Proximal humerus fractures & functional decisions

Assess the person, the joint and the complications before choosing treatment.

SURGICAL DECISIONS / ADULT TRAUMA

For uncomplicated displaced low-energy proximal humerus fractures in adults, NICE recommends non-surgical treatment.

01 Define the injury

Examine skin, circulation and neurological function; look for dislocation or associated injuries. Obtain appropriate shoulder radiographs. Use CT selectively when additional detail about the fracture or joint surface will change specialist planning.

02 Identify urgent exceptions

An open wound, threatened skin, vascular injury, fracture-dislocation or split humeral head changes the pathway. Seek urgent specialist advice rather than treating these as routine sling injuries. Document findings before and after any intervention.

03 Match treatment to function

Discuss pain, independence, pre-injury shoulder function and the ability to participate in recovery. Non-operative care is appropriate for many low-energy injuries. When surgery is considered, explain the reasons, alternatives and risks of fixation or replacement.

04 Make recovery explicit

Provide analgesia, support and a defined review plan. Agree safe hand, elbow and shoulder activity with the treating team. Explain that pain and stiffness may persist and that worsening symptoms or neurological changes require reassessment.

WATCH POINT The recommendation for uncomplicated low-energy fractures should not be applied automatically to high-energy injuries or fracture-dislocations.

DISCUSS WITH THE TEAM

Which feature of this patient or injury would change the plan from non-operative care to urgent specialist intervention?

READ THE SOURCES

[1] NICE NG38 (2016), proximal humerus fractures in adults, recommendation 1.4.8.
[2] AAOS OrthoInfo: Shoulder Trauma, fractures and dislocations; patient education.

Educational summary for clinicians. Apply local protocols and patient-specific judgement.