Proximal Humerus fracture

Shoulder 7

(also use for patients with a greater tuberosity fracture)

Fracture Care Team: Shared Care Plan

Trust Switchboard for both sites: 0300 131 4500
Fracture clinic and orthopaedic outpatient appointments:
Eastbourne 0300 131 4788
Conquest 0300 131 4861
Casting Department: Eastbourne 0300 131 5564
Casting Department: Conquest 0300 131 4860

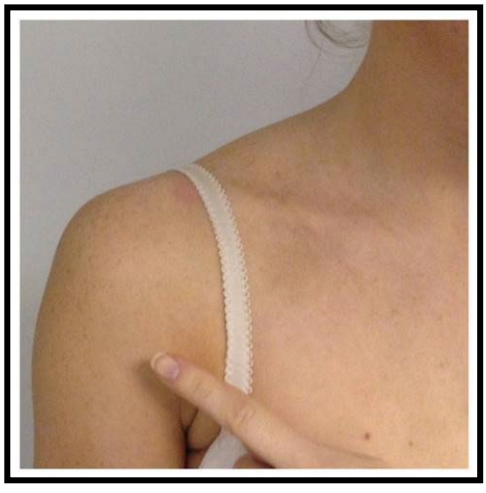
This leaflet can also be found on our website:

- **www.esht.nhs.uk/leaflet/proximal-humerus-fracture/**

This information leaflet explains the ongoing management of your injury.

You have sustained a fracture to your shoulder. The shoulder is a ball and socket joint, and you have fractured just below the ball part. This normally takes between 6 to 12 weeks to unite (heal). Once the fracture begins to heal it is important to keep the shoulder moving to overcome the stiffness but not to aggravate it. The shoulder joint does not respond well to being injured and longstanding stiffness is almost inevitable. Following this type of injury, you may never be able to fully lift the arm straight up in the air again. The main aim is to regain enough movement to perform day to day activities. Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please contact the Fracture Care Team for advice.

Picture of injury



Although the fracture is in a reasonable position and only has a small chance of moving, we routinely make an appointment in the fracture clinic 1 to 2 weeks after your injury. You may have another x-ray at this appointment. The Consultant, Specialist, Registrar or Practitioner will assess your shoulder and guide the next stage of your treatment.

Types of injury:

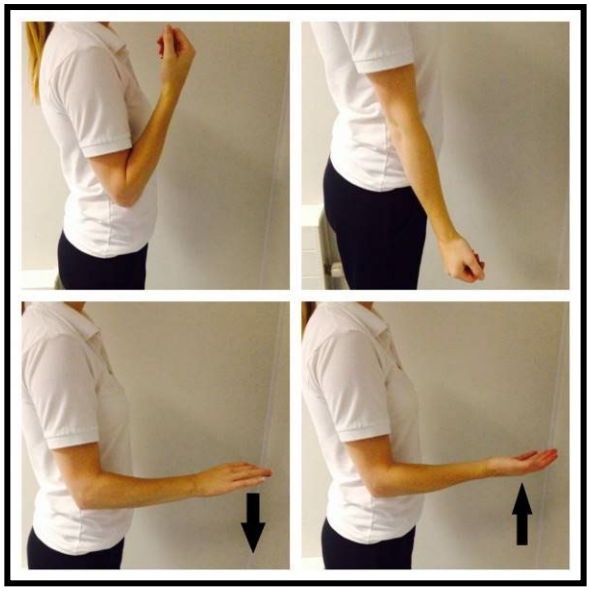
It may be easier to keep the arm in a sling under clothes for the first two weeks if it is very painful or if you have been told that your injury is unstable. Keep moving your fingers and hand.

Please follow the Management / Rehabilitation plan shown below

Weeks since injury	Rehabilitation plan
3	Wear the sling all the time, even at night in bed. Start doing the initial exercises shown below.
3 - 6	If you have been advised to do so, you should continue to wear the sling and progress to the Stage 2 exercises using your other arm to help guide the movement. Do not lift your elbow above shoulder height as this may cause excessive pain.
6 - 12	You may start to discard the sling. Start stage 3 exercises once you can do stage 2 exercises with no pain. Begin normal light activities with the arm and shoulder. The fracture should be largely united (healed). You should be able to increase day to day activities. More arduous tasks may cause discomfort. Start to lift your arm overhead if possible.
12	**If you are still experiencing significant pain and stiffness, then please contact us for further consultation**

