

Proximal Humerus Fracture

Patient Information

Musculoskeletal (MSK) Services



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Proximal Humerus Fracture

You have sustained a fracture to the top of your arm close to your shoulder. This is usually caused by a fall. The bone that you have broken is called the humerus or the funny bone. This type of injury can result in a painful, stiff shoulder. Swelling and bruising is very common following a fracture to the humerus. The swelling can go beyond the elbow.

Whilst they may be painful, most of these fractures are stable and do not require surgery. They usually take 6 to 12 weeks to heal. Research has shown that a supportive sling followed by early rehabilitation usually gives a good outcome. However, recovery can take up to 6 months and occasionally longer for other symptoms.

This leaflet explains the ongoing management of your injury.

Advice

Exercise

We have included some structured exercises to help you gain movement. You should do the exercises **within the limits of pain**. You should attempt at least 5 repetitions three times per day. **It is very important not to force or stretch.**

Importantly, although you have a humerus fracture, you must not allow the elbow, wrist, or hand to become stiff. It is crucial that you regularly move these joints to prevent stiffness. Movement of the hand and wrist can also help with reduction of swelling.

When finished, place it back into the sling to protect the shoulder, with the hand slightly higher than the elbow.

Function

You should be guided by your symptoms. Rest your shoulder and arm for 3 weeks and then use it for light function as comfortable. You will find it easier to wear front opening clothes. Always dress your injured arm first. When sitting down comfortably, it can help to gently straighten the elbow out on a pillow and rest it in slight extension. Having the hand slightly higher than the elbow will also help with swelling.

It is important to not carry out any heavy lifting, pushing, or pulling activities until your fracture is stable. Your physiotherapist will guide you with your timescale to functional recovery. Your orthopaedic Consultant and physiotherapist will help guide you as to how much time you are likely to need away from work. This will depend on the type of work that you do. If you have a heavy manual job, you will need longer off work.

You will also be advised when to return to sport. You may be able to return to activities such as gentle swimming as early as 4-6 weeks. However, for sports in which your arms have a greater demand, such as tennis and rugby, you are likely to require longer before return to play.

You have a legal responsibility to ensure that you are capable and safe to drive. However, we advise that you do not drive until advised by your surgeon or therapist.

Managing your Pain

This can be a painful fracture, and you should take painkillers as prescribed.

You may find it easier to sleep propped up with pillows. It is important to wear the sling all the time, including at night, for the first 3 weeks.

Some patients find that ice packs help with the pain and swelling. You should only apply an ice pack to skin if the skin has normal sensation, and the skin is not broken, damaged or cut. Always place a damp towel on your skin before the ice pack and check the skin regularly for signs of ice burn such as excessive redness, other changes in the skin's colour, or blistering.

Axillary hygiene

In the early stages you may find it easier to wash under your armpit with your arm supported, as shown in the picture.



Please follow the rehabilitation plan shown below

This gives you an idea of where you are on your journey to recovery. The exercises can be adapted by your physio to suit your needs as required.

Weeks since injury	Rehabilitation Plan
1-3	<ul style="list-style-type: none">• Wear the collar and cuff (sling) all the time, even at night in bed.• Start initial exercises as shown below.
3-6	<ul style="list-style-type: none">• You may remove the arm from the sling for light activities and to perform the Stage 2 exercises shown below.• You should continue to use the sling for comfort as needed.
6-12	<ul style="list-style-type: none">• You may start to discard the sling. The fracture should be largely healed.• Begin stage 3 exercises.• You should be able to increase day to day activities.• More strenuous activities may still cause discomfort.
12	<ul style="list-style-type: none">• Please contact us if you are still experiencing significant pain and stiffness.

It is important to keep your neck moving; practise dropping your ear to your shoulder, turning from side to side and lifting your chin up and down

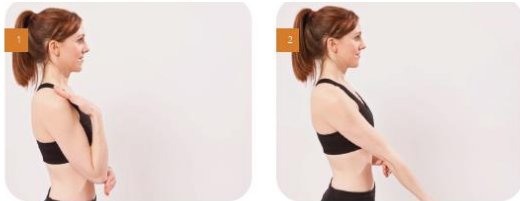
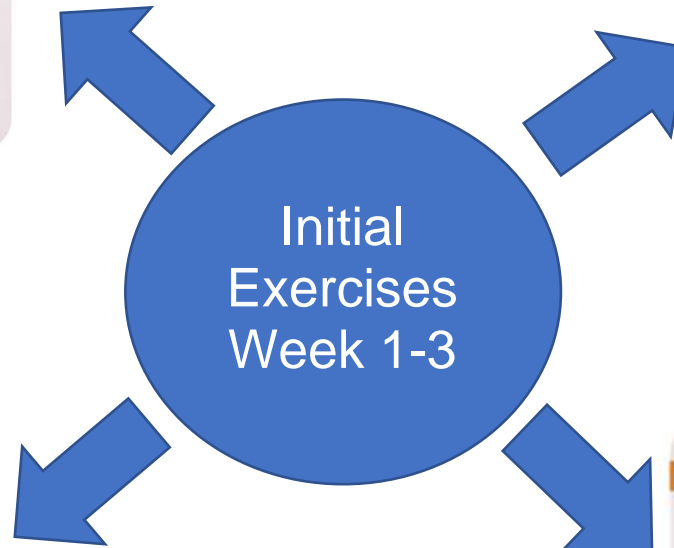


The aim of these exercises is to keep all your other joints from getting stiff while your shoulder begins to heal

Think about good posture, squeeze your shoulders back and down.

Poor

Good



Bend and straighten your elbow as much as you can. Turn your palm up to the ceiling and down to the floor. Extend and bend the wrist as much as you can



While sitting, place your hands on your thighs, twist your shoulder and allow your hand to slide down your thigh twisting your body, then repeat on the other side.

Seated table slide into flexion



While sitting rest your hands on a table. Using a duster slide both hands forwards as far as comfortable.

Let your head drop forwards slightly at the end of the movement. Do not force into a stretch.

Seated table slide into abduction



Sit next to a table. Rest your forearm on the tabletop and slide your arm away from your body as far as comfortable, whilst maintaining contact with the table throughout the movement. Do not force into a stretch.

External rotation with stick in sitting



Sit in a good posture with your elbow supported on a table, holding a stick. Use the unaffected hand to gently push the hand of the affected side. During the movement, keep your elbows into your side. Do not force into a stretch.

Abduction with stick in standing



Standing in good posture, hold the stick with both hands, shoulder width apart, with your hands near your hips. With your unaffected hand, push the stick, moving the affected arm away from the body out to the side. Return to starting position. Do not force into a stretch.

Week 3 to 6

Isometric internal rotation



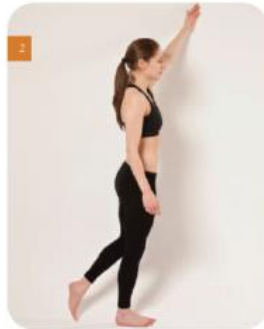
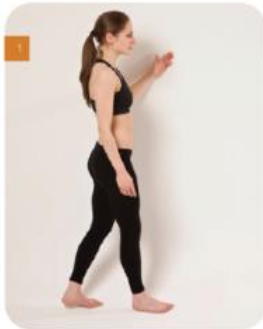
Sit with the affected arm at the side of your body, elbow bent to 90°. Place the unaffected hand on the inside of the affected forearm and gently push against it.

Isometric external rotation



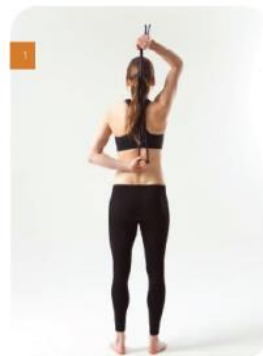
In sitting or standing bend your elbow to 90° whilst keeping your arm at the side of your body. Place the unaffected hand on the outside of the forearm at wrist level and gently push out. This position can then be altered, moving your wrist further outwards, whilst keeping your elbow into your side.

Lateral wall slide with step forward



After 6 weeks

Stand tall, side on to a wall. Place the affected arm next to the wall. Bend your elbow and apply a gentle pressure against the wall with the back of your hand. Step forward and whilst maintaining this gentle pressure, slide arm upwards against wall into elevation.



Stand with your feet hip width apart. Use a high resistance band. Hold on to the band with your affected arm at hip height, with your other hand behind your head. Straighten the elbow on the affected arm working against the resistance of the band. Let the elbow bend again, taking your hand a little further up your back on the return movement.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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