

TRAUMA

Proximal humerus and shoulder fractures

Recovery and treatment choices for a fracture of the upper arm bone near the shoulder, including nonoperative care and selected surgery.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

A proximal humerus fracture affects the upper arm bone near its ball at the shoulder. A fall is a common cause; weakened bone can increase the risk. Pain, bruising and swelling may extend down the arm. Assessment checks the skin, nerves, circulation and associated injuries. X-rays define the fracture, with CT used for selected complex patterns. A fracture can sometimes occur with a shoulder dislocation.

Treatment and the procedure

Many proximal humerus fractures heal without surgery, using a sling, pain relief and planned rehabilitation. NICE recommends nonoperative treatment for uncomplicated displaced low-energy fractures in adults. Complicated injuries, including an open wound, threatened skin, vessel injury, fracture-dislocation or a split humeral head, may require surgery. Options can include fixation with plates and screws or shoulder replacement. The choice considers fracture anatomy, bone quality, general health and realistic functional goals.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- Treatment aims to reduce pain and restore useful shoulder function. Recovery of movement may continue well beyond initial bone healing; full movement is not guaranteed.
- Discuss stiffness, persistent pain, poor healing or altered alignment, and damage to the humeral head's blood supply. Further treatment may be needed.
- Surgery adds risks such as infection, nerve injury and fixation or implant problems. Replacement has specific risks, including instability and restrictions that depend on the implant and soft-tissue repair.

RECOVERY AND YOUR CONSULTATION

Proximal humerus and shoulder fractures

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Use the sling and begin shoulder movement only as directed for your fracture or operation. Keep the elbow, wrist and fingers moving within your instructions. Physiotherapy introduces supported movement, active use and strengthening in stages. Avoid lifting or supporting your body weight through the arm until cleared. Arrange help with dressing, bathing and food preparation if needed. Discuss bone health after a fragility fracture and obtain individual advice about driving and work.

When to get urgent help

- A cold, discoloured or increasingly numb hand, severe worsening pain, an open wound or skin stretched over a fragment needs urgent assessment. Report fever or wound discharge promptly.
- Call 999 for chest pain or severe breathlessness.

Your consultation

Ask why surgery or nonoperative treatment is preferred, when movement can begin and what overhead function is realistic. Your personal consent discussion and written rehabilitation plan govern treatment.

Sources and further reading

AAOS: Shoulder trauma

<https://www.orthoinfo.org/diseases--conditions/shoulder-trauma-fractures-and-dislocations/>

NICE NG38: Definitive treatment of proximal humerus fractures

<https://www.nice.org.uk/guidance/NG38/chapter/recommendations>

NICE NG38: Full guideline and treatment risks

<https://www.nice.org.uk/guidance/ng38/evidence/full-guideline-pdf-2358460765>

Cambridge University Hospitals: Proximal humeral fractures

<https://www.cuh.nhs.uk/patient-information/proximal-humeral-fractures/>

AAOS: Shoulder joint replacement

<https://www.orthoinfo.org/treatment/shoulder-joint-replacement>

NHS: Broken arm or wrist

<https://www.nhs.uk/conditions/broken-arm-or-wrist/>

NHS: Pulmonary embolism

<https://www.nhs.uk/conditions/pulmonary-embolism/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Proximal humerus and shoulder fractures

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Proximal humerus and shoulder fractures

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

A cold, discoloured or increasingly numb hand, severe worsening pain, an open wound or skin stretched over a fragment needs urgent assessment. Report fever or wound discharge promptly. Call 999 for chest pain or severe breathlessness.