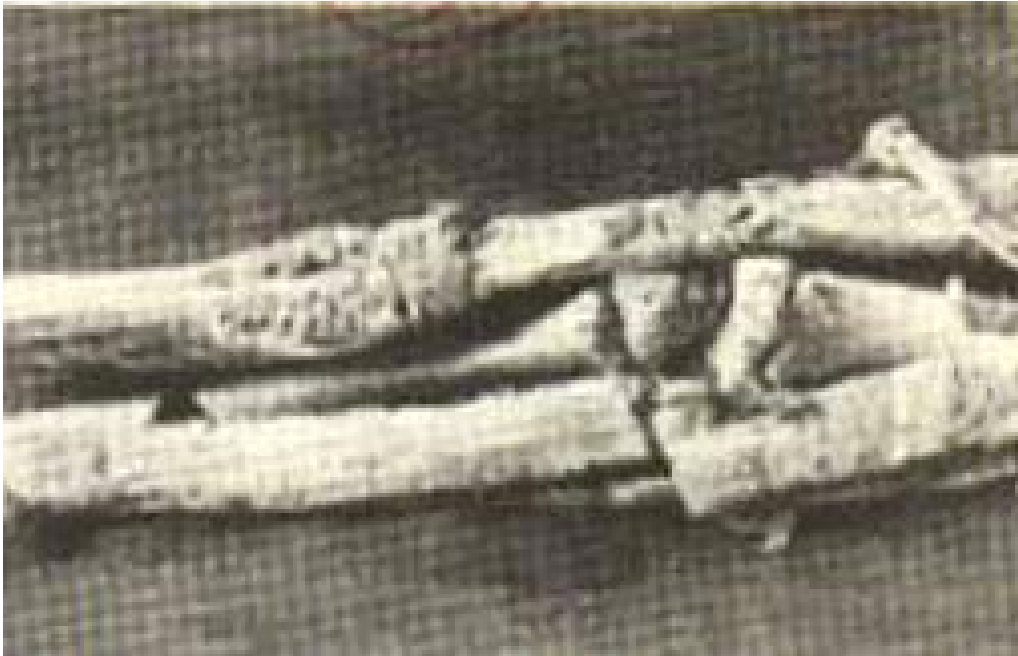
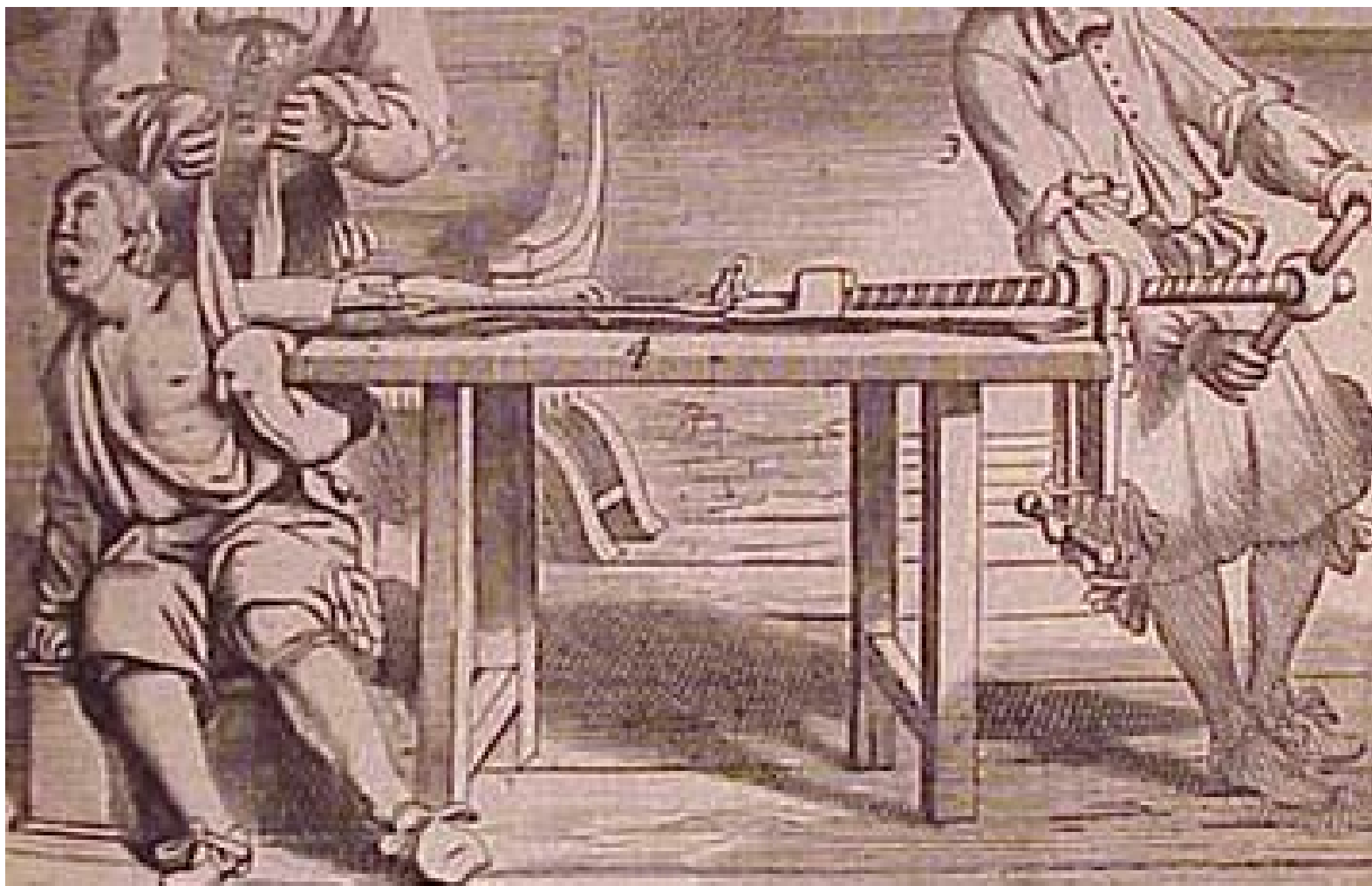


# Upper limb fractures



Mithun Nambiar  
Orthopaedic Resident  
Royal Melbourne Hospital



[http://janeaustensworld.files.wordpress.com/2010/10/17\\_skeleton.jpg](http://janeaustensworld.files.wordpress.com/2010/10/17_skeleton.jpg)

# Principles of fracture management



- Restoration of anatomy
- Stable fracture fixation
- Preservation of blood supply
- Early mobilisation of limb and patient

# Restoration of anatomy

- Length
- Alignment
- Rotation

# Stable fracture fixation

- Allows for fracture healing
- Prevention of loss of anatomy
  - Length
  - Alignment
  - Rotation

