

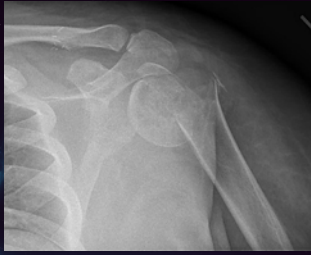
Case Presentation: Three-Part Proximal Humerus Fractures

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Case Example #1: 3-Part Fracture

- 35-year-old male presents to clinic with limited ROM due to pain after an ATV accident
- History significant for brachial plexopathy, obesity, large hematoma of his left upper extremity

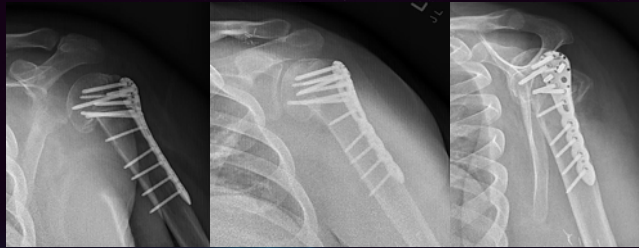


POLL OPEN

What would you do?

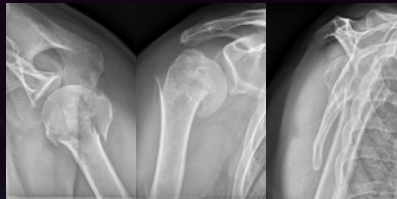
1. Nonoperative Treatment	0%
2. ORIF	0%
3. Hemiarthroplasty	0%
4. RSA	0%

Case Example #1: 3 Months S/P ORIF



Case Example #2

- 64-year-old retired male presents to clinic with pain after suffering a ground level fall
- History is significant for high cholesterol and prostate cancer

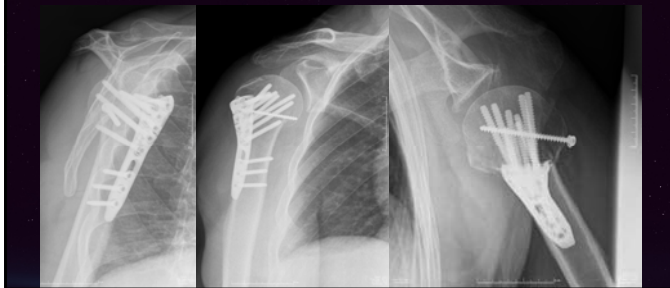


What would you do?

POLL OPEN

- | | |
|---------------------------|----|
| 1. Nonoperative Treatment | 0% |
| 2. ORIF | 0% |
| 3. Hemiarthroplasty | 0% |
| 4. RSA | 0% |

Case Example #2: 3 Weeks PostOp



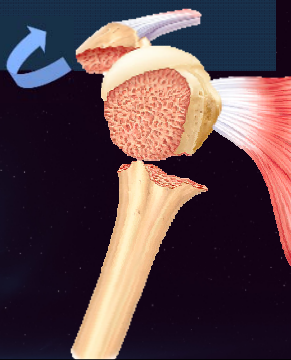
Case Example #2: 10 Months PostOp



- Forward Flexion: 120°
- Abduction: 100°
- External Rotation: 75°
- Internal Rotation: T6

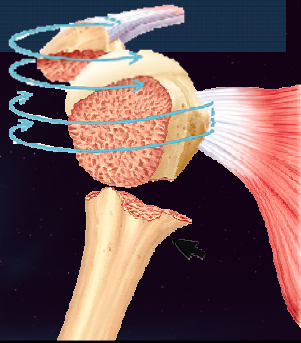
Deforming Forces

- Unopposed pull of the subscapularis
- Greater tuberosity displaced posterior-superior
- Shaft displaced anterior-medial



Reduction Maneuver

- De-rotate head



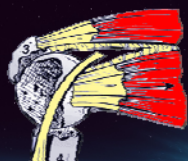
Management of 3-Part Fractures

- Reduce the head to shaft with K-wires
- Reduce greater tuberosity with heavy sutures and pin to shaft

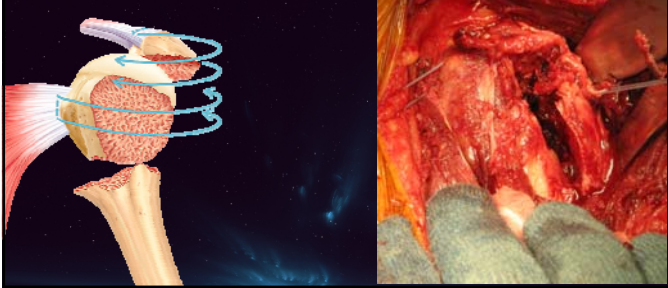


Case Example #1: 3-Part Fracture

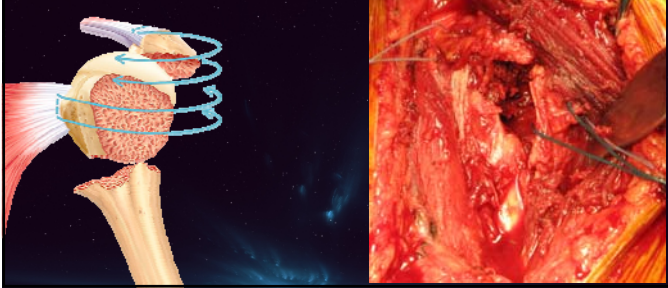
- 78-year-old female is assaulted and purse snatched
- Degloving injury - leg requires muscle flap



IntraOp

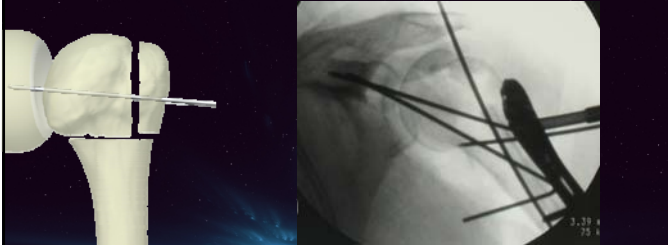


IntraOp



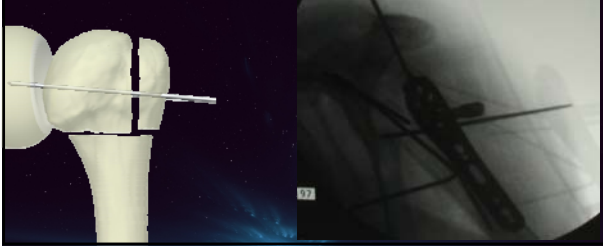
Reduction Pearl

- Head can be pinned to the glenoid to assist reduction

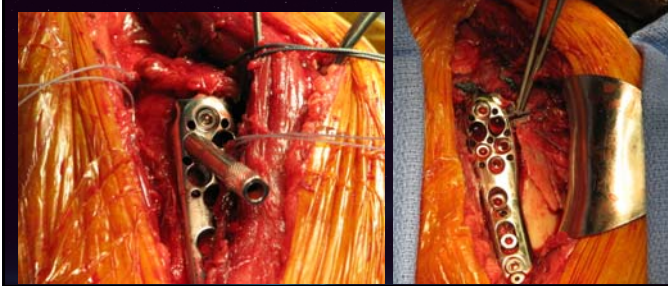


Reduction Pearl

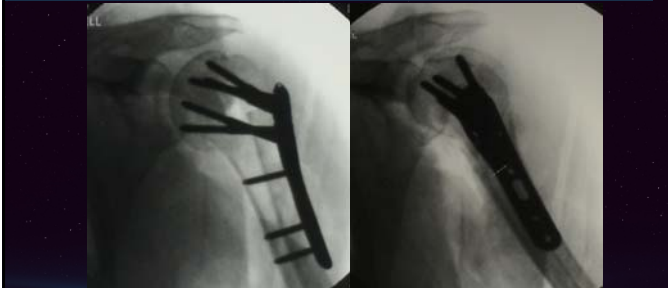
- Head can be pinned to the glenoid to assist reduction



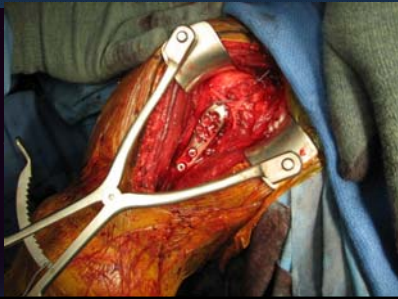
IntraOp



Finished



Finished



Thank You



FLORIDA
ORTHOPAEDIC
INSTITUTE
