

**PHYSIOTHERAPY PATHWAY  
WAHT-TP-011**

*This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.*

**Management of Fractured neck of humerus**

<b>Owner:</b>	Benjamin Thomas Physiotherapy and Orthotics Manager
<b>Approved by</b>	Therapies Clinical Governance Group
<b>Approval Date</b>	19 <sup>th</sup> July 2023
<b>Review Date</b>	19 <sup>th</sup> July 2026 This is the most current document and should be used until a revised version is in place

**Key Amendments**

<b>Date</b>	<b>Amendments</b>	<b>Approved by:</b>
25 <sup>th</sup> January 2023	Document extended to 30 <sup>th</sup> June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 <sup>rd</sup> June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19 <sup>th</sup> July 2023	Document reviewed and approved for 3 years	Therapies Governance Group

**Conservative management**

These patients should be in a collar and cuff.

The physiotherapist should ensure:

- The collar and cuff should be supporting the wrist allowing the weight of the arm to apply traction to the fracture site.
- Pillows should be not be used to support the arm, the treatment depends upon the traction gained by the weight of the limb
- Show the patient how to remove the collar and cuff where appropriate.
- Advice regarding axillary hygiene.
- During the first two weeks, the elbow should be fully extended each day.
- If swelling is a major problem the elbow will be very stiff and therefore the patient may be best positioned in supine and the therapist should help them to actively extend their elbow.
- No passive assistance should be given to elbow extension.
- The patient should be shown finger and wrist exercises and also pronation and supination exercises.

The consultant will normally review the patient two to three weeks following the injury and then refer the patient on to outpatient physiotherapy. The ward physiotherapist therefore need not refer the patient for further outpatient physiotherapy unless it is indicated that the consultant will NOT be reviewing the patient two to three weeks following the injury. Where this is the case, the Physiotherapist should discuss with Consultant Team.

**Surgical management**

These patients will be instructed in gentle pendular exercises by the physiotherapist.

- They will be shown elbow exercises to achieve full extension.
- The patient will be shown hand exercise and elbow exercises for pronation and supination.
- Patients in a shoulder immobiliser sling or collar and cuff should be shown how to remove these as necessary in order to perform the exercises.

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- Check the operation notes as depending on the fixation achieved they may be able to start pendular exercises.
- Prior to discharge the physiotherapist should check when the consultant will next review the patient and whether they wish outpatient referral to be made.