# Preservation of blood supply

- Soft tissue protection
  - Periosteum
  - Muscle
  - Arteries
  - Veins



# Early mobilisation

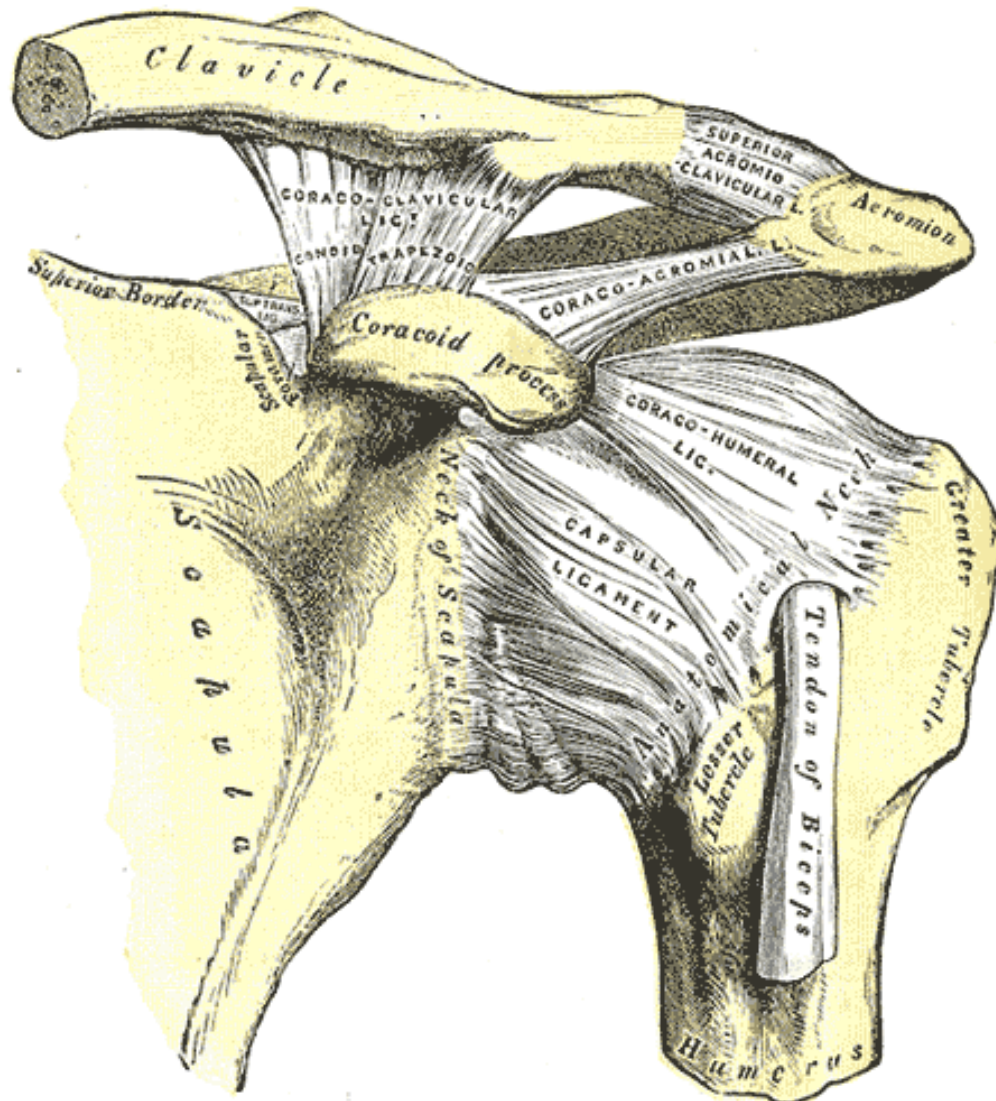
- Limb
  - Joint stiffness
  - Muscle atrophy
  - Contracture formation
- Patient
  - Pneumonia
  - DVT/Pulmonary embolus
  - Pressure sores
  - Hospital acquired infections

# Management

- Operative
- Conservative
  
- Weight bearing status
- Wound management
- Antibiotics
- Anticoagulation
- Smoking
- Immunomodulators



# Clavicular fractures



# Clavicular fractures

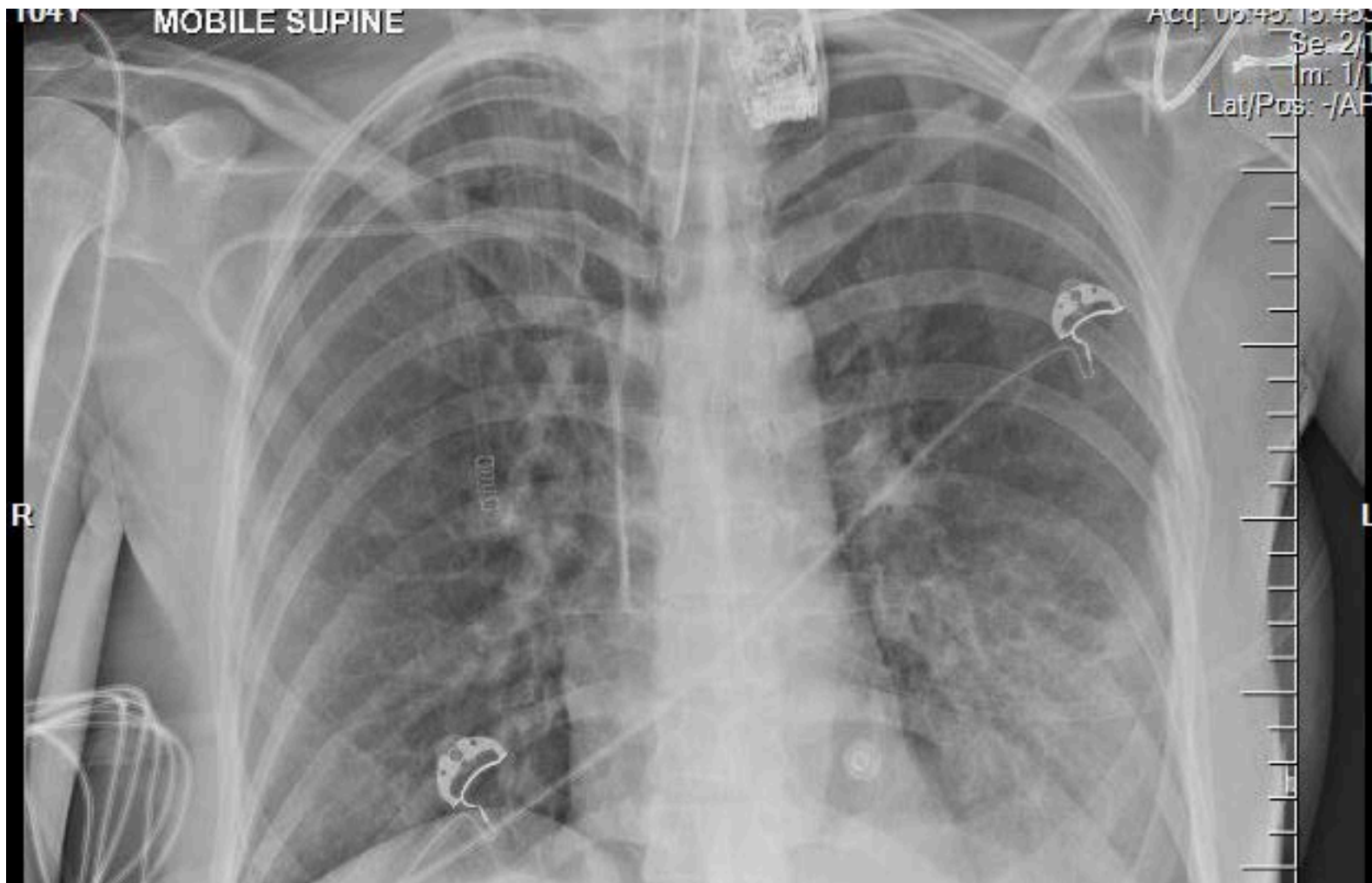
- Medial 1/3 (5%)
  - Usually non-operative, operative if post. displacement
- Middle 1/3 (80%)
  - Non-operative if <100% displacement
  - Operative if >100% displaced
- Lateral 1/3 (10%)
  - Neer classification

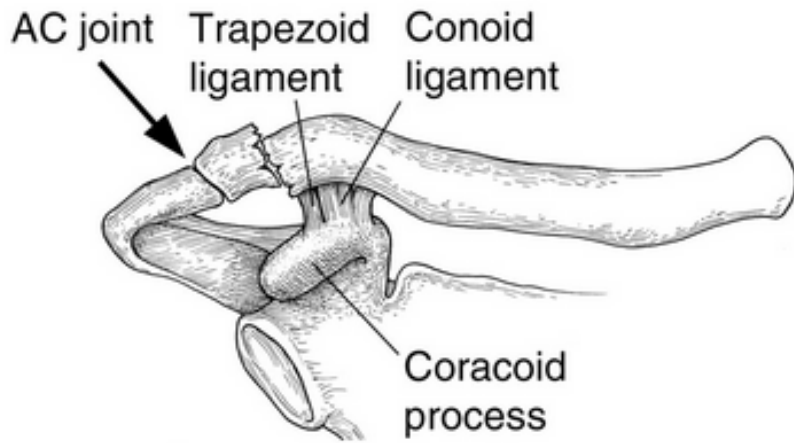


<http://eorif.com/clavicle-fracture-classification>

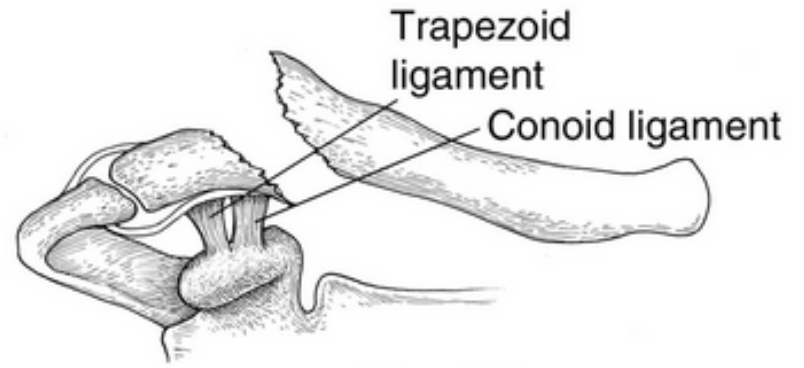


<http://www.orthobullets.com/trauma/1011/clavicle-fractures>

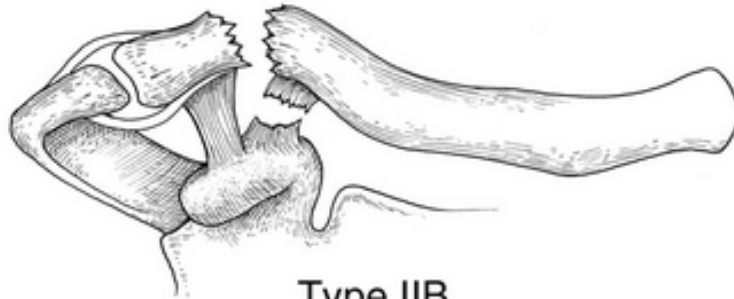




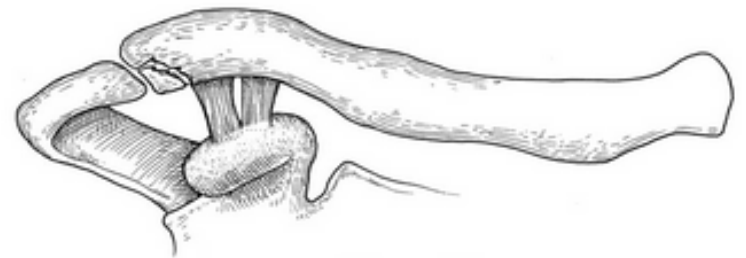
Type I



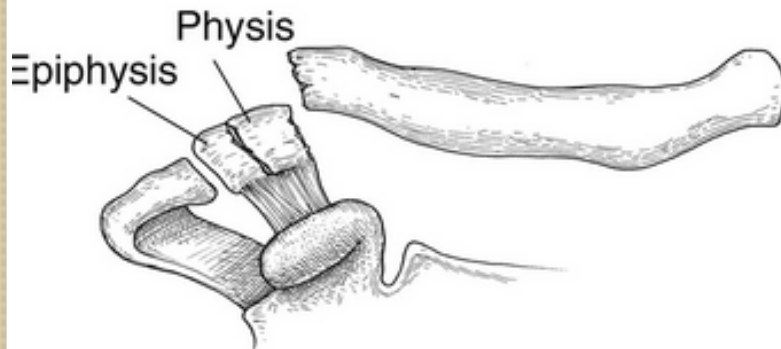
Type IIA



Type IIB



Type III



Type IV



Type V

# Clavicular fractures

- Non operative management
  - Sling vs Figure of 8
  - NWB 6 weeks
  - Range of movement exercises 2-4 weeks
- Risks
  - Non union
    - Lateral 1/3 (up to 50%)
    - Fracture displacement/shortening >2cm
  - Decreased shoulder strength



# Clavicular fractures

- Operative management
  - Sling 7-10 days, then active range of motion
  - NWB 6 weeks, once union confirmed and pain free range of motion- strengthening
  - Full activity in 3 months
- Benefits
  - Faster union
  - Improved functional outcomes
  - Improved cosmesis
  - Improved shoulder function strength
- Risks
  - Implant removal



# Clavicular fractures



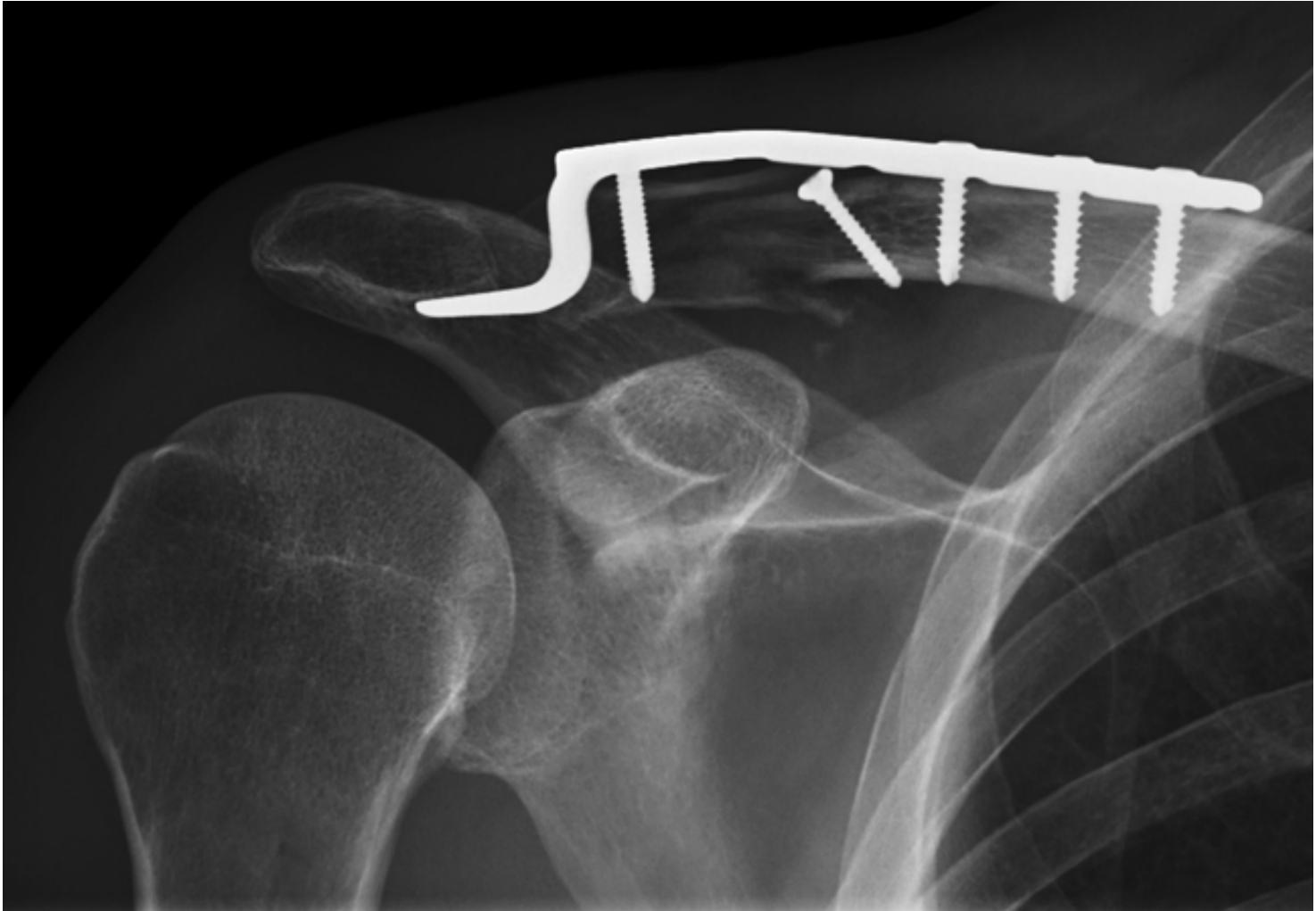
# Clavicular fractures



# Clavicular fractures



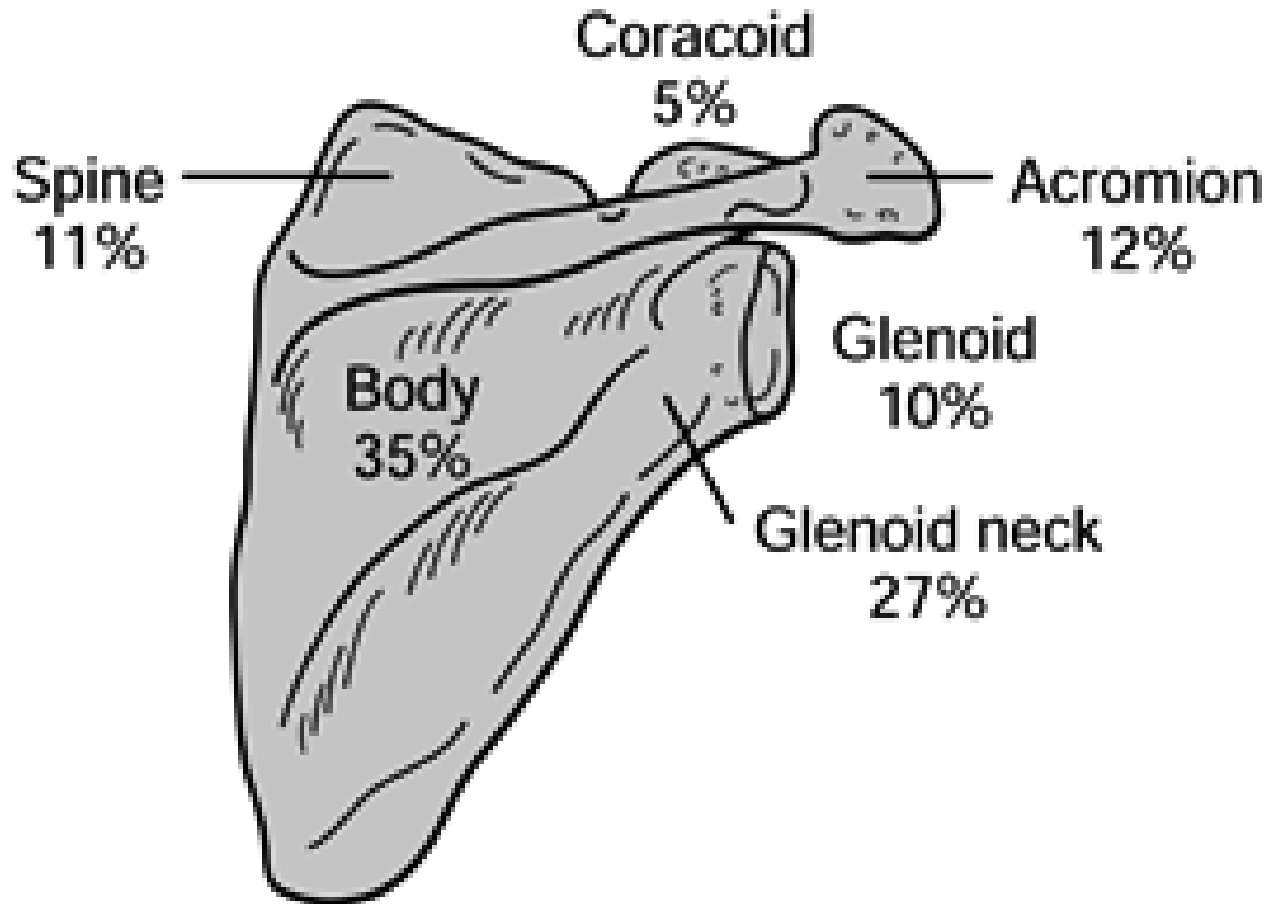
# Clavicular fractures



# Scapular fractures

- Usually high energy mechanism
- Location
  - Acromion
  - Corocoid process
  - Neck of scapula
  - Body of scapula

# Scapular fractures



# Scapular fractures

- Non operative management
  - 2 weeks sling, early motion
- ORIF
  - Glenohumeral instability
    - >25% glenoid
    - >5mm step-off
    - Medialisation of glenoid
  - Open fracture
  - Scapula neck (>40 degrees, 1cm)
  - Coracoid >1cm displacement





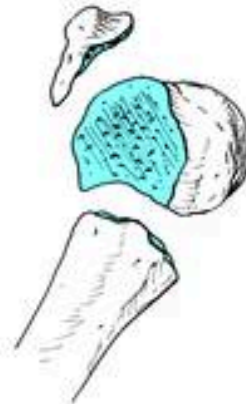
1-part



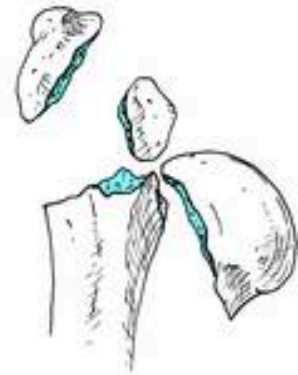
2-part



3-part



4-part



GT

GT+SN

"Classic"



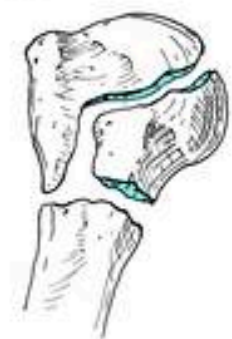
SN

LT+SN  
(rare)

"Valgus impacted"



**ARTICULAR LOSS**



LT  
(rare)

Impression Fx

Head split

# Humerus fractures- proximal

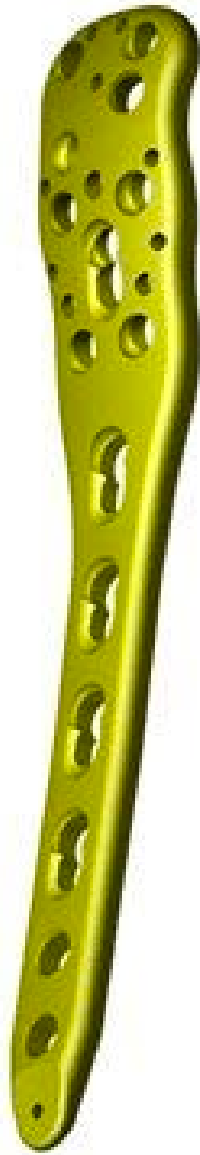
- Non operative management
  - Minimally displaced surgical neck (1,2,3)
  - Greater tuberosity <5mm displacement
  - Consideration for age, bone quality
  - Early range of motion in 14 days
- Operative management
  - CRPP
  - ORIF
  - IM rod
  - Hemi arthroplasty
  - Total shoulder arthroplasty



<http://eorif.com/Shoulderarm/Images/proxhmcpp3.jpg>



<http://www.eorif.com/Shoulderarm/Images/prxhmorif3.jpg>



**MISS LC  
PROKSİMAL HUMERUS  
Plak**



**LOW PROFILE  
PROKSİMAL HUMERUS  
Sağ ve Sol**



**LOW PROFILE  
HUMERUS (Cloverleaf)  
Sağ ve Sol**





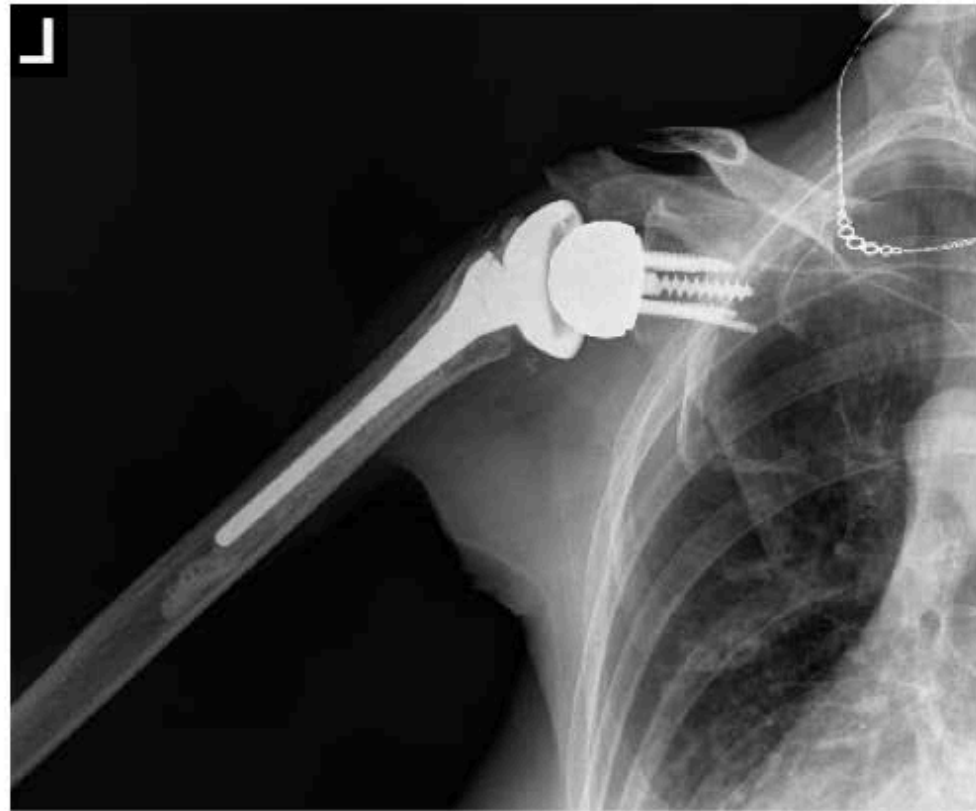
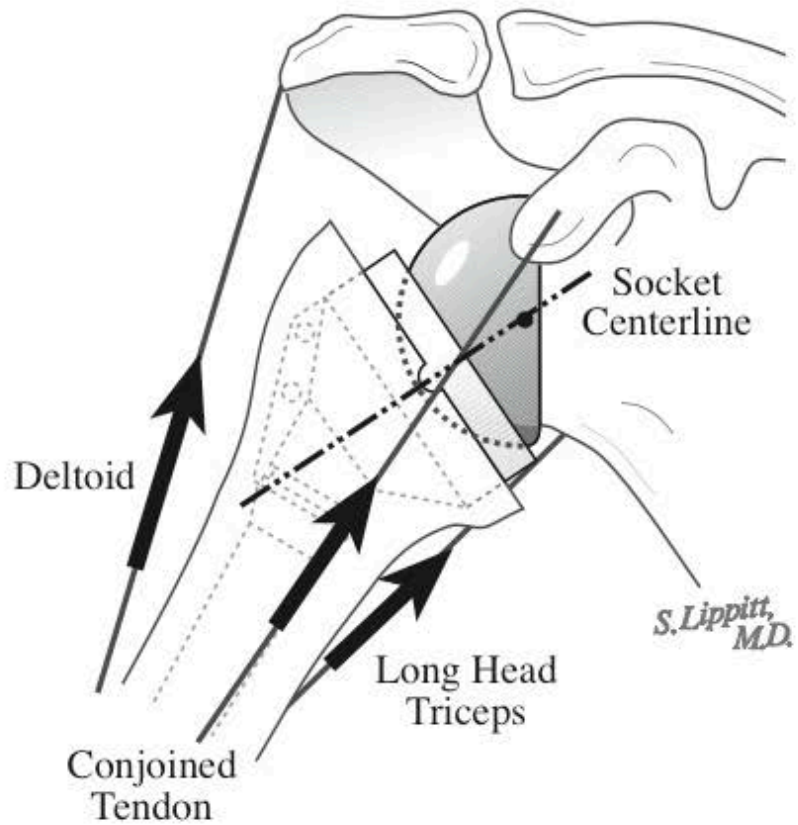
# Hemiarthroplasty

©MMG 2011



<http://www.lima.it/repository/fck/image/Special%20edition%20usa%202012/protesi-smr-america.jpg>





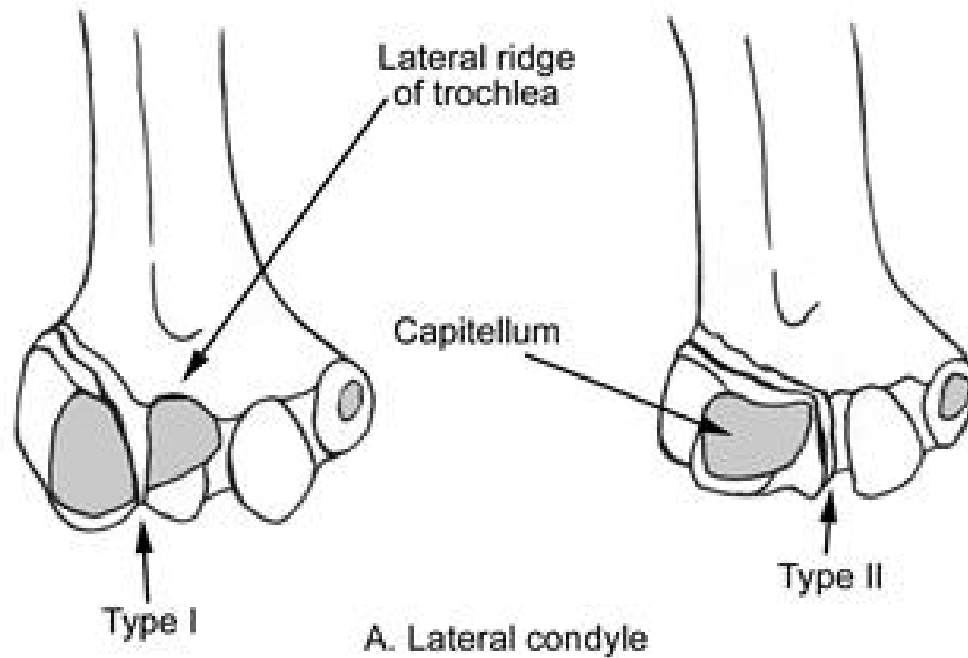
<http://www.orthop.washington.edu/orthodev/drupal/sites/default/files/Portals/21/LiveContent/8149/Images/figure6.jpg>

# Humerus fractures- shaft

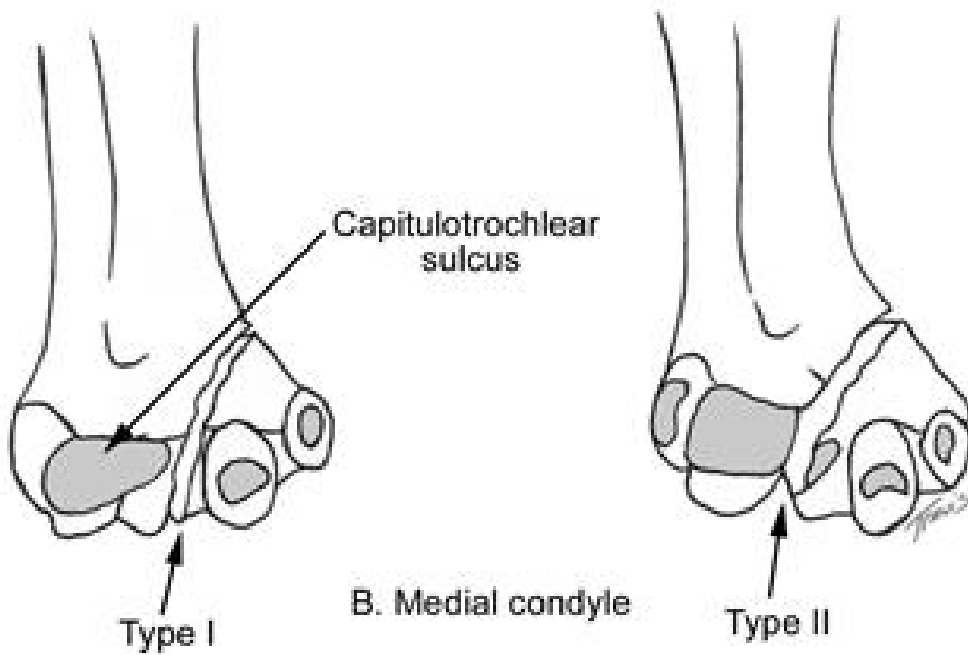
- Non operative management
- Splint then functional bracing
  - <20 degrees anterior angulation
  - <30 degrees varus/valgus angulation
  - <3cm shortening
- ORIF or IM nail
  - Brachial plexus injury
  - Open fracture
  - Pathological fracture
  - Spiral/oblique

# Humerus fractures- distal

- Supracondylar
- Single/double column fracture
- Non operative
  - Non displaced single column
- Operative
  - CRPP
  - ORIF
  - Total elbow arthroplasty
- Risks
  - Heterotopic ossification
  - Joint stiffness
  - Degenerative joint disease
  - Cubital valgus/varus



A. Lateral condyle



B. Medial condyle



<http://images.radiopaedia.org/images/535540/fa226724fc4371512eda2a95de>





<http://www.tornier-us.com/upper/elbow/elbrec001/images/latitude-back.jpg>

# Olecranon fractures

- Non operative
  - Non displaced fractures
  - Immobilisation in 45-90 degrees of flexion, for 3 weeks, then mobilise
- Operative
  - TBW
  - IM fixation
  - Plate and screw fixation
  - Fragment excision and triceps advancement





<http://www.orthobullets.com/trauma/1022/olecranon-fractures>



<http://www.orthobullets.com/trauma/1022/olecranon-fractures>

# Monteggia fractures

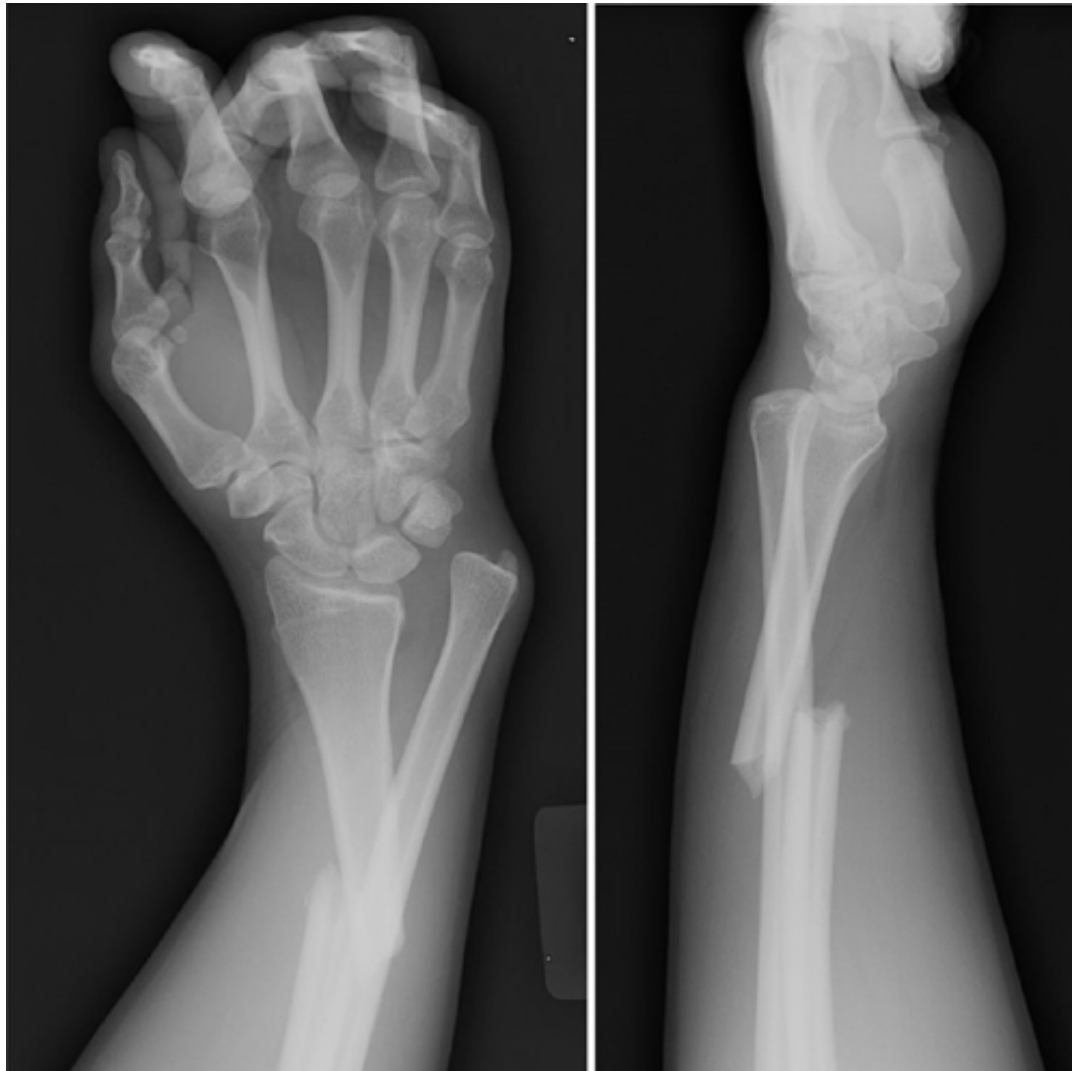


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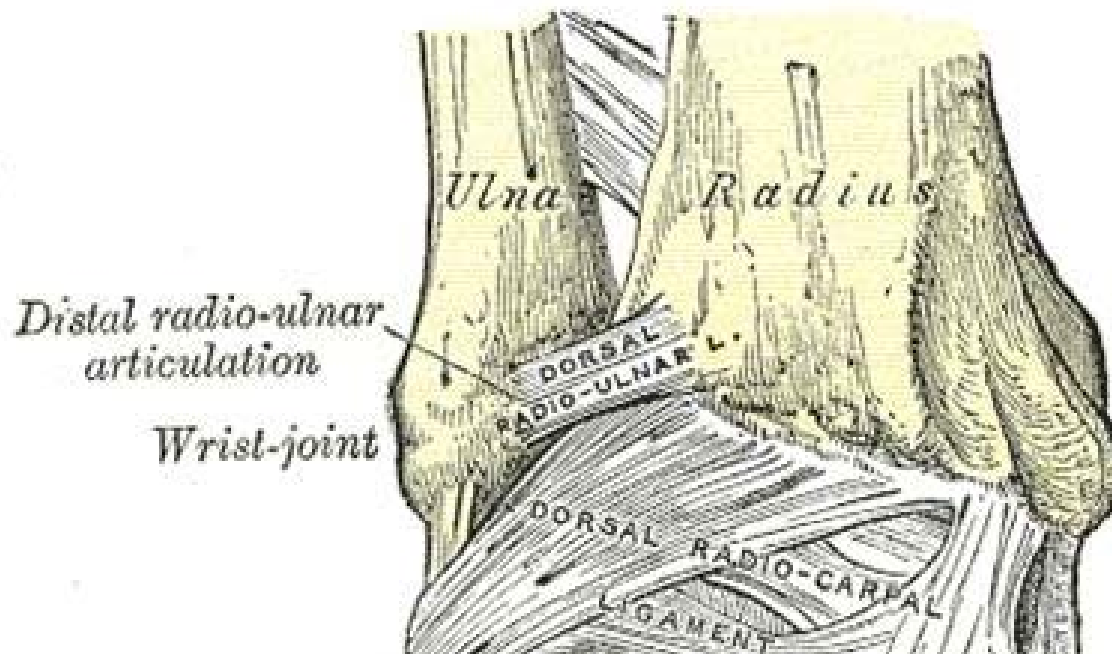
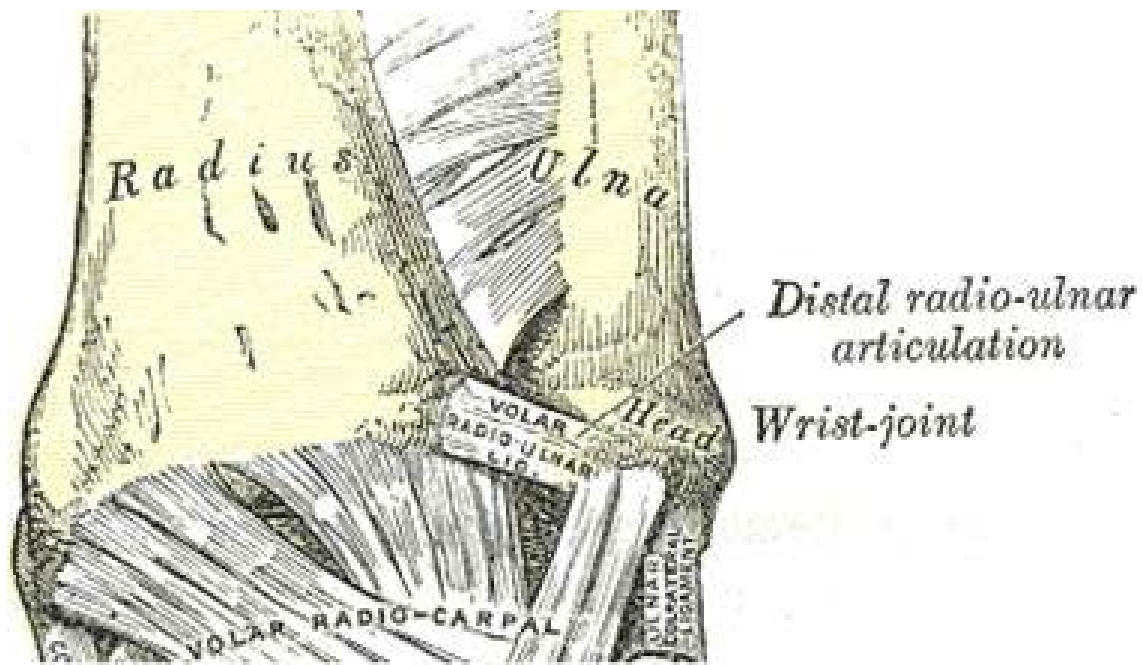
# Monteggia fractures

- Non operative- closed reduction
  - More common in children
  - Casting with forearm supination
- Operative- ORIF ulnar +/- open radial head reduction
  - Comminuted ulna
  - Unable to reduce radius

# Galeazzi fractures



<http://www.orthobullets.com/trauma/1029/galeazzi-fractures>



# Galeazzi fractures

- Operative all cases
  - ORIF radius, stabilisation of DRUJ
  
- DRUJ
  - If stable- cast in supination 6 weeks
  - Percutaneous pin fixation
  - Open reduction- ECU
  - ORIF ulnar styloid



<http://upload.orthobullets.com/topic/1029/images/galeazzi%20fracture%20orif.jpg>





# Forearm fractures

- Non operative
  - Distal 2/3 ulna (nightstick)
    - <50% displacement, <10degrees angulation
- ORIF
  - Proximal 1/3 ulnar
  - All radial shaft fractures
  - Both bone fractures



<http://fprmed.com/Medical/Ortho/Nightstick%20fx.jpg>

# Distal radius fractures

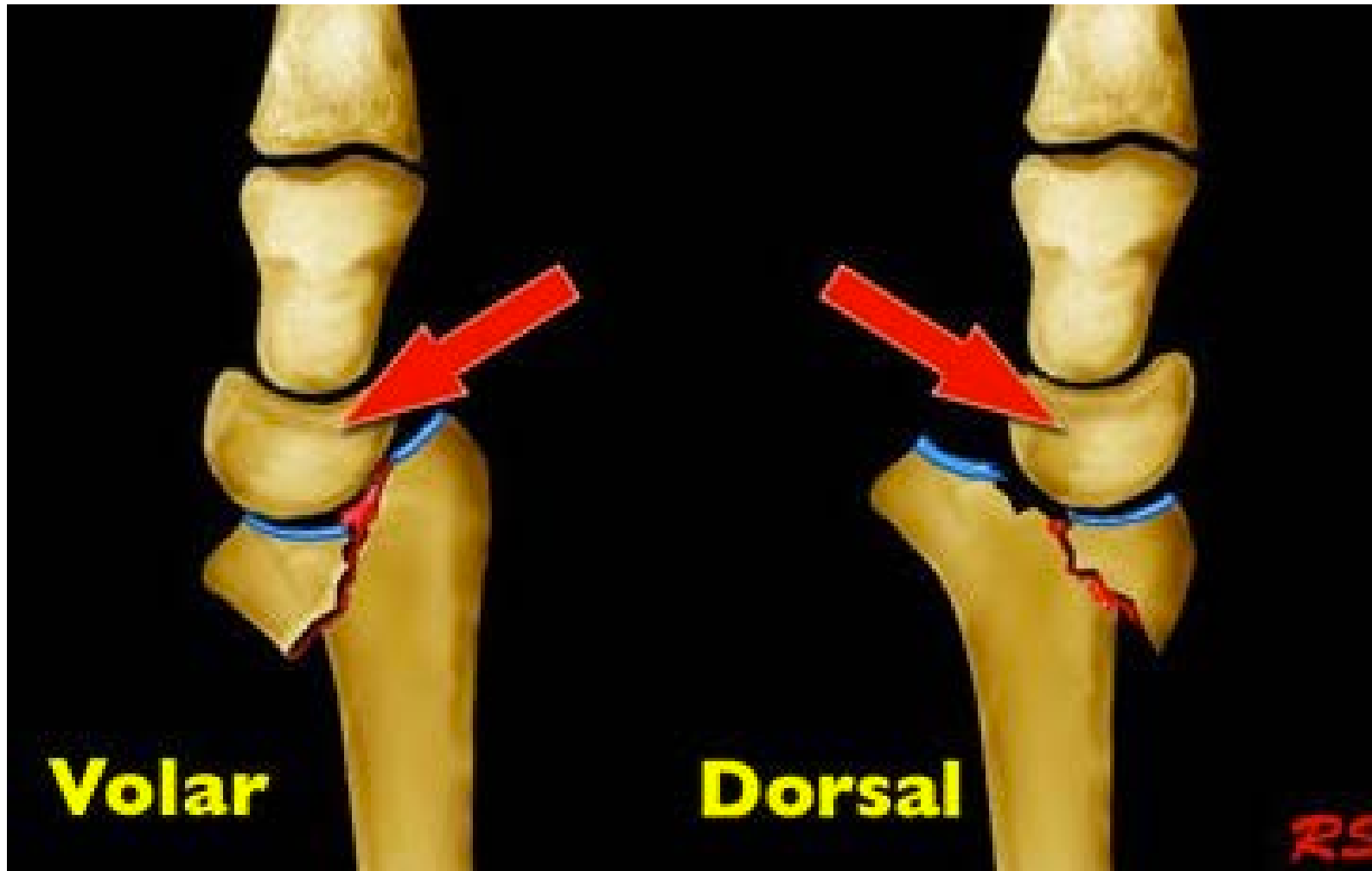


<http://img.medscape.com/pi/emed/ckb/radiology/336139-398406-7418.jpg>

# Distal radius fractures

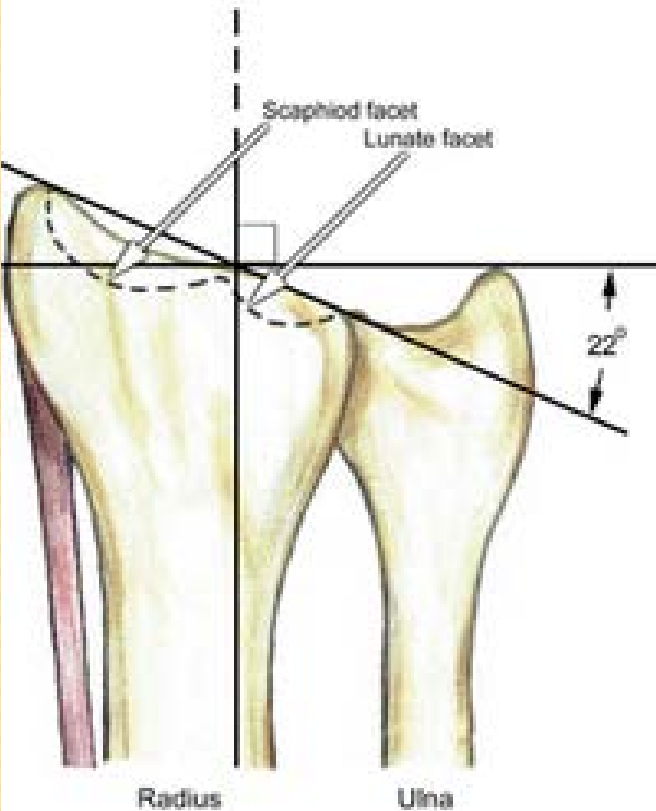


# Distal radius fractures

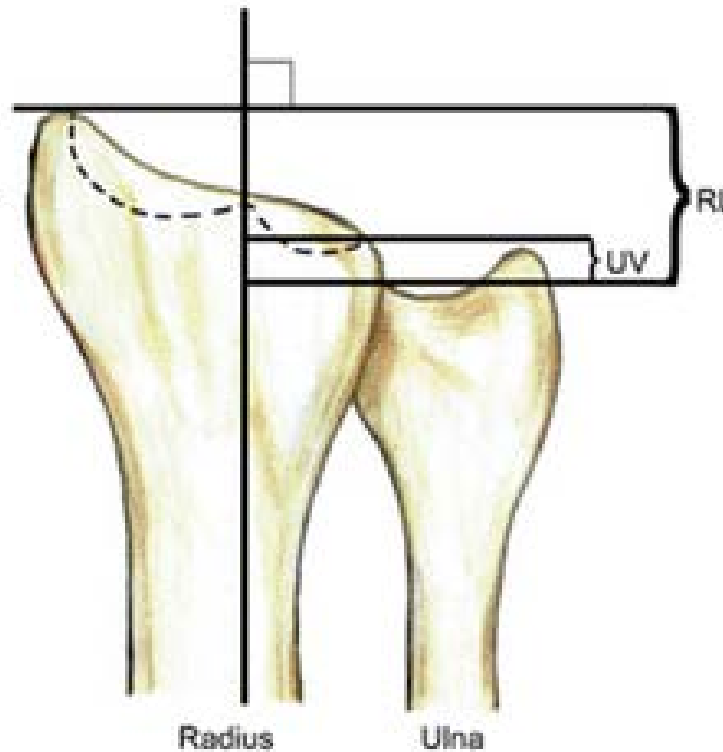


# Distal radius fractures

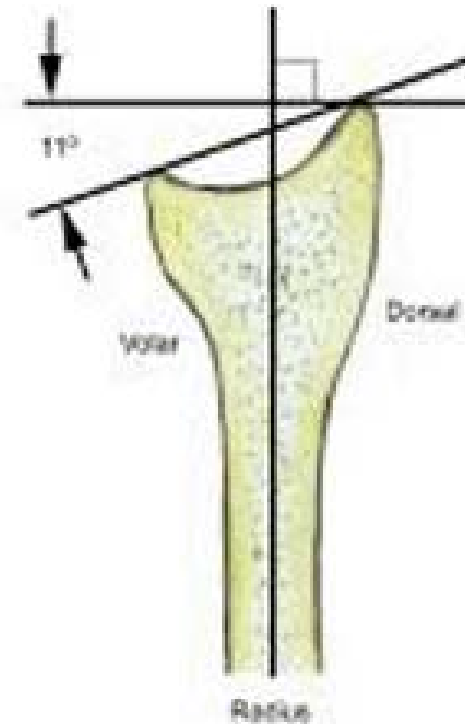
Radial Inclination



Radial Shortening



Volar Tilt



# Distal radius fractures

- Non operative
  - Extraarticular
  - <5mm shortening
  - Dorsal angulation <5degrees\*\*
- Surgical fixation
  - Displaced/intraarticular- >2mm step
  - Comminution
  - Loss of volar tilt and radial length after casting
  - >5mm shortening, >5 degrees dorsal angulation\*\*





# Summary

- Management plan for upper limb fractures based on AO principles:
  - Restoration of anatomy
  - Stable fracture fixation
  - Preservation of blood supply
  - Early mobilisation of limb and patient

# Acknowledgements



- <https://aotrauma.aofoundation.org>
- Orthobullets
  - <http://www.orthobullets.com/>
- Wheelless' Textbook of Orthopaedics
  - <http://www.wheelessonline.com/>