

Patient Instructions After Proximal Humerus Fixation

The goal of proximal humerus fracture fixation is typically to allow for earlier return to motion and function. As a result, you are encouraged to start moving as soon as you feel comfortable after surgery. This typically takes several weeks, and each patient progresses at a different speed. Your pain may worsen before it starts to get better.

Post Op Appointment:

You will typically be given a post-op appointment at **7-10 days after surgery** with Dr. Blumenthal's Physician Assistant. At this visit, your dressing will be removed and your incision will be evaluated. Instructions for your post-operative care will be reviewed. You will see Dr. Blumenthal **~3 weeks after surgery** at which time new x-rays will be taken and your sutures will be removed.

Weight Bearing Restrictions:

Unless otherwise instructed, you may use your arm for your "activities of daily living" – these include eating, self care, brushing teeth, etc. Do not lift more than 1-2 lbs for the first 6-8 weeks after surgery. You are encouraged to use your hand/elbow. Listen to your body – it will tell you what is "safe" versus unsafe to do. Do not try to lift heavy weight, and do not worry yet about loss of strength.

Sling Use:

Discontinue use of the sling as soon as you feel comfortable. You may still wear it when out of the house. Typically, patients feel ready to discontinue sling use within 2-3 weeks of surgery.

Ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically "20 minutes on 20 minutes off" is quoted but as long as the ice is not directly on your skin, longer will not hurt you.

Physical Therapy:

PT is typically begun once the fracture begins to heal, around 6 weeks after surgery. The goal of PT is to help you progress with your recovery. During the early period after surgery, it is better not to push yourself too hard and to simply perform some straightforward exercises on your own. Refer to the exercises recommended at the end of this document.

Dressings:

Unless otherwise instructed, **post-op dressings may be taken down 1 week after surgery**. After one week, you may shower. Let water run over your incision and pat it dry. You may leave it open to air or cover it with a clean dry bandage, or gauze and tape. If your dressing becomes wet or is saturated before one week, then you may change it. **Do not apply any lotions or creams**. Do not soak or scrub it. **If you prefer, it is always ok to just leave your dressings on until follow-up**. The allowance for showering is to make you more comfortable.

Sutures:

These will come out at 3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with proximal humerus fractures are instructed to take baby aspirin twice a day for 2 weeks to reduce their risk of blood clots. This is mainly in acknowledgement of the fact that you are likely more sedentary during this time period than you would typically be.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize** – please do not call for refills on Friday as we may not be able to complete them before the weekend.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

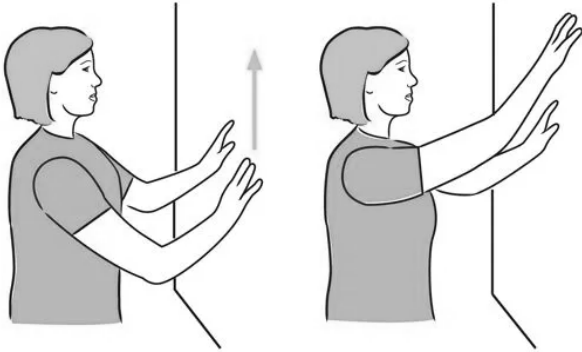
Questions/concerns:

Call the office at **661-600-1740** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

Exercises to perform:

Once you feel comfortable, you may begin to perform exercises. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. It is ok if you do not feel ready to use your arm for the first few weeks after surgery. When you feel ready, begin with the following exercises.

“Wall crawls” also known as “wall climbs”



Hold your other (uninjured) hand under your injured arm's elbow. Support that arm as you walk your fingers up and down a wall slowly. The goal is to get to about shoulder height. Do not push yourself past the point of comfort. Do not try to get as high as possible – the key is movement, slow and steady.

“Pendulums”

Lean forward and let your operative arm dangle. This motion is equivalent to forward-flexing your shoulder, but with gravity on your side.

Once you are tired of performing pendulum “circles” you may swing your arm gently forward and backward. This motion should not be abrupt or accelerated – it is gradual and slow.



Stretching:

When you feel ready, begin working on the following stretches.



Cross-body adduction involves gentle pressing your operative arm's elbow toward your chest. This motion will stretch your shoulder muscles.



Overhead stretching may be harder and will take longer to feel ready.



Using a towel with your operative arm low behind your back is an internal rotation stretch and will help increase your shoulder motion as well.



You can also use a towel or bar, and hold it with both hands either standing or lying down. Slowly move the towel/bar side to side. This motion will help both internal and external rotation.

