



# Proximal Humerus Fracture

## What is a proximal humerus fracture?

The humerus is the long bone of the upper arm, extending from the shoulder to the elbow. A proximal humerus fracture is a break in the upper part of this bone near the shoulder. It is a common type of fracture in children and young adolescents.

This injury often occurs as a result of a FOOSH (fall onto an out-stretched hand). FOOSH injuries can happen from falls off a scooter, skates or monkey bars, as well as direct hits in sports like football, hockey or lacrosse.

## How is this injury treated?

Your child will have an x-ray to see if there is displacement (separation of parts of the broken bone). If there is no displacement or just a small amount of displacement, the body usually heals well on its own with time and immobilization.

The usual treatment is for your child to wear a sling or a brace. We do not use a cast because your child would have to wear a cast on their entire chest and shoulder to keep the bone from moving. In some cases, we may use a long arm cast to give some traction (weight) to the arm. This can help keep the bone in the proper position to heal.

Surgery may be considered if the bones need to be repositioned to heal. This is usually done for children with severely displaced fractures or teenagers who are almost done growing.

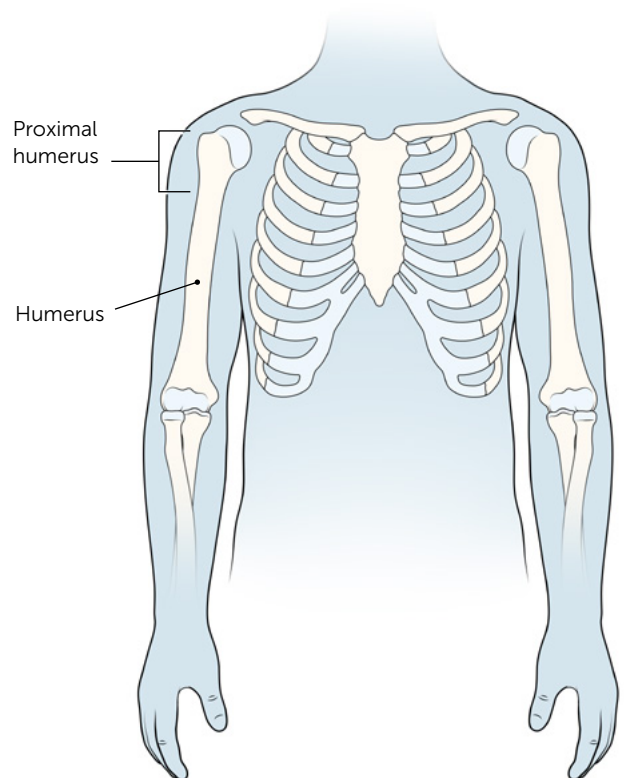
## Will my child be in pain?

Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

We may prescribe a small amount of prescription pain medication after surgery if we feel it is needed.

You can help with swelling and pain by regularly icing your child's injury (15 minutes on, 15 minutes off). A bag of frozen peas or a plastic bag of ice works very well. Be careful with chemical ice packs, as they can get very cold very quickly and cause frostbite if not used properly. The chemicals inside the pack can also be harmful if the pack breaks.

It may be difficult for your child to get comfortable for seven to 10 days, but having them sleep upright in a chair that can tilt backward or recline may help.



## Can my child be active?

It's OK for your child to move their arm when it feels comfortable, but they should not do any heavy lifting or bear weight (like doing a push-up) with their injured arm.

A hit or blow to the arm could move the bone out of the correct position, so your child should not participate in activities where there is a risk of falling or getting a direct hit to the arm. This includes activities like:

- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing

## How long will my child be out of sports?

We will assess your child and make recommendations based on how the fracture looks and the potential injury risks of the sport your child plays.

Your child probably will not play contact sports or do playground activities for eight to 12 weeks, including some recovery time after the fracture has healed.

**Will my child need physical therapy or treatments after bracing/casting?**

Your child probably will not need physical therapy and should get back to full strength and movement within a few weeks after the fracture has healed.

**How long will my child need immobilization?**

The most common treatment timeline is two weeks in a sling, followed by two to four weeks in a shoulder brace. It is important for your child to start moving their arm again after the brace comes off to bring back full movement.

**When should I follow up?**

Your child should come back for x-rays once a week for the first two weeks.

The muscles of the arm put tension on the bone even though your child is immobilized and cannot move much. This tension can make the bone drift out of the correct position. We watch closely for this so we can treat it early if it does happen.

**When should I contact the office?**

Call us if your child has:

- pain that increases quickly and without warning
- swelling with no new fall or injury
- new redness and warmth around the wrist with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem, and we may direct you to take your child to our clinic or the emergency department.

**Notes**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---