Initial Exercises to do 4 - 5 times a day

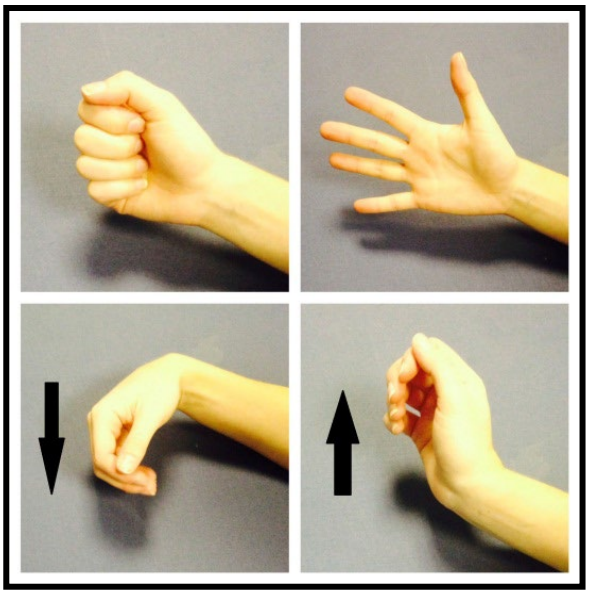
If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.



Elbow Bend to Straighten
Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Forearm Rotations
Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

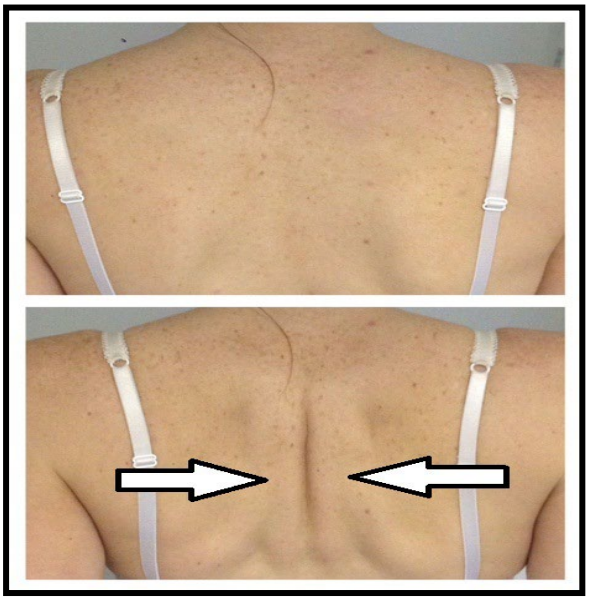
Repeat 10-15 times provided there is no increase in symptoms.



Finger and wrist flexion and extension

Open and close your hand as shown 10-15 times.
Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain.
Hold for 5 seconds and repeat 10 times.

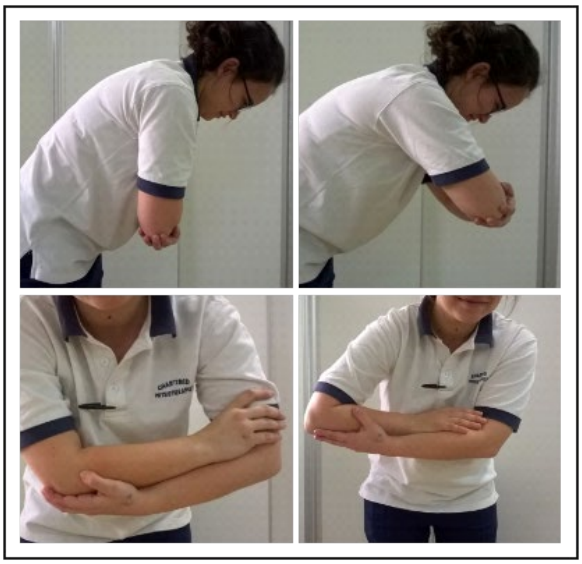


Postural awareness

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.

Stage 2 exercises to do 4 - 5 times a day - To start at 3 weeks after injury

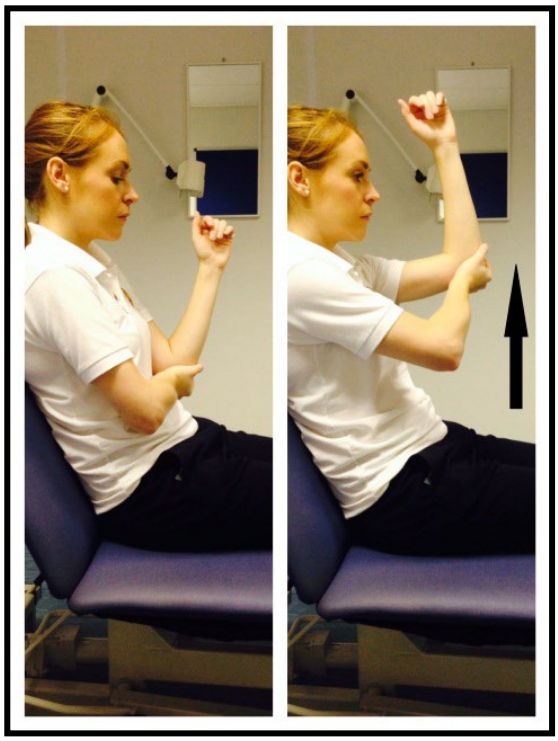


Shoulder pendular exercises

Stand and lean forward supporting your injured arm with your other hand as shown in the picture. Try to relax your injured arm.

1. Assist your arm slowly and gently forwards and backwards.
2. Assist your arm slowly and gently side to side.

Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.



Active assisted Shoulder flexion

Use your other hand to lift your arm up in front of you as shown in the pictures.

Repeat 10 times provided there is no increase in symptoms.

Active-assisted Abduction

Hold a stick in both hands as in the photo. Gently push your injured arm to the side (away from your body) as far as comfort allows. It may help to face a mirror initially to make sure the top of your shoulders stay level.

Active assisted External rotation

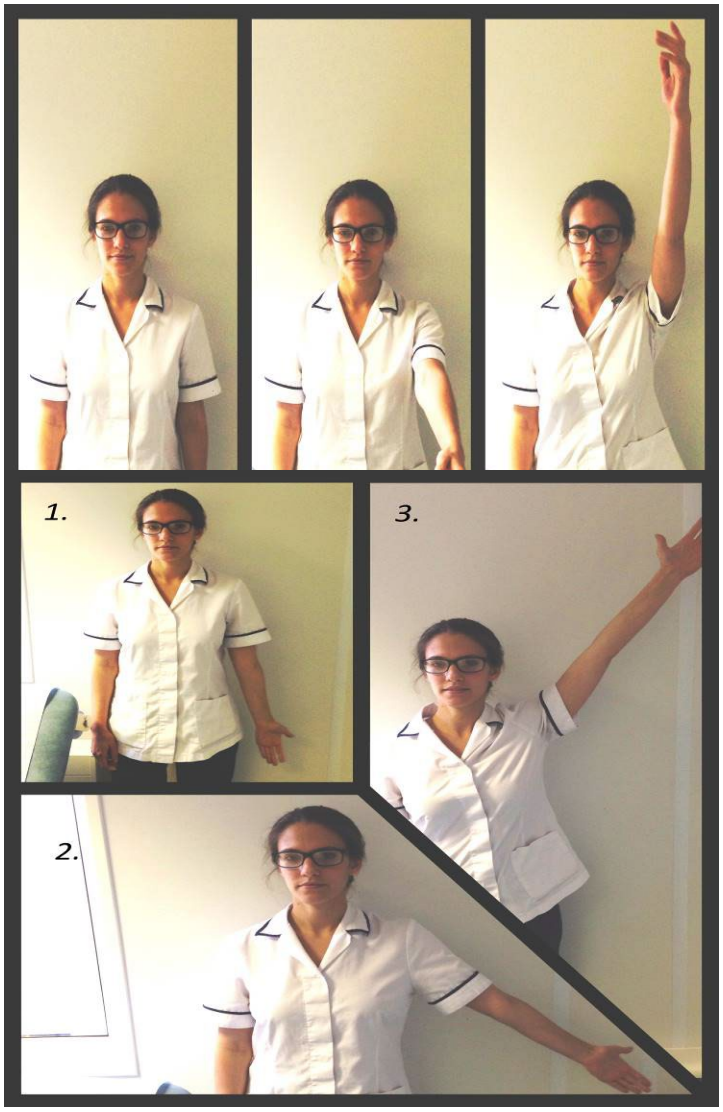
Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards. Remember to keep your elbow tucked in. Push until you feel a stretch.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.

Hold for 5 seconds then return to the starting position. Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises to do 4 - 5 times a day - To start at 6 weeks after injury

When you have regained full range of movement during the above exercises without pain you can start to do the exercises **without** the support of your other hand; this is known as active range of movement. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.



Active Forward flexion:

With your thumb facing up, try to move your arm up, keeping it close beside your body.

Active Abduction

With your thumb facing up and outwards, try to move your arm in a big arc out to the side.

Active External rotation after six weeks

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Repeat all of these 3 exercises 10 times each, 4-5 times a day. Only go as far as you can naturally, without doing any trick movements to try and get further. This will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary. If you are on an independent management programme, then please contact us using the number at the top of the letter so that we can also arrange physiotherapy for you.

Smoking cessation

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: **http://smokefree.nhs.uk** or discuss this with your GP.

Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner, or doctor.

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_____

Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust and to Kate Weatherly, Specialist Orthopaedic Physiotherapist for the first version.

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon
Mr Jamie Buchanan – Consultant Orthopaedic Surgeon
Mr Albert Bonnici – Consultant Orthopaedic Surgeon
Mr Hemant Thakral – Consultant Orthopaedic Surgeon
Helen Harper-Smith – Professional Lead Physiotherapist
Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Diagnostic, Anaesthetic and Surgery - Department of Trauma and Orthopaedics

Next review date:	September 2025
Responsible clinician/author:	Helen Harper-Smith– Professional Lead Physiotherapist Prof Scarlett McNally – Consultant Orthopaedic Surgeon