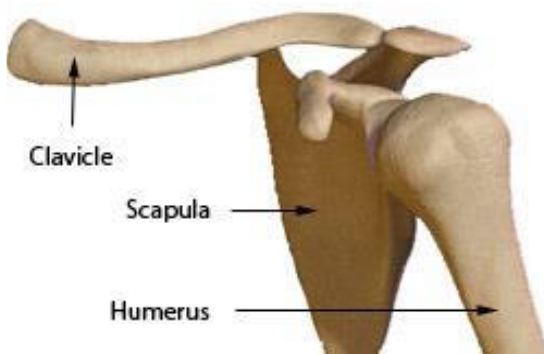


Proximal Humerus Fracture

(Conservative Management) 1 and 2-part fractures

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

What is a 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. This type of fracture will be confirmed on x-ray. If your fracture happened because of a fall then discuss with your healthcare professional if you would like to receive further information on falls prevention support.

For further information regarding a proximal humerus fracture please scan the QR code.



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 typically heal within six to twelve weeks, although recovery can take up to six months. On occasions this could be longer as this type of fracture is often linked to stiffness of the joint. 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.

Evidence suggests 1- and 2-part fractures can be managed successfully without an operation (NICE, 2016). Operative management appears to offer no better outcomes at two-year follow-up compared to non-operative treatment for adults (PROFHER, Rangan *et al.* 2015).

Excellent results have been achieved with short-term immobilisation and early exercise therapy with increasing participation, activity levels and reduced impairment.

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 healthcare professional will confirm this. You should be reviewed in the Fracture Clinic or the St George's Upper Limb Unit soon after your injury and followed up again around eight weeks. Expect a repeat x-ray to assess the progress of your healing. If required, you may be seen again at six months.

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**.

What are the risks of wearing a Poly-sling?

The main risk of wearing a poly-sling is the development of pressure areas on your skin where the sling rests. This will look like red marking of the skin when you remove the sling. This is normal and the marks should disappear within half an hour. It is important to check your skin regularly especially if you have altered sensation.

Washing and Dressing with your sling

It is advised to wear your clothes underneath your sling. You may find it best to wear loose fitting or button-up tops to allow you to thread your affected arm through first and then take over your head and put the other arm in. To wash, you may wish to remove the body belt, and lean forwards slightly, so your arm hangs away from your body and you can wash your underneath your arm, whilst maintaining the support. You will not be able to shower or bathe with your sling on and will therefore need to wash around it.

For further information on how to take on and off your poly-sling, scan the QR code.



As symptoms allow, (consider pain medication to assist in the rehabilitation process) aim for 10-25 repetitions per exercise, minimum two sets, twice-three times daily. Aim to minimise initial shoulder stiffness and **build a 'strong foundation'** to allow a return to normal function.



When performing your home exercise programme follow the TRAFFIC light system approach to manage your pain effectively and allow you to progress through your rehabilitation journey.

It is safe and important to move your elbow, wrist and hand of the affected arm without restriction to avoid stiffness during this period. Aim for 10-25 repetitions, three times daily. 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 a 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 or elbow. 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 (use the Traffic Light System mentioned below). It is **normal for your shoulder to still be painful, stiff and to show signs of restricted movement as this stage**. Aim for 8-12 repetitions per exercise, minimum two sets, twice daily.



- While sitting or standing slowly slide your arms forwards and backwards over a raised work surface – ‘table slides’.
- 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 an acceptable range of movement to complete activities of daily living is achieved, progress active-assisted to active movement through all planes including overhead, out to the side and placing your hand behind your back. Aim for 10-25 repetitions per exercise, minimum two sets, twice to three times daily.



- Progress standing 'table slides' through range by leaning forwards against a wall or mirror. It is also safe to attempt sliding the affected arm away from the side of the body.

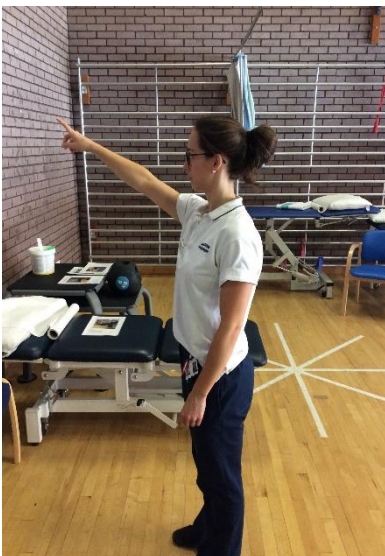
You should now aim to return to light functional day to day activity with minimal restriction, e.g. domestic activities of daily living. A return to driving could also be considered once adequate range of movement has been regained, you have clearance from your insurer and 'you feel ready'.

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 with Fracture Clinic or in the St George's Upper Limb Unit.

Dependent on your work circumstances, you are 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 towards a target.
- Stand leaning forwards against a raised surface. Bear weight through both arms. Lower your body towards your hands.

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



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

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

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

For a video link to the exercises, scan the QR code.



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.

Avoid smoking: It is important to note that smoking will delay the healing process and so should be avoided. Talk to your GP or go to www.smokefree.nhs.uk for more information.

Ice packs: You can use ice packs wrapped in a cloth around your shoulder, try to avoid putting ice directly on the skin to prevent an ice burn. Applying the ice pack for up to 20 minutes can be helpful in reducing pain, swelling, and bruising. When first applying, check the area frequently to make sure the skin and underlying tissues are fine. Once you are happy with this as a treatment you can leave the ice pack in place for the full 20 minutes every two to three hours for the first few days following dislocation.

Pain medication: Common pain medication such as paracetamol or ibuprofen may help reduce your pain. It is best to talk to your pharmacist or doctor to get advice on whether they will interfere with any other medication that you are already taking or for advice on how much and how often to take these. If you feel they are not strong enough to manage your symptoms, please discuss this with your GP.

Useful sources of information

ARC – Arthritis Research Campaign

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

[Musculoskeletal Outpatient Physiotherapy - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](http://www.stgeorges.nhs.uk)

Contact us

If you have any questions or concerns about your injury, please contact the St George’s University Hospital NHS Foundation Trust Physiotherapy department on 020 8725 3014 or email MSKphysioenquiries@stgeorges.nhs.uk.

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

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

NHS UK

The NHS 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 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.



Reference: PHY_PHF_03 Published: February 2025 Review date: February 2027
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