Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Proximal humerus fractures

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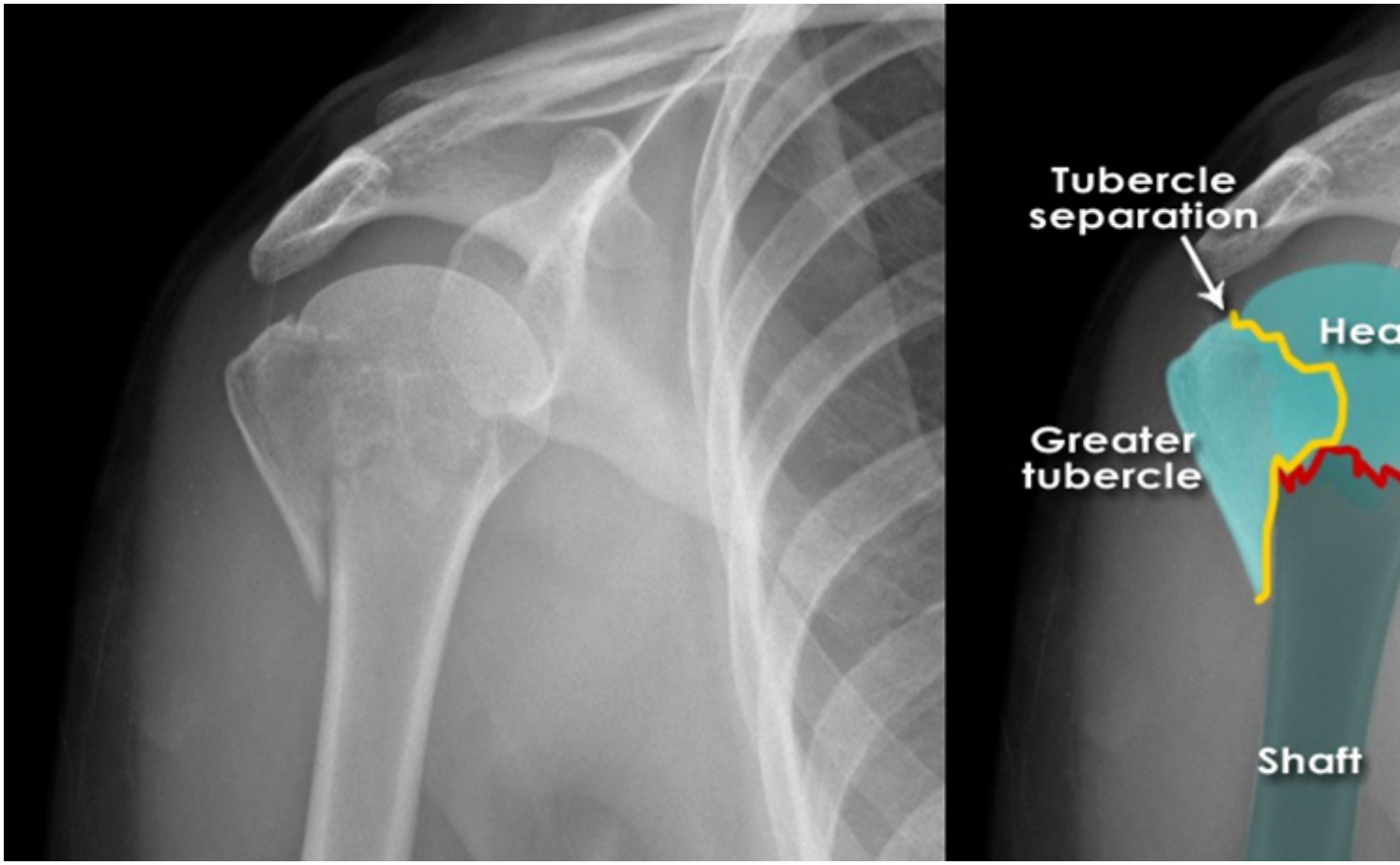
Proximal Humerus Fracture

Patient Information

Musculoskeletal (MSK) Services

- Author ID: BH/VL
- Leaflet Ref: Musc 077
- Version: 2
- Leaflet title: Proximal Humerus Fracture
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Introduction



You have sustained a fracture (break) to the bone called the humerus, this is close to your shoulder. It is usually caused by a fall. This type of injury can result in a painful, stiff shoulder.

