



Fracture Care



Fractures of the upper extremity are initially treated with a sling or immobilizer for injury to the upper arm. For fractures lower down in the elbow/forearm/wrist a splint or cast is often used. If you have been initially seen in an emergency center, then your sling/splint or cast will be checked. Your arm will be examined and new x-rays taken to check on the position of the fracture.

At first it is very important to control pain and swelling. For fractures of the upper arm, elevating the arm is difficult, but for injury in the elbow/forearm/wrist one should spend the first few days with the arm elevated as much as possible. This means getting the hand and fingers higher than the elbow and the elbow higher than the shoulder. This can be done by using pillows, cushions etc. at home.

Pain medication is appropriate since fractures can be quite painful. Medication should be taken every 3-4 hours as needed. Pain management is accomplished by taking it easy, elevating the arm if possible and by not getting behind in your pain pills at first. Since medication only lasts for about 4 hours, it is important to take a pill around that time if the pain begins to return and seems to be increasing. Adjustments can be made to find the correct type of pill and dose for each patient. Almost all of the pain medications used today can have adverse effects which include nausea, dizziness, constipation or allergic reactions. As long as the pain is well controlled and the side effects are tolerable, the medication should be continued (**except for allergic reactions-these must be stopped immediately**).

Regardless of where your fracture is it is still important to keep the other joints moving. For example, if the fracture is in your upper arm you can move you elbow/forearm/wrist and fingers. If the fracture is in your wrist you can keep your fingers moving and allow the elbow to bend and straighten and perform some pendulum exercises of the shoulder. You should keep the injured part protected and immobile as directed.

Visits are usually more frequent at first to check on fracture position and the condition of your limb. As time goes on, the visits are spaced out more. Once the fracture has healed sufficiently the cast/splint/sling can be removed and therapy begun. Wait until you are told that it is safe before doing so. Return to work or school will depend upon the nature of your injury and the nature of your work. This should be discussed on an individual basis. Driving is not recommended while you are impaired. You should not drive while taking narcotic pain pills. We recommend driving only when you can use both hands and legs to safely operate the controls of the vehicle.

Danger signs for upper extremity fractures:

1. Pain is increasing and nothing seems to help (elevation, ice, rest, medication).
2. Swelling is getting worse and there is loss of color or feeling in the fingers.
3. Reactions to medications (such as ***itching, rashes, swelling of the face, difficulty breathing or swallowing***).
4. The cast or other form of immobilization is broken or not working and the fracture is not stabilized.

If any of these signs develop you should proceed to the nearest emergency center, preferably Emergency Center at William Beaumont Hospital Royal Oak Division where the physicians will contact us.

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