



Supracondylar Fracture - Distal Humerus

Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT

Tel: 01302 644665

You will be followed up by the consultant.

This is a follow-up letter to your recent telephone consultation with the fracture care team, explaining the ongoing management of your injury.

Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Extended Scope Physiotherapist.

You have sustained a supracondylar fracture to your distal humerus.

You will have been placed in a temporary backslab (plaster) in A&E and given a sling. In some occasions this injury may need surgical repair.

For this reason we have referred you to be reviewed by an upper limb specialist within 7-10 days of your injury to discuss your management plan.

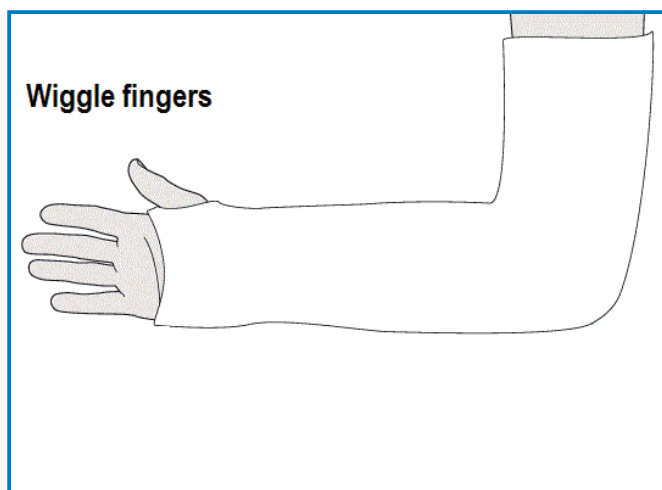
It is important that you make sure you can always wiggle your fingers whilst in this plaster and that you have full sensation to your fingers.

If at any time you lose sensation or movement of your fingers you should immediately return to A&E to have the plaster checked.

This injury normally takes approximately 6 weeks to heal.

Take pain killers as prescribed. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Picture of injury (example of left elbow)



If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone details at the top of this letter.

You have been referred to fracture clinic 7-10 days post injury. They will remove the temporary cast and examine your elbow. Depending on this examination you may be fitted in another cast or brace and you may need further x-rays or surgery. The specialist will talk you through the next stage of your rehabilitation.

If you have not received a letter for this appointment, please contact the booking team on Tel: 01302 642500.

Please follow the Management/rehabilitation plan shown below:

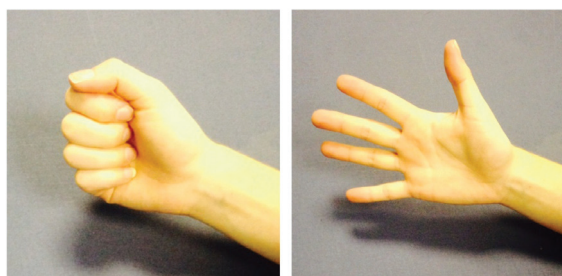
| Weeks since injury | Rehabilitation plan |
|--------------------|--|
| 0-2 | Keep the arm elevated in the sling or on pillows if more comfortable. Do the circulation exercises show below. |
| 2-6 | The Specialist will give you advice for the next phase of your rehabilitation at your follow up appointment. |

Smoking cessation

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Initial Exercises to be done 5-6 times a day



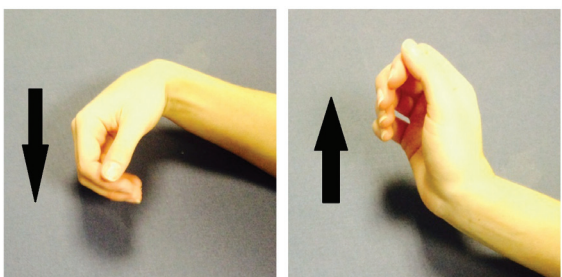
Finger flexion and extension

Begin this exercise by opening and closing your hand as shown, approximately 10-15 times.

Progress to holding a soft ball / ball of socks. Squeeze the ball as hard as possible without pain.

Hold for 5 seconds and repeat 10 times if there is no increase in pain.

Likely exercises to progress onto after your consultation 5-6 times a day



Wrist flexion and extension

Bend and lift your wrist as far as comfortable

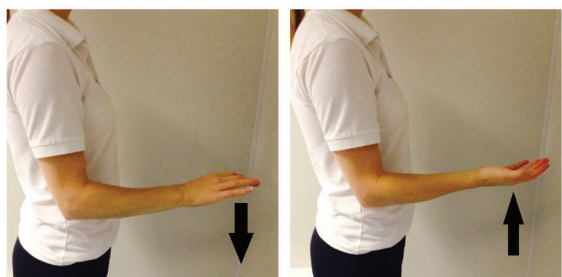
Repeat 10 - 15 times if there is no increase in pain.



Elbow Bend to Straighten

Bend and straighten your elbow as far as you can without pain. You should not feel more than a mild to moderate stretch. You can use your other arm to assist if necessary.

Repeat 10 - 15 times if there is no increase in pain.



Forearm Rotations

Begin this exercise with your elbow at your side and bent. Slowly turn your palm up and down as far as you can go without pain. You should not feel more than a mild to moderate stretch. You can use your other arm to assist if necessary.

Repeat 10 - 15 times if there is no increase in pain.