Whilst it will be painful, most of these fractures are stable and do not require surgery. It usually takes 6 to 12 weeks to heal. Research has shown that a supportive sling followed by early rehabilitation usually gives a good outcome.

Fracture clinic

You will most likely be seen in clinic within the first 2 weeks of your injury, but some cases are discharged straight to physiotherapy. You may also be offered a follow up appointment at around 6-8 weeks, but this will depend on your fracture type and treating clinician.

Recovery 1-2 weeks

- It may be extremely painful for the first 2 weeks; it should then start to ease gradually over 6 weeks. Do not expect to use your arm during this time.

- Take simple painkillers e.g., paracetamol, for as long as you need to. Do not take more than the recommended dose. For further advice your local Pharmacist is a useful source for pain relief.

- Rest your arm and use a sling for support. **Take the arm out of the sling several times a day to straighten the elbow.**

- Swelling and bruising is very common and can go all the way down the arm and into the fingers sometimes. **Move your wrist and fingers often to prevent stiffness and swelling.**

- Smoking slows down healing. We advise you to stop. Please talk to your General Practitioner (GP) or go online at **https://www.nhs.uk/smokefree**

Sleep: it may be more comfortable to sleep sitting upright; this can be done using extra pillows behind the shoulder. It is important to wear the sling all the time, including at night, for the first 2 weeks.

Ice can help with your pain and swelling. Wrap a damp tea towel around and ice pack or a bag of frozen peas and place it on your shoulder for up to 5 minutes, each hour, as needed. Do not use ice if the feeling in your arm is reduced, or if you have skin problems.

Personal hygiene: you will need to remove your sling and any clothing and leave your arm hanging down by your side. You can then lean to the side which is broken so that your arm moves away from your body. This will give you enough space to reach into your underarm area to wash effectively and to dress your affected arm.

You will find it easier to wear front opening clothes. Always dress your injured arm first and undress last.

Recovery 2-6 weeks

- You should be guided by your pain. Move your arm within a comfortable range.
- When sitting down, it can help to gently straighten the elbow out on a pillow. Have the hand slightly higher than the elbow to help with swelling.
- Start to exercise the arm (below) and use it for light activities as tolerated.

It is important to not carry out any heavy lifting, pushing, or pulling activities until your fracture is healed. Your Physiotherapist will guide you.

You may be offered a follow-up appointment in Fracture Clinic at around 6 weeks, but this will depend on your Consultant and your fracture type.

Recovery 6 weeks +

Improvement can still be made for many weeks, even months after your injury but quite often some end range motion of the shoulder will be restricted long-term.

Exercise

We have included some exercises to help you gain movement, but you will be offered physiotherapy as well. 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 neck, elbow, wrist, or hand to become stiff**. It is crucial that you regularly move these joints from the start 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.

Please follow the rehabilitation plan shown below. The exercises can be adapted by your Physiotherapist to suit your needs.

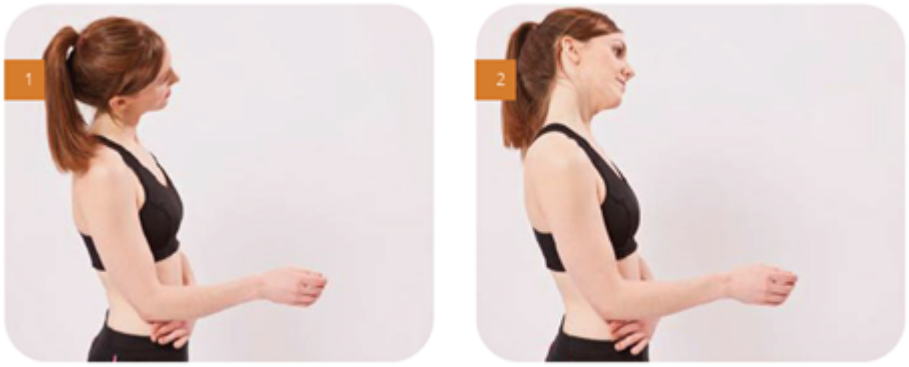
Pendular exercises are a good way to begin moving the affected shoulder as soon as possible. Supported by a table or work surface, lean forward and let your affected arm hang. Slowly makes circles with your hand, in both directions and then gently try swinging your hand side to side.



