Clinical Information:

Usually occurs following a fall onto the outstretched hand, direct impact injury to the shoulder, or rotational force to the arm.

The importance of such fractures relates to the attachment of the rotator cuff and supraspinatus tendon, which can produce displacement of the fracture.

Important note: The following cases need to be referred to Emergency:

- Open fractures
- Neurovascular compromise
- Fractures involving the articular surface
- Fractures occurring with shoulder dislocations
- Any displaced fractures

GP Management:

- **Isolated, undisplaced fractures of the greater tuberosity** are managed with a sling for comfort initially.
- The patient is prohibited from active ABDuction for 6 weeks, although passive movements to 90 degrees are permitted at 3 to 4 weeks.
- The fracture should be Xrayed 1 week and 2 weeks after initial injury, to assess if any displacement occurs.
- **Undisplaced proximal humeral fractures** can be managed with a sling for the initial 2 weeks. The patient should then start graduated range of motion exercises.
- Full A/P range of movement should be expected at 4-6 months post injury.

Fracture Clinic Referral:

- Greater tuberosity displaced 5mm or more
- Neuro-vascular injury
- 10 degrees or more varus/valgus deformity of the humeral head