Humeral Shaft Fracture

What is a humeral shaft fracture?
The humerus is the long bone of the upper arm (from elbow to shoulder). A humeral shaft fracture is a break in the middle part of this bone.

This injury occurs most often with what we call a FOOSH (fall onto an outstretched 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 assess how far the bone has displaced or separated as a result of the fracture. They may need to have a reduction, during which the bone is set into the proper position to heal. This decision is based on your child’s age and the displacement. The reduction is usually done in the emergency department.

The usual treatment is to wear a splint, brace or sling. In some cases, we 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 to position the bones. This is usually for patients with fractures that are very displaced, or for teen patients 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 or a reduction if we feel it is needed.

How can I help with swelling and pain?
Swelling in the fingers is common. Have your child do their best to sit or lay in a position to keep their forearm and hand elevated above their heart.

It will probably be difficult for your child to get comfortable for the first seven to 10 days. It may be easiest for your child to sleep upright in a chair that can tilt back or recline.

Can my child be active?
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 need to wear a sling, cast or brace?
Your child will wear a sling, cast or brace for four to six weeks. Once it comes off, it is important that your child starts moving the arm again to keep it from getting stiff and to regain full movement.

How long will my child be out of sports?
We assess each patient 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 cast, brace or sling comes off.
Will my child need physical therapy or treatments after bracing or casting?
Your child probably will not need physical therapy and should get back to full strength and movement within a few weeks after the brace or cast comes off.

When should I follow up?
Your child will come back for x-rays in one week and again the following week.

The muscles in the arm put tension on the bone, even though your child is protected 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 area 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.