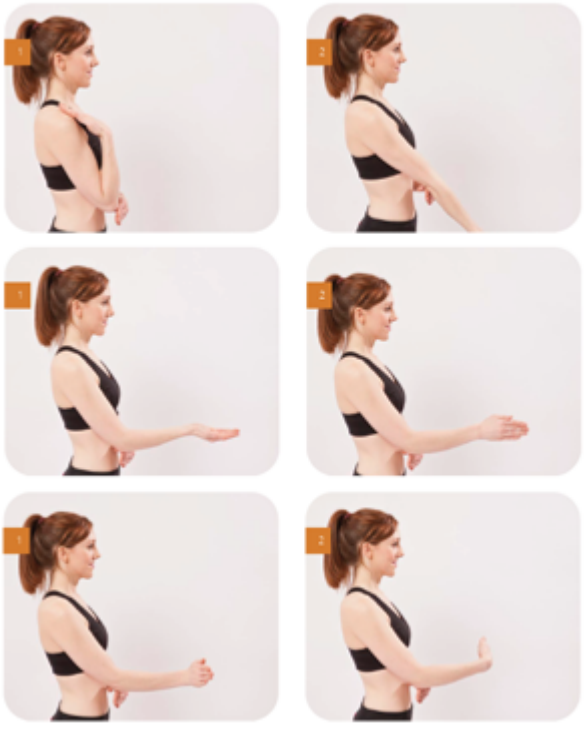
Weeks since injury	Rehabilitation Plan
1-2	• Wear the collar and cuff or alternative (sling) all the time, even at night in bed. • Start initial exercises as shown below (unless advised otherwise).

Weeks since injury	Rehabilitation Plan
2-6	• 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 but start to need it less. • Aim to stop using sling completely by week 6
6-12	• Begin stage 3 exercises. • You should be able to increase day to day activities. • More strenuous activities may still cause discomfort.
12+	Please contact us if you are still experiencing significant pain and stiffness.

Exercises weeks 1 - 2



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.



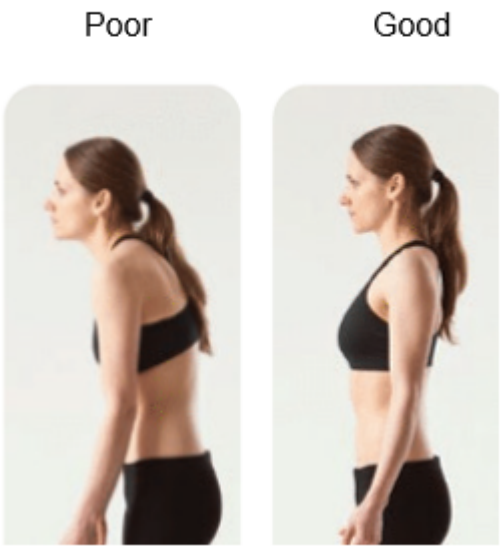
Bend and straighten your elbow as much as you can.

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.



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

Exercises weeks 2 - 6

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.

Exercises after 6 weeks

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



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.

Warning

Most people do not gain full movement back in their shoulder after this injury. You will most likely have some loss in range of motion. Full recovery can take up to 1 year.

Frequently asked questions

Driving

You must not drive with a sling on. You are allowed to drive when:

- You can safely control the car
- You can use the steering wheel/gear stick safely
- You can perform an emergency stop

Work

This depends on your individual situation. You can return to work when you feel able to do your job. Consider a phased return where needed/possible.

Sports

You should not play sport until pain-free and have restored movement in your shoulder.

Further Advice

If you have any concerns regarding your shoulder, contact:

Fracture Clinic Helpline: 01942 822595 please leave a message with name, telephone number and brief description of reason for call and we will aim to call you back within 24 hours Monday to Friday 8.30am until 5pm (please note it will be Monday if you call over the weekend).

If you are struggling with day-to-day activities or struggling with your sling and need immediate support at home to prevent hospital admission, please contact Community REACT Team (CRT) on 0300 707 1221.

Adult MSK Physiotherapy Self-Referral

To access outpatient **Physiotherapy** a self- referral form can be found on this webpage (or via QR code) or by telephoning directly.

https://www.wwl.nhs.uk/adult-msk-physiotherapy-self-referral

Please scan the QR Code to access the website.

Boston House Health Centre Telephone 0300 707 1113

Leigh Infirmary Telephone 0300 707 1597 / 0300 707 1595

Platt Bridge Health Centre Telephone 0300 707 1772



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