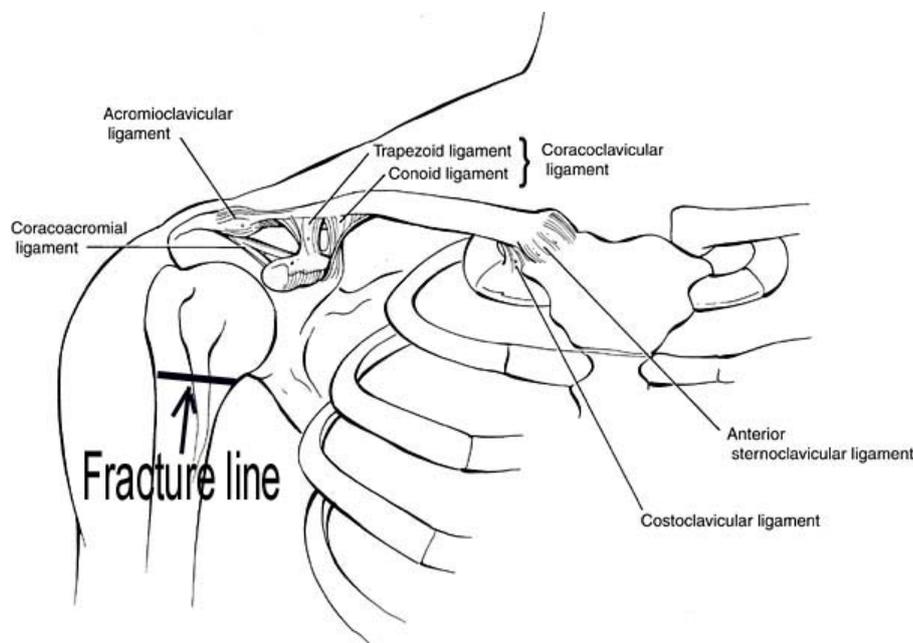




PATIENT NOTES – FRACTURES OF THE SHOULDER

Shoulder fractures are very common. They typically occur from a fall onto an outstretched arm in people over the age of 50 years. In younger people it usually requires significant trauma to break the shoulder. In the vast majority of cases the fracture has only shifted a small amount and can be treated without surgery. In a small percentage of cases the fracture shifts a long way and complex surgery is required.

The major problem of this fracture is shoulder stiffness.



Treatment consists of immobilisation in a sling for about three weeks. If the fracture is impacted then physiotherapy can be started after a week but if the fracture has a different pattern then physiotherapy is not started for 3 to 6 weeks. Occasionally a longer period of immobilisation is required.

During the immobilisation period the arm should not be moved or the fracture will shift. If it does shift then surgery may become necessary. The sling should remain on for 24 hours a day and should NOT be removed at night. When showering or dressing the sling can be removed but the arm must remain by the side and not elevated or rotated.

Pain, particularly at night, can be a problem for many months and can be treated with simple pain killers and sleeping tablets.

If you have surgery I will see you about 10 days after the operation with an X-ray. This is to be sure that the fracture has not shifted and is repeated at two or three weeks. At this point the sling is removed if both the x-ray and my examination confirm early healing of the fracture.

Physiotherapy is started when the fracture has begun to heal (usually at 3 weeks) or a little earlier if the fracture is impacted. Regular physiotherapy as well as a home exercise program is required for several months. The exercises should be done at least twice a day. **Even with the most diligent exercise program most patients never regain full range of movement.** In most cases you should regain 60% to 75% of your normal range of movement. The loss of movement in most cases is mild and is only a minor long term inconvenience because the hand and elbow can be moved to get the hand to difficult places. The main difficulty is reaching high up and behind your back.

Pain is rarely a long term problem and settles in most cases within 3 months.

Occasionally there is long term pain and/or significant loss of motion. If this is the case then arthroscopic surgery can sometimes be helpful.

Rare complications include nerve, muscle or blood vessel damage and occasionally failure of the bone to heal. These may require surgery.

REMEMBER

- Most fractures heal readily
- Stiffness can be a real problem
- Physiotherapy is the mainstay of treatment