Exercises following open reduction and internal fixation (ORIF) of proximal humeral fracture

This leaflet gives advice and exercises following surgery to repair a proximal humeral fracture (a break in the upper arm bone, near the shoulder joint). If you have any questions or concerns, please speak to your physiotherapist.

Follow-up appointments

Most patients will have an appointment around two weeks after the operation to check the wound and for x-rays. You will likely have another appointment at six weeks and further appointments as necessary.
Outpatient physiotherapy will usually be started two weeks after the operation.

General guidelines

- **Pain:** A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you take painkillers as needed. Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes, making sure the wound is covered with something waterproof, e.g. cling film until healed. Allow at least 20 minutes between each ice pack.
- **Wearing a sling:** You will return from theatre wearing a sling. Ideally this should be worn for the first two weeks and kept on at all times, even at night. The only exception is when you are doing exercises or when advised to remove it by your physiotherapist.
- **Hygiene:** You may be unable to bath or shower for the first two weeks and will need to strip wash, unless you have help at home. By leaning forward slightly, you can clean your armpit of the operated arm with a baby wipe.
- **The wound:** The stitches usually need trimming at 10-14 days after surgery. Keep the wound dry until it is well healed. The wound will be covered with a waterproof dressing and this should remain in place until you see your GP practice nurse, or are seen in fracture clinic. **If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, either call 111 or go straight to A&E.**

Exercises

Throughout your rehabilitation you must always be guided by your pain. The exercises should be done a minimum of 5-10 times each, three times a day.

Day 1 – discharge from hospital

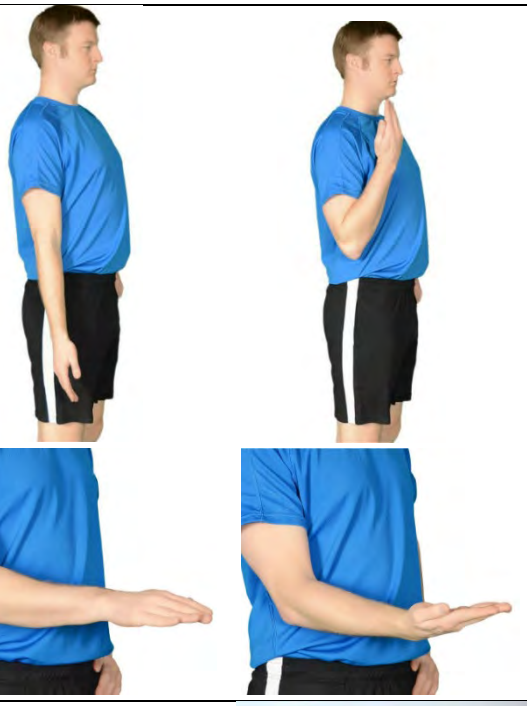
Postural awareness:

- Standing or sitting – Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.



Elbow exercises:

- Standing – Bend and straighten the elbow fully, using assistance of the good arm if needed.
- Standing or sitting – With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).



Wrist and hand exercises:

- Bend the wrist forwards and backwards, then side to side.
- Circle the wrist in a clockwise and then an anticlockwise direction.
- Squeeze and make a fist. You can use a small ball if you have one.





Exercises from 2 weeks (or as directed by your physiotherapist)

- Sitting at a table – Put a cloth or small ball underneath the operated arm (hand).
- Gently slide the operated arm away from the body, using the ball to take some weight of the arm and lean your body forward into the table.



- Lying on your back – Gently raise your operated arm up and over your head, using your good arm to assist / support as needed.
- To start with, it may be more comfortable to do this with a bent elbow.



- Standing – Holding a stick in both hands; slowly use the good hand to push the operated arm out to the side and away from the body.
- Don’t worry if you can’t go very far to start with.



- Standing – Keep both elbows tucked into your waist and hold a stick (palms upwards) in both hands.
- Slowly use the good hand to push the hand and forearm of the operated side away from the body.
- Ensure the elbow does not come away from the waist.



Resuming normal activities

Timings for returning to functional activities are **approximate** and will differ depending upon the individual and their recovery. However, the earliest that these activities may commence are:

- **Driving:** from 4 – 6 weeks or when safe to control the car in an emergency situation
- **Lifting:** avoid heavy lifting for 3 months.
- **Swimming:** breaststroke 8 - 10 weeks; front crawl 3 months
- **Golf:** 3 months
- **Contact sports:** speak to your surgeon at your clinic appointment.
- **Return to work:** dependent upon your occupation, but sedentary jobs (no lifting) may return at 3-6 weeks and manual workers should be guided by your consultant at your follow-up appointment.

Images courtesy of http://simpleset.net

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust
Orthopaedic Physiotherapy Department
Royal Berkshire Hospital
London Road, Reading RG1 5AN
Tel: 0118 322 7812 / 7811
For questions or concerns please contact: rbft.physiotherapy@nhs.net

Visit the Trust website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy Department
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