

Scapula (shoulder blade) fracture



Summary points to remember:

- The scapula is the triangle shaped bone at the back of the shoulder
- Scapula fractures are not very common, and rarely require surgery
- Wear your sling for two weeks
- This brochure provides some information to assist with the management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury
- All treatment options have risks and benefits
- If you have any concerns about the progress of your rehabilitation, contact the Virtual Fracture Clinic promptly
- Do not continue the exercises in the brochure if:
 - You experience increasing pain (some discomfort is common)
 - Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
 - You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it
- This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Royal Melbourne Hospital (RMH)
- If you do not understand the information seek clarification from the Virtual Fracture Clinic
- Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition
- Keep this brochure as you may need to read it again

Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person.

An orthopaedic surgeon will review your case and a staff member will contact you to discuss your management plan.

Your diagnosis is: scapula (shoulder blade) fracture

The scapula is the triangle shaped bone at the back of the shoulder.

Scapula fractures are not very common. They are often caused by high energy blunt trauma such as a fall from height.

Scapula fractures rarely require surgery.

Early management: the first 72 hours

It is normal for your shoulder area to become bruised and swollen. This will settle over a few weeks.

Follow these guidelines to help with any pain and swelling:

Rest: Avoid any activity that increases your pain.

Ice: Ice your shoulder/shoulder blade area for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables, or crushed ice in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury.

Sling

Wear your sling for two weeks. Remove the sling for showers but keep your arm still by your body. You may remove your sling when sleeping. Support your arm with a pillow behind you.



Lifting

For the **first three weeks** after your injury (weeks one, two and three) you can lift objects weighing up to 250 grams (such as a mobile phone or cup of tea).

From for the **following three weeks** (weeks four, five and six) only lift objects weighing **less than five kilograms**.

Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain.

Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about medication options.

Smoking

Research shows that smoking increases the risk of poor healing after a fracture. Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

Remove the sling and perform these exercises four times a day:

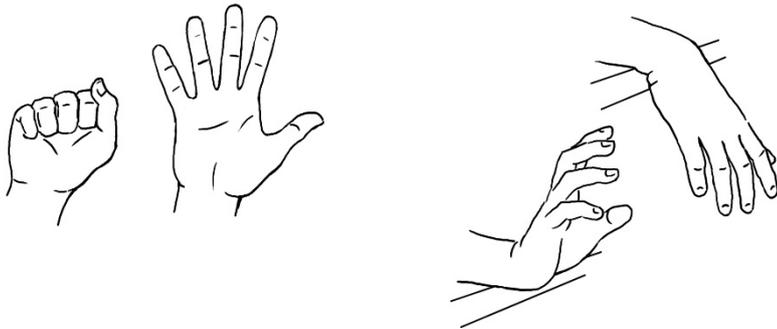
- Shrug your shoulders up towards your ears and then down. Repeat 10 times



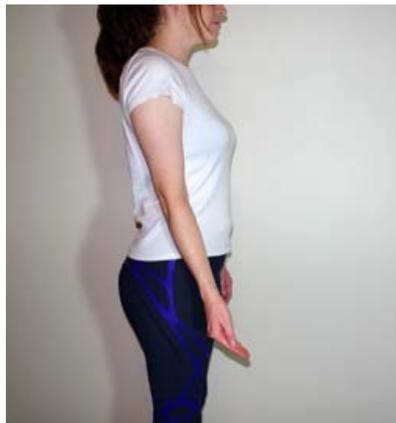
- Squeeze your shoulder blades together. Hold for five seconds then rest. Repeat 10 times



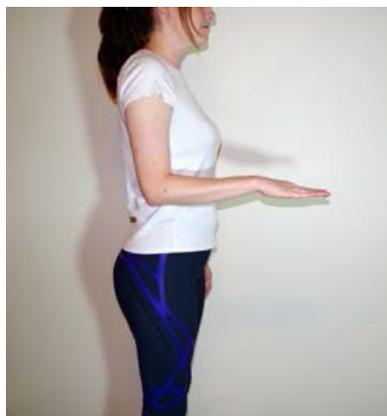
- Open and close your hand, and move your wrist up and down. Repeat 10 times each



- Bend and straighten your elbow. Use your good arm to help if needed. Repeat 10 times

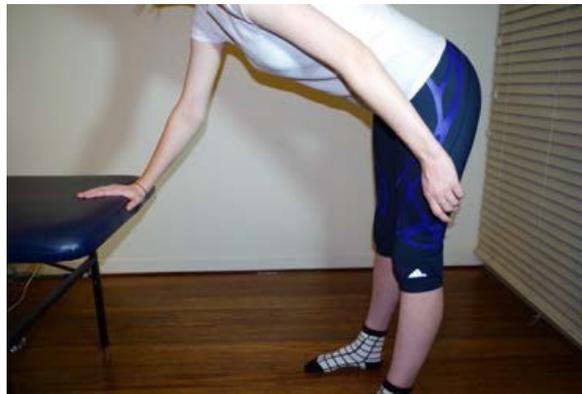
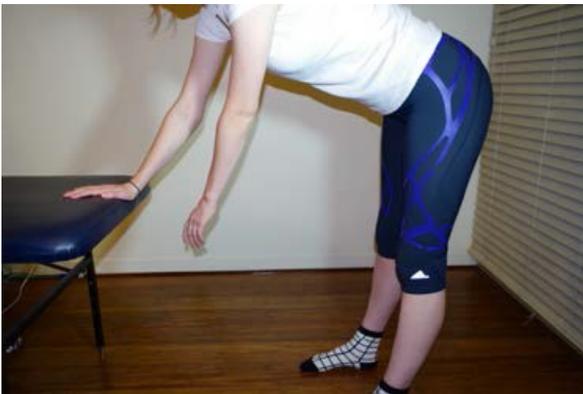


- Start with your elbow bent to 90 degrees by your side. Rotate your palm up and down to feel a mild stretch. Repeat 10 times

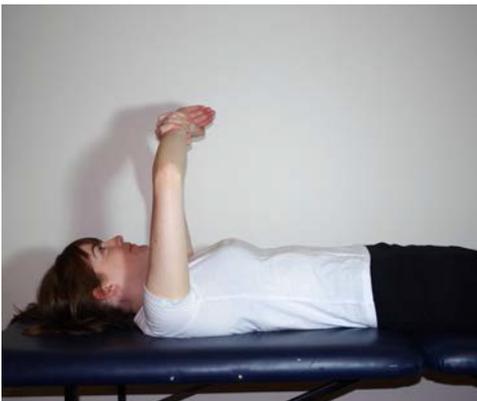


After one to two weeks add these exercises

- Lean forward supporting yourself with your good arm. Hang your injured arm down. Gently swing the injured arm:
 - In circles
 - Front to back
 - Side to sideRepeat 10 times each direction



- Lie on your back. Use your good arm to lift your injured arm up off your chest. Repeat 10 times



- Use your good arm to lift your injured arm up to the front. Repeat 10 times



- Stand with your elbow bent to 90 degrees and tucked into your side. Use an umbrella or stick to rotate the injured arm outwards. Hold for five seconds. Repeat 10 times



Physiotherapy

Physiotherapy rehabilitation is important after a fracture.

Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

Expected return to daily activities

Different people recover from injuries at different rates.

Return to driving

You can return to driving three weeks after your injury provided you can lift your arm without pain.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return-to-work plan with your GP and employer.

As a guide:

- Manual workers: If you need to climb ladders or do repetitive lifting it may take six to 10 weeks to return to normal duties.
- Desk workers: You can return as soon as your pain allows.

Return to sport

It is recommended that you see a physiotherapist for a guided return-to-sport program.

Longer term recovery and expectations

Most people return to regular activity levels within three months. Occasionally they have ongoing shoulder stiffness.

If you still have significant pain and limitation after **four to six months** despite rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your hand or arm
- Your symptoms are still bad after six weeks

Contact

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Practitioner / Patient notes

