Orthopaedic Connection

Shoulder Fractures

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Transforming patient information into patient understanding.

Fractures about the shoulder are something I see often in my practice. They are painful and cause great inconvenience and disability while they are healing.

As a rule they affect only one of the three bones that make up the shoulder area.

Anatomy Review

The three bony parts of the shoulder are:
- The Scapula or shoulder blade
- The Clavicle or collar bone
- The Humerus or arm bone

The shoulder socket is shallow and is part of the shoulder blade. Half of the top surface of the arm bone is rounded and sits against the socket. The collar bone sits on top of these other two like a strut, in a sense stabilizing the shoulder. I don’t want this to turn into an anatomy lesson, but I need to explain it so you will understand. The shoulder is a freak of nature since it has a huge range of movement, way more than any other joint.

Cause Of Fractures

A severe blow to the shoulder can cause a partial or complete fracture. A fall can be directly on the shoulder or you can fall on the arm or elbow with force transmitted upward to the shoulder.

Fracture Types

- Fracture of the clavicle is very common in children. It usually breaks in the middle. A child’s clavicle is not very hard so it doesn’t’ take much force to snap it. Athletes fracture the clavicle a lot too.

- Fracture of the upper arm (humerus) just below the shoulder is common in older persons.

- Fracture of the shoulder blade (scapula) is pretty rare. It is seen most often in a fall from a height or a car accident.

Signs and Symptoms

Since pain will be present, you won’t be able to use your arm at all. There may be grinding due to the broken bones rubbing together. Swelling results of course and lots of bruising around the shoulder and down the arm.

How I Treat It

Most shoulder fractures can be treated in a special type of arm/shoulder immobilizer called a sling and swathe. It does a really good job of resting the shoulder and the arm.

I don’t like simple slings as they allow too much movement and they don’t relieve pain.
Clavicle fractures in children rarely need more than a sling and swathe. In teenagers and adults however, I operate on clavicle fractures frequently placing a plate and screws to hold the bone together for healing.

Scapular fractures almost never need more than a sling and swathe.

Humerus (arm bone) fractures near the ball of the shoulder are another story. Depending on how badly broken the bone is a sling and swathe might work, but surgery is needed sometimes to put these fractures back together.

**Time Of Healing**

It’s not 6 weeks (unless you are 2 years old)! The fractures can take a few months or longer to go on to complete healing whether surgery is required or not.

After a shoulder injury it is always best to have an x-ray taken to be sure what is going on. Don’t try to figure it out on your own. That’s what Orthopaedic Surgeons are for. And I won’t do surgery unless you really need it!

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It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush