. Conventional medical approaches include: anti-inflammatory drugs, analgesics, steroid injections and surgical procedures. This multi-disciplinary approach can prove as successful as any other method in managing pain and improving range of motion of the affected shoulder.

However, physical therapies are always the right place to start with drugs and surgery as a last resort.

Footnotes

- ¹. British Journal of Rheumatology Volume 42, Supplement 1, 2003, Article 418 BHRP p.146.

Bibliography

Neil-Asher, Simeon , The Concise Book of Trigger Points, LOTUS PUBLISHING, UNITED KINGDOM, 2005, **ISBN-13:978095431887 ISBN: 0954318854**

British Journal of Rheumatology Volume 42, Supplement 1, 2003, Article 418 BHRP

FrozenShoulder.com, <http://www.frozenshoulder.com/>