

Patient Information Leaflet

Proximal Humerus Fracture

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The aim of this leaflet is to give you information about a proximal humerus fracture, what to expect and what you can do to help.

What is it?

Your shoulder is a very mobile joint made up of your shoulder blade (scapula) and upper arm bone (humerus). A proximal humerus fracture occurs at the upper part of your humerus bone.

Why did it happen?

This type of fracture or break is often caused by falling on to your arm and can occur in any age group but is more common in adults over the age of 65.

Signs and symptoms:

- Pain
- Swelling
- Bruising
- Decreased movement of your shoulder



What should I expect?

You will be reviewed in fracture clinic, or your x-ray will be reviewed by a doctor in a virtual clinic soon after your injury and then again between 3 - 6 weeks later. If your bone is healing well, you may be discharged from the doctor, but your physiotherapy will continue for some time after.

The arm can be very painful especially in the first few weeks. It is common to experience bruising, stiffness of your shoulder and sometimes this can extend in to the elbow and hand. The main aim of treatment is to prevent stiffness, reduce pain and restore function. It can take 6 to 12 weeks for your fracture to heal, however your symptoms will likely continue for some time after.

It is important to work hard with your exercises for several months after your injury. Improvement should continue for 12 – 18 months; with most people regaining a functional range of movement to perform day to day activities but you may not achieve full range.

How will it be treated?

Most proximal humerus fractures do not need surgery but this depends on the type of injury. In some instances, surgery is required to fix the fracture or replace the joint. Your doctor will discuss this with you.

Sling

Most fractures involve a short period of immobilisation, usually wearing a collar and cuff or sling for comfort. This is usually worn for 3 - 6 weeks depending on your fracture, you **will be advised** when you can start to wean from this. Your physiotherapist / orthopaedic team will guide you.

Exercises

Early shoulder mobilisation is important to increase your function and prevent long-term stiffness. You may begin this when advised to do so. This leaflet, and your physiotherapist / orthopaedic team will guide you. **You can start moving the hand, fingers and elbow immediately.**

How can I manage my pain?

Regular pain relief is advised. If unsure, discuss with your clinician or pharmacist. It is common to get pain from your shoulder down into your arm.

Sleeping upright in bed propped up on pillows can be helpful along with using your collar and cuff or sling. **Do not rest your arm on pillows in the early stages** unless told to do otherwise. It may be helpful to support your arm on pillows at a later stage.

Physiotherapy:

After leaving hospital or being seen in fracture clinic, you will be referred to physiotherapy. The physiotherapist will guide your movements and activities and may make changes to your exercise programme depending on your individual needs. It is important to continue regular pain medication to allow gentle movement.

Armpit hygiene

To wash under your arm, take your arm out of the sling and lean forwards slightly so that your arm hangs slightly away from your body. You can also do this in **sitting** if you have poor balance.

Early rehab

Within the first 2-3 weeks, recovery is based around comfort and completing hand, wrist and elbow movements to prevent stiffness.

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.

As the bone begins to heal, shoulder movements may be progressed; you should be advised when you can start moving by the orthopaedic team. Passive movements play a key role in avoiding shoulder stiffness at this time. It is important to be consistent with your exercises to prevent long-term stiffness and dysfunction.

You may feel some mild discomfort during these exercises but if you feel a significant increase in pain then stop doing that particular exercise until you can seek advice from your physiotherapist.

Repeat these exercises 5 - 10 repetitions, 3 - 5 times per day.

Early exercises



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Elbow movement

Bend and straighten your elbow, using the other hand to help if needed.



Elbow movement

Support your forearm and turn your palms up to face the ceiling and turn them down to face the floor as pain allows.

This movement should occur at your elbow and not your shoulder.



Hand, wrist & finger movement

Move the wrist up and down.

Make a **full fist** and stretch your fingers **out wide**.

Later exercises

You will be advised when you can start these exercises by your physiotherapist.

Again, all exercises must be performed within the limits of tolerable pain. Please do these exercises regularly at home, attempting at least 5 - 10 repetitions, 3 - 5 times per day as pain allows.

Do not force or stretch. Continue to take regular painkillers.



Pendulum exercise

Resting your non-injured arm on a table, bend at the waist & let your painful arm hang forward.

Make a circular or forwards and backwards motion with your whole arm. **Don't do this if you have poor balance.**



Tabletop slides

Sit or stand. Place your hands on a table on a towel.

Slide your hands along the table, reaching forwards and straighten your elbows as much as possible. Slide your hands back. Do small movements to start with. If it is more comfortable, start with the hand of your painful arm on top of your other hand to help it.

You can **wash** under your **armpit** whilst the arm is supported.



External rotation with a stick

Sitting hold a walking stick, broom or umbrella in both hands.

Keep the affected arm close to the body. Gently rotate the affected arm out to the side as pain allows.



Active assisted flexion

Sitting down. Support your painful arm with the opposite hand.

Gently lift the arm as far as it will move comfortably. Do not force.

When you feel comfortable with the above exercises, you may be able to progress on to the following but only do within limits of tolerable pain.



Assisted shoulder flexion

Lying on your back, elbow bent. Place your upper arm on a pillow. Clasp your hands or hold at your painful arm's wrist. Straighten your arms towards the ceiling.

If you can, you can take the arm overhead but only if it is comfortable.

SMOKING CESSATION

Evidence suggests that smoking can delay fracture healing times. In more extreme cases, it can prevent your fracture from healing at all. Stopping smoking during your recovery will likely aid in the fracture healing process. For more details, please see below.

Useful websites

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS website at www.nhs.uk or the following <https://www.tims.nhs.uk/>

For help with smoking cessation visit https://www.nhs.uk/better-health/quit-smoking/?WT.mc_ID=JanQuitSmokingPPC&gclid=EAlalQobChMI_pL37N7U9QIVF-DtCh0czA0OEAAAYASAAEglwXfd_BwE&gclsrc=aw.ds

Versus arthritis website: <https://www.versusarthritis.org/>

If you would like to find accessibility information for our hospitals, please visit www.accessable.co.uk

Telephone numbers

During the hours of 0800 - 1700 contact the Orthopaedic Department	0191 445 8500
Main switchboard Queen Elizabeth Hospital	0191 482 0000
<p>If you are a resident of Gateshead or Newcastle with a local GP, TIMS will be your physiotherapy provider.</p> <p><i>If you have a query about your first appointment with TIMS please contact our booking team on 0191 445 2643</i></p> <p><i>If you are a current TIMS patient and have a query about your follow-up appointment please contact our local admin team on 0191 213 8800</i></p>	

TIMS physiotherapy centres

Royal Victoria Infirmary (RVI)

Queen Victoria Road
Newcastle upon Tyne
NE1 4LP

Freeman Hospital

Freeman Road
High Heaton
Newcastle upon Tyne
NE7 7DN

Bensham Hospital

Fontwell Drive
Gateshead
NE8 4YL

Gateshead Queen Elizabeth Hospital

Queen Elizabeth Avenue
Gateshead
NE9 6SX

Blaydon PCC

Shibdon Road
Blaydon
NE21 5NW

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website (<https://www.qegateshead.nhs.uk/fairprocessing>) or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email ghnt.ig.team@nhs.net.

This leaflet can be made available in other languages and formats upon request

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