

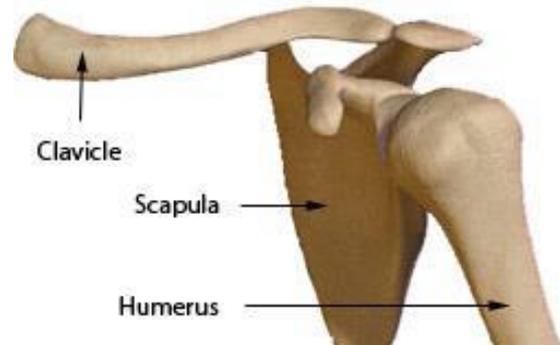
Proximal Humerus Fracture

(Conservative Management) 1 and 2-part fractures

This leaflet provides more information about proximal humerus fractures. If you have any further questions or concerns, please speak to the Physiotherapy Department, Ground Floor, St James Wing, St George's Hospital.

What is proximal humerus fracture and why have I got it?

Your shoulder is a ball and socket joint made up of the upper arm bone (humerus) and shoulder blade (scapula). Your injury is a break or fracture to the upper or 'proximal' part of the humerus bone.



Proximal humerus fractures are common. They are the third most common fracture type in individuals over 65 years of age and may occur when falling on to your arm. Your fracture will be confirmed on x-ray.

What are the signs and symptoms?

- Pain
- Bruising and swelling
- Difficulty moving your arm
- Apprehension and anxiety about moving your arm.

What to expect?

Proximal humerus fractures are often linked to shoulder stiffness. Following this type of injury the main aim is to regain enough movement to perform day to day activities and help may be required initially.

1- and 2-part fractures can be managed successfully without an operation. Proximal humerus fractures will heal, typically within 6-12 weeks, even if the humerus is broken into two parts. Recovery can take up to six months, occasionally longer, for your symptoms to settle completely.

Do I need any tests to confirm the diagnosis?

If it is suspected that you have a proximal humerus fracture an x-ray and clinical assessment by a doctor in the emergency department would confirm your diagnosis.

You should be reviewed in Fracture Clinic or the Shoulder Unit soon after your injury and followed up again around eight weeks and expect a repeat x-ray to assess the bony healing of your injury. If required, you may be seen again at six months to check healing of your fracture.

What treatments are available?

Conservative management of your proximal humerus fracture will include a **period of immobilisation** in a poly-sling for **comfort only** for up to **three weeks**.

It is safe and important to move your elbow, wrist and hand of the affected arm without restriction to avoid stiffness during this period. You will be referred to Physiotherapy to guide your recovery.



- With or without support freely bend and straighten your elbow and turn your palm up and down.

In the early stages use the technique below to make personal care easier including washing under your armpit.



- Leaning forwards resting your affected arm on the edge of sink or work top.
- Wash under your armpit whilst the arm is supported.

From two to three weeks post injury begin shoulder girdle exercises including **pendular swings** and **lying or sitting active-assisted range of movement exercises**.



- Leaning forwards gently swing your affected arm forwards/backwards, side to side and in circles.
- Lying on your back, supporting your affected arm at the wrist. Elevate the arm overhead as comfortable.



At this early stage, **ensure adequate pain control to allow participation in the range of movement exercises.** You should strictly **avoid weight-bearing tasks** such as pushing up from a chair, kneeling on hands and knees, and any form of loading e.g. lifting, carrying, pushing and pulling.

Progress range of movement as your symptoms allow. It is **normal for your shoulder to still be painful, stiff and show signs of restricted movement as this stage.**



- While sitting or standing slowly slide your arms forwards and backwards over a raised work surface: 'sliders'.
- Hold a walking stick or broom in both hands. Keep the affected arm close to the body. Gently rotate the affected arm out to the side.



From week six and once a **full assisted range of movement is achieved, progress to active movement through all planes** including overhead, out to the side and placing your hand behind your back.



- Progress standing 'sliders' through range and leaning forwards against a wall or mirror.

- Hold a walking stick or broom in both hands. Push the affected arm away from the side of the body.

You should now **aim to return to light functional day to day activity with minimal restriction. A return to driving should also be considered once adequate range of movement has been regained, you have clearance from your insurer and 'you feel ready'.**

As a must..... can you confidently perform an emergency stop?

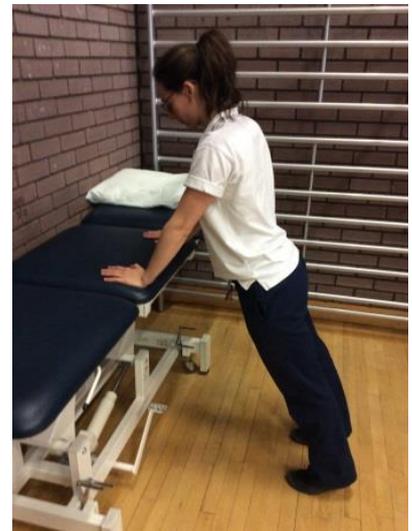
Between eight and twelve weeks aim to recover full active range of movement.

It is also **safe to start weight-bearing, loading and strengthening exercise of your arm** following review in the Shoulder Unit and repeat x-ray.

Dependent on your work circumstances it is encouraged to return to work if you have not already done so.



- Raise the arm freely without assistance. Start with a bent elbow and reach up.
- Stand leaning forwards against a raised surface. Bear weight through both arms. Progress to a standing press-up.



The aim of rehabilitation should now be strengthening of your arm to include heavier loads with a return to normal baseline activity where possible.



- Band wrapped around both hands. Start with bent elbows and reach upwards. Progress to straight elbows.

- Stand with band wrapped under your arms. Reach upwards against resistance of band.

- Stand with band wrapped under your arms. Punch forwards against resistance of band.

Repeat each exercise as many times as symptoms allow – with an aim to minimise initial shoulder stiffness and **build a ‘strong foundation’** to allow a return to normal function.

What happens if I do not get treatment?

Evidence suggests excellent results have been achieved with short-term immobilisation and early exercise therapy with overall increased participation and activity levels and reduced impairment. Operative management appears to offer no better outcomes at two year follow-up compared to non-operative treatment for adults with displaced 2-part fractures of the proximal humerus. (PROFHER, Rangan *et al.* 2015).

As part of your care you will be seen in Fracture Clinic or by the multi-disciplinary team at the St George’s Shoulder Unit and guided through your recovery by our Orthopaedic consultants and specialist Physiotherapy team.

Is there anything I can do to help myself?

Stay focused on your home exercise programme under the guidance of your physiotherapist. Maintaining an active and healthy lifestyle with regular cardiovascular exercise can promote better long term outcomes. Less formal exercise regimes have been found equally important to

shoulder rehabilitation. Specific exercise with focus on range of movement and strength during the initial six month period is essential to maximise recovery.

Useful sources of information

ARC – Arthritis Research Campaign

SGSU – St George’s Shoulder Unit website www.sgsu.co.uk

St George’s Hospital MSK Physiotherapy website -

<https://www.stgeorges.nhs.uk/service/therapies/adult-outpatients-physiotherapy-department/post-op-resources/>

Contact us

If you have any questions or concerns about your injury, please contact Debbie Garcia (St George’s Shoulder Unit secretary/PA) at debbie.garcia@stgeorges.nhs.uk or on 020 8725 2032 (Monday to Friday, 9am to 4pm) or the Physiotherapy department on 020 8725 3014.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it’s not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching ‘St George’s Hospital’ on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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