

Fractured humerus



**ASSIGN
BUSTER**

Fractured Humerus Karen is a 63 year old female at 5' 2" weighing 175 lbs. On February 15, 2013 as Karen was leaving her home in the Midwest she stepped on a section of black ice and immediately her legs were swept out from under her and before she had no time to react and was thrown onto the ice with such force that it fractured her left humerus proximal to the insertion point of shoulder socket. Karen landed on her left shoulder and could not move, she was alone, after calling for help and no response Karen slid, drug, and crawled her body back into the house to call for help.

Karen was picked up by the ambulance and taken to the local hospital. Assessment and Treatment At the hospital Karen was seen by the doctor on duty and the initial assessment was with much concern since at the time she was in such pain the doctor chose to apply a weighted cast and have her return in two days for a follow up. The follow up visit was also to determine further if Karen had a fracture requiring surgery or if the cast would remain for six to eight weeks.

X-rays were taken and the doctor felt confident to leave the weighted cast on as this would be the best course of action in Karen's recovery. While at the hospital Karen had also voiced complications with the cast that the swelling had gotten so bad that it was cutting off circulation and she was very uncomfortable. The doctors cut the cast under her arm and around fingers to help relive tension. On the sixth week after injury cast was removed and Karen was to begin physical therapy.

At first the main purpose of physical therapy with Karen's type of injury (proximal humerus fracture) is to regain passive motion of the glenohumeral (shoulder) joint. In the beginning caution should be taken against being too

eager to start active motion such as forward elevation and abduction. For this type of injury it would be more important in the beginning to get a passive swinging type motion, back and forth, and around in circumduction action. This type of focus in physical therapy would help her increase her motion a lot faster than to use her muscles to lift up her arm against gravity.

Physical Therapy In the first week of therapy light physical therapy was prescribed this included the following: 1. Physical therapy sessions in the first week would be for one half hour at two times per week sessions. First exercise was for Karen to lift her injured arm onto a counter top and reach (slide) arm forward to grab (grasp) object, three or more times based on comfort level. Second exercise she could sit (in a chair) or stand and she would need to swing arm forward and back three times or more again based on comfort level.

This second exercise is also called a Codman's exercise or pendulum exercise. There are different ways to perform this exercise another way is to place the palm of your of your non injured arm on a stability ball while bent (flexing) at the hip, with rehab arm hanging one can swing back and fourth three times or more based on comfort level. In the first week of physical therapy exercises are to be done in physical therapy sessions and also to be continued at home three or more times per day. . Physical therapy sessions in the second week were increased to forty five minutes two times per week. Karen is to perform the above exercise two times a week in physical therapy sessions for forty five minutes and also at home at least three times per day. Timed sessions can be broken up throughout the day at end of day client should be accruing forty five minutes of physical therapy with exercise

sessions. 3. Week four of physical therapy a different set of exercises have been prescribed.

Client is introduced to shoulder wheel, trapeze with weights, rubber bands, spider walks, squeeze ball, washing walls, roll ball up wall. At this point in Karen's therapy she has regained adequate range of motion and therapy will now begin to regain some muscle bulk and strength. For exercise involving shoulder wheel, shoulder wheel will be used to exercise the muscles in the arm, shoulder wheel has resistance knobs allowing physical therapy assistant to add or subtract resistance based on client's current range of motion and physical abilities.

Client is to perform exercise on shoulder wheel two times a week for three or more full rotations in the beginning client will have a lighter resistance and this will be increased per week or based on patient's recovery and tolerance level. Trapeze with weights client is to reach above head and grasp handle of pulley and then bring pulley down in front (anterior) of her body client is to do this three or more times and weights will be increased weekly based on client's tolerance level.

As part of Karen's therapy it is important that she do exercises for finger, wrist, and elbow motion. By doing exercises with these joints, it will help return the venous blood to the body and help reduce any swelling and edema in the upper extremity. This is where the rubber band will be helpful client is to use rubber bands for finger, wrist, and elbow therapy in therapy sessions and three times a day for a total of forty five minutes or more for continued recovery.

Spider walks facing wall and standing one to two feet away place the finger tips from both hands on wall and walk fingers up wall until you are well above your head or based on tolerance and range of motion. Squeeze ball placing ball in hand client is to squeeze ball as many times for three minutes switch hands and do the same with other hand. Washing walls with towel in hand client is to place towel on wall and in a right to left motion (windshield washer) client will perform this exercise for three or more times based on tolerance.

Roll ball up wall with ball against client is to roll ball up the wall three or more times. Continued Physical Therapy Client has utilized over four weeks of physical therapy. Insurance will cover eight weeks of physical therapy and at this point in Karen's recovery she will be prescribed exercises that can be performed in the pool along with her current regiment. Karen has a follow up visit with doctor on May 13, 2013 where doctor will take additional x-rays.

Conclusion

Karen continues to do necessary physical therapy 5 – 6 days a week with two days in a physical therapy office for forty five minutes. Karen is a hair dresser after injury she was anxious to return to work doctor did release her to work after six weeks and she is allowed light duty after cast was removed. Karen has been successful in her recovery due to her commitment to physical therapy sessions both in and out of the office. At this point Karen continues to improve and she is looking forward to the additional physical therapy sessions in and out of the pool.