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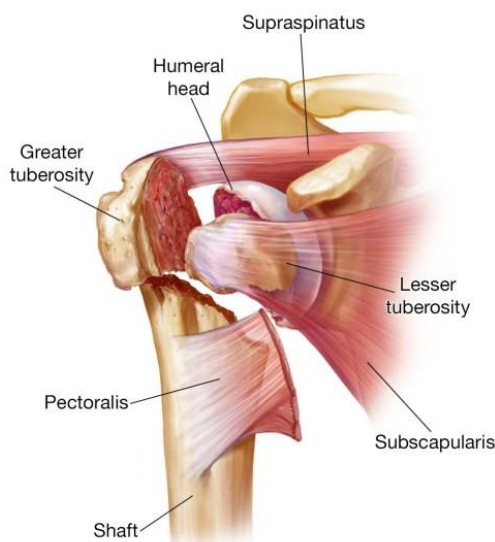
Personal • Precise • Proven • Shoulder to Finger

PROXIMAL HUMERUS FRACTURE

This leaflet provides general information to help you understand proximal humerus (upper arm) fractures and the available treatment options.

The vast majority of proximal humerus fractures heal without surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

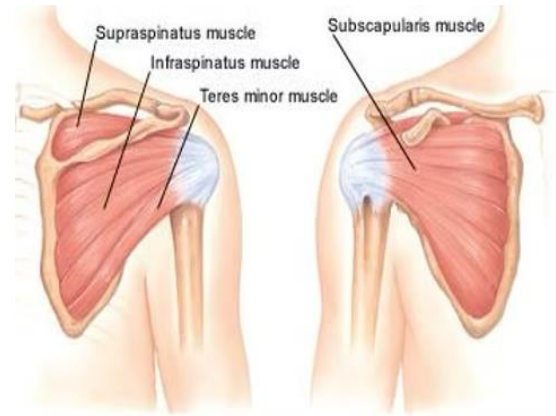
- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage

The “Cushioning” (Articular Cartilage)

A smooth, slippery coating on the ball and socket surfaces that lets the bones glide over each other without friction, for pain-free movement.

The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a “bumper” or suction cup that keeps the joint stable and prevents dislocation.



The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

What Is a Proximal Humerus Fracture?

A proximal humerus fracture is a break of the upper arm bone near the shoulder — usually after a fall directly onto the shoulder or onto an outstretched hand. The vast majority of these fractures can be treated without surgery.

The Ball of the Shoulder

The proximal humerus is:

- The upper end of the arm bone – the “ball” of the joint
- Where the rotator cuff tendons attach
- Close to important nerves and blood vessels

What Causes It?

Usually a fall or sports injury:

- A fall directly onto the point of the shoulder
- A fall onto an outstretched hand
- Sports injuries
- More common with weaker (osteoporotic) bone

Symptoms and Examination

Symptoms

- Pain and swelling over the shoulder after a fall
- Inability to lift the arm above the head
- Bruising spreading down the arm

Diagnosis

- X-ray – makes the initial diagnosis
- CT scan – to study the fragments and plan management

Examination

- Skin over the shoulder assessed
- Nerve and blood-vessel function checked
- Other injuries excluded

Example imaging of proximal humerus fractures:



Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- Fracture pattern and displacement
- Bone quality and your age
- Your general health and demands
- Patient preference

Good News

The vast majority of proximal humerus fractures heal without surgery — short-term immobilisation and early movement work well.

Plan A — Non-Surgical

Most fractures are treated this way

Immobilisation: sling for about 2–3 weeks (varies with fracture and age)

Pain Control: regular painkillers or prescribed pain relief

Early Motion: gentle exercises from a few days after injury

Physiotherapy: usually from 2–3 weeks after the injury

Plan B — Surgical

Considered when...

Displacement: significantly displaced fracture or joint

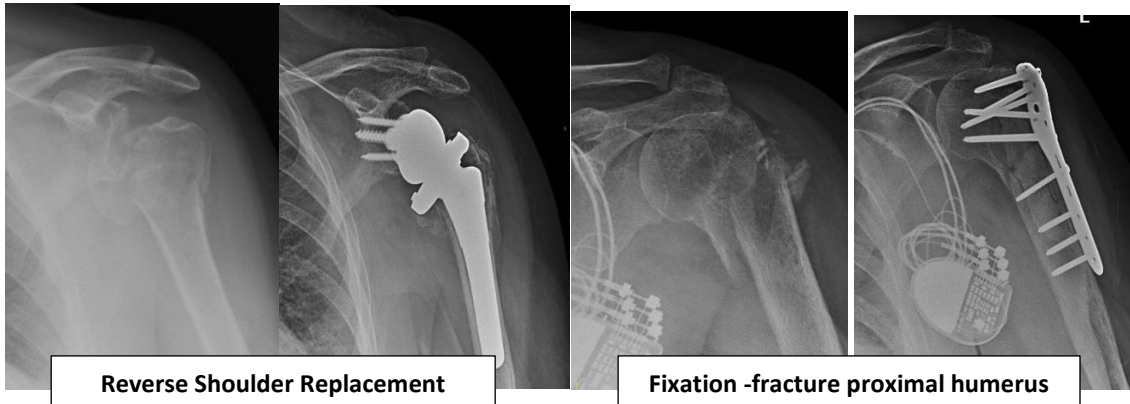
Head-Split: fractures through the ball itself

Open Fractures: bone through the skin

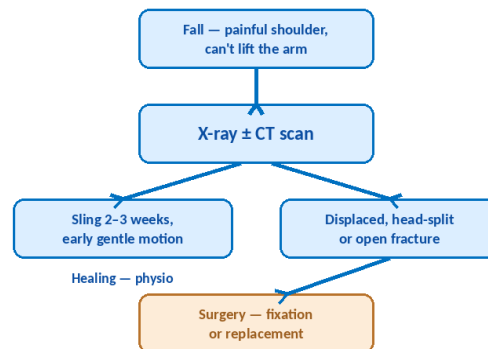
Fixation: plate, screws, sutures or a nail

Replacement: reverse shoulder replacement in selected cases

The Procedure: known as **Proximal Humerus Fracture Fixation**, this uses a **plate, sutures and screws, or a nail**; in low-demand patients with soft bone or head-split fractures, a Reverse Shoulder Replacement may be considered. A separate leaflet will be provided for the surgery.



Management Pathway



Red Flags — When to Seek Urgent Help

Numbness, tingling or a cold hand, skin at risk over the fracture, or an open wound — seek urgent assessment.

If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Important Things to Remember

- Most proximal humerus fractures heal without surgery
- Early gentle movement matters
- Bone quality influences the plan
- Treatment decisions are individual

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

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