

ORTHOSPORTS



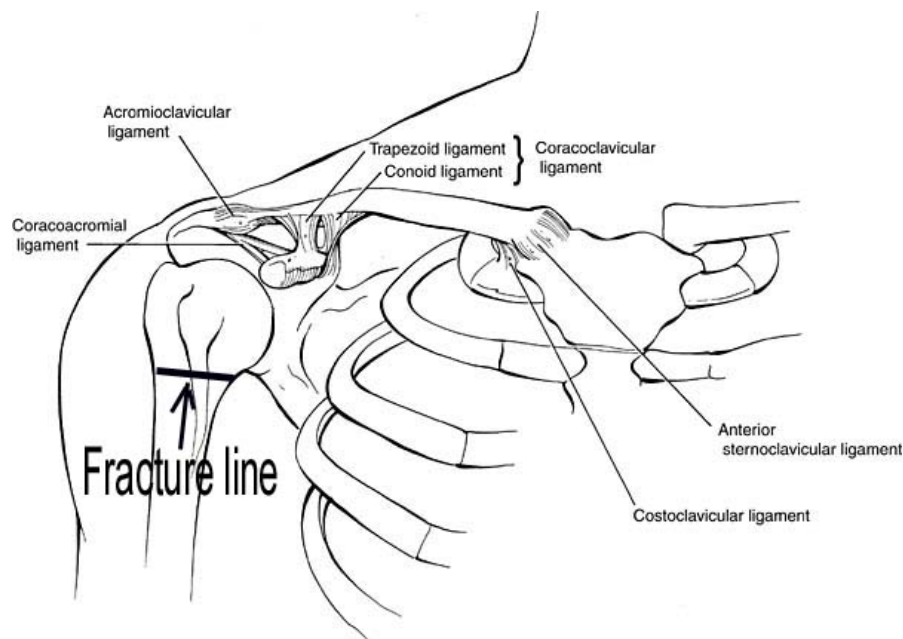
JEROME GOLDBERG - Shoulder Surgeon

PATIENT NOTES – FRACTURES OF THE SHOULDER

This is one of the most commonly seen fractures. It usually occurs in persons over the age of 50 years, from a fall onto the outstretched arm. In younger persons it occurs from marked trauma.

In the vast majority of cases the fracture is only mildly displaced and can be treated without surgery. In a small percentage of cases the fracture is displaced and complex surgery is required.

The great enemy 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 commenced after a week but if the fracture is a different configuration the physiotherapy is not started for 3 weeks. Occasionally a longer period of immobilisation is required.

During the immobilisation period the arm should not be moved or the fracture will displace. Should displacement occur 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 night pain, can be a problem for many months and can be treated with simple analgesics and night sedation.

I generally review all patients about 10 days following surgery with an xray, to ensure that there has not been any displacement. I review you with another xray at about three weeks, when the sling is removed if the xray and clinical examination confirm early union of the fracture.

Physiotherapy is started when the fracture has commenced 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 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 as one can manipulate the hand and elbow 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.

On occasions 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 vascular damage, and occasionally failure of the bone to heal or loss of blood supply to the bone and subsequent arthritis. These may require surgery

REMEMBER

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

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