



**Four Part Fracture of the Humerus in an Elderly Female**

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**Disclosure**

- Studies supported by:
  - OTA, COA, ASES
  - Zimmer Inc.
  - Stryker, Olympus Biotech, AO
- I am a consultant for Stryker, Acumed, Zimmer, ITS
- Receive royalties from Stryker (plates), LWW, Springer (publishers)

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**Case Presentation**



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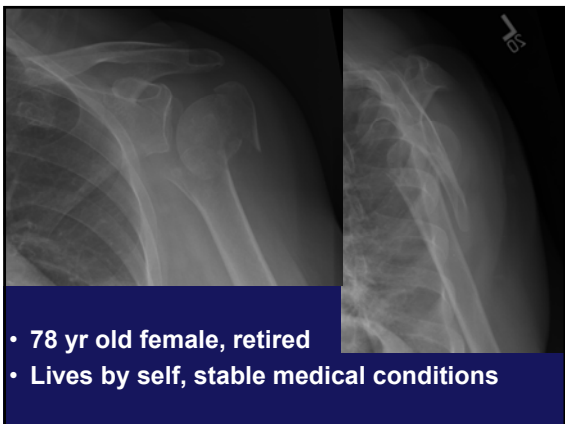
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RCT's of Proximal Humeral Fractures  
Operative versus Non-operative

- Olerud 2011 – 60 pts, mean age 74, 2 yrs f/u  
- Constant score Non-op 59, OR 61
- Fjalestad 2012 – 50 pts, mean age 73, 1 yr fu  
- Constant score Non-op 33, OR 35
- PROFHER study, JAMA, 2015, 231 patients  
- Oxford scores 39 surgical, 38 non-op

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32,760 Proximal Humeral Fractures: Ontario 2007 -2012		
	Number	Re-op @ 5 yrs
• Non-op:	25,104	1.4%
• Closed rdn:	3,258	21.1 %
• ORIF:	2,979	30.1%
• Arthroplasty:	1,419	13.5%

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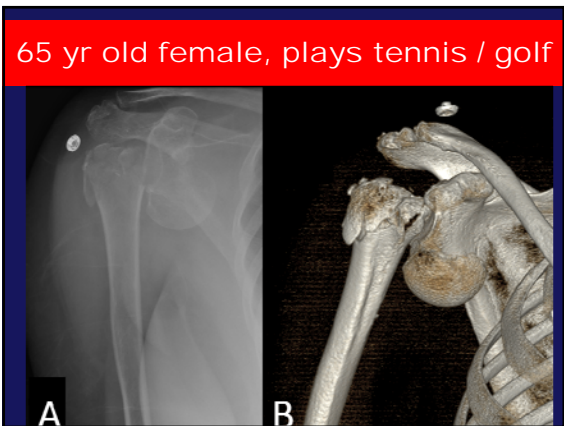
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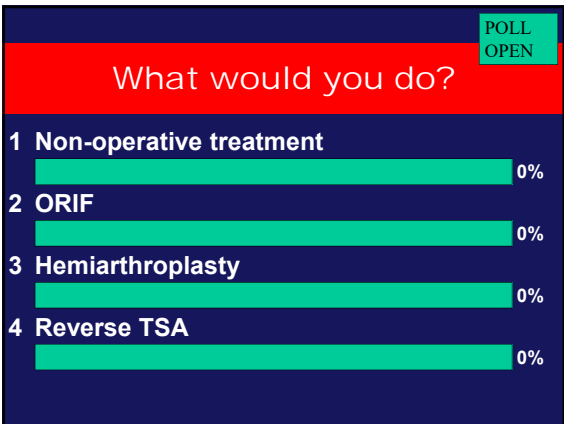
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**RCT: Reverse versus Hemi**

- Sebastián-Forcada E. et. al.  
Reverse shoulder arthroplasty versus hemiarthroplasty for acute proximal humeral fractures. A blinded, randomized, controlled, prospective study. J Shoulder Elbow Surg. 2014 Oct;23(10):1419-26
- 62 patients over 70 years of age with 3, 4 part fractures
- RSA better Constant (56 versus 40)
- RSA better flexion 122° versus 79°
- RSA better DASH 17 versus 29
- 6 HA's converted to RSA

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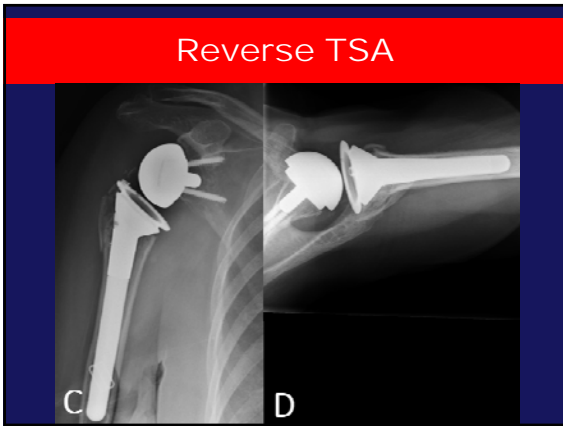
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Concerns

- Able to play sports?
- Longevity of the prosthesis?
- Rotational weakness
- Role of platform stems

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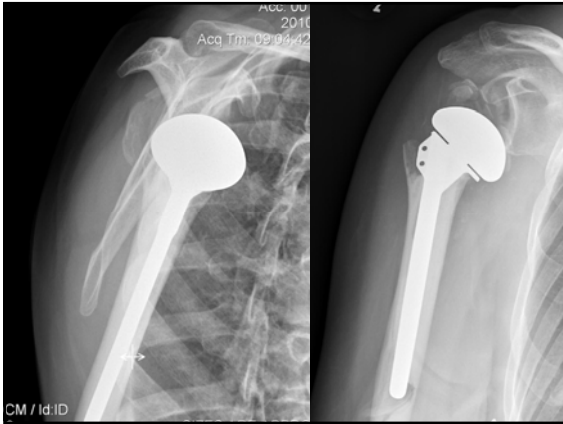
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**What would you do?**

1. Non-operative treatment
2. Fix tuberosity
3. Revise to a reverse arthroplasty

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**"Platform" Stems**

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