

## Midshaft Humerus Fracture

Shoulder 8

### 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 information leaflet explains the ongoing management of your injury.

### **You have sustained a fracture to the middle portion of your humerus (upper arm bone).**

This normally takes between 9-12 weeks to unite (heal). Once the fracture begins to heal it is important to keep the shoulder moving. This stops it getting stiff. Try not to aggravate it. Start the elbow and wrist exercises as soon as comfort allows. The main aim is to restore enough movement to perform day to day activities once the fracture has healed. You may find it more comfortable to sleep propped up with pillows.

Take pain killers as required. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

It is important that you have feeling in your hand and that you can wiggle your fingers. If this is not the case please let us know using the contact details above.

You will also have your arm in a sling. Your hand should be supported higher than your elbow. Your sling should be worn 24 hours a day underneath your clothes.

### Picture of correct fitting brace



Please contact the casting department using the numbers above directly if you have any problems with your brace e.g.

- pinching of the skin or limb swells (brace too tight),
- slipping down of the brace (brace too loose)
- a rash or irritation

They will make you an appointment.

You will have an appointment in the fracture clinic. It is uncommon to have an operation because most fractures heal better without surgery. The Consultant, Specialist, Registrar or Practitioner will talk through your options. You may have another x-ray to guide your treatment and rehabilitation plan.

## Please follow the Management / Rehabilitation plan shown below

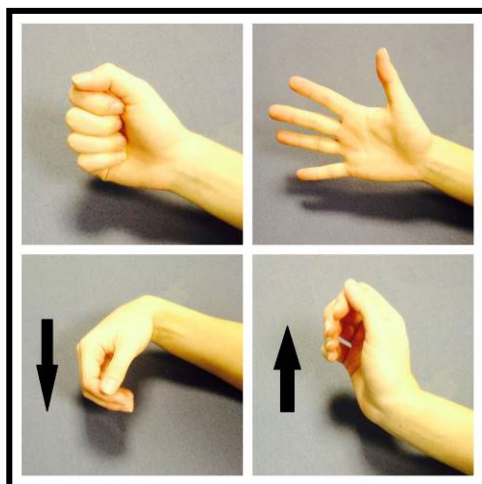
Weeks since injury	Rehabilitation plan
0 – 1 fracture clinic appointment	Wear the brace & sling all the time, even in bed at night. You may remove the sling for personal hygiene and for your exercises but do not remove the brace. Do your initial exercises three times a day.
1 - 6	You will be reviewed in the Fracture Clinic at approximately 1 week after your injury. The Specialist you see will advise you on further exercises and on-going management. You will be advised when the brace and sling may be removed. Most people require a splint or sling, with exercises, for several weeks.

### 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.

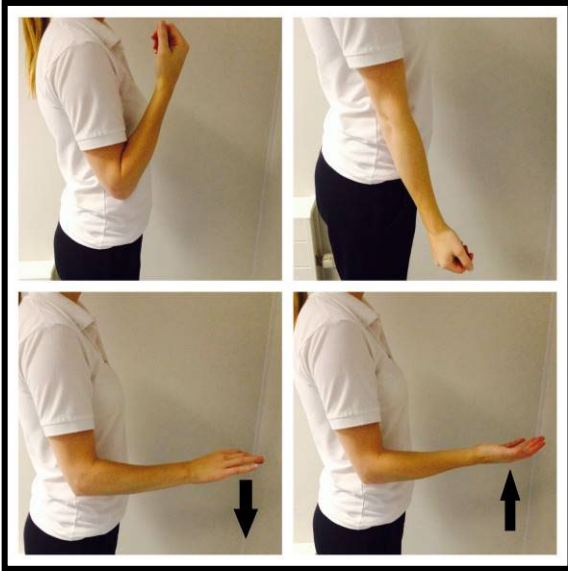
### Initial Exercises to do 3 times a day



#### Finger and wrist exercises

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.



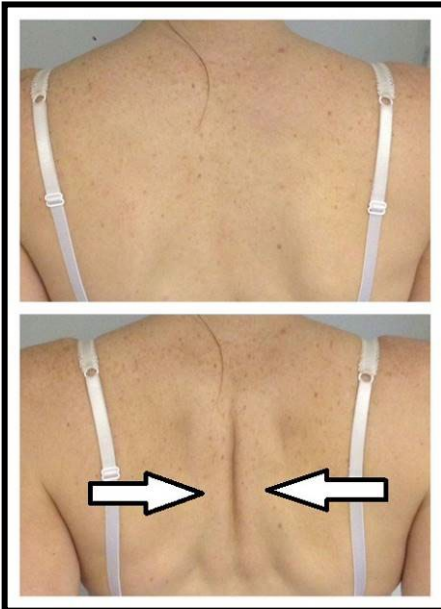
### Elbow Bend to Straighten

Bend and straighten your elbow as far as you can go without pain and provided you feel no more than a mild to moderate stretch. You can use your other arm to assist if necessary.

### Forearm Rotations

Begin this exercise with your elbow at your side and bent to 90 degrees. Slowly rotate your palm up and down as far as you can go without pain and provided you feel no more than a mild to moderate stretch. You can use your other arm to assist if necessary.

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



### Postural awareness

In standing or sitting with or without your sling on. Think about bringing your shoulders back and squeezing your shoulder blades together as shown in the picture.

Hold the position for 30-60 seconds and repeat 5 times provided there is no increase in symptoms.



### 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.

## 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](mailto: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](mailto: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.

This leaflet can also be found at: [www.esht.nhs.uk/leaflet/midshaft-humerus-fracture/](http://www.esht.nhs.uk/leaflet/midshaft-humerus-fracture/)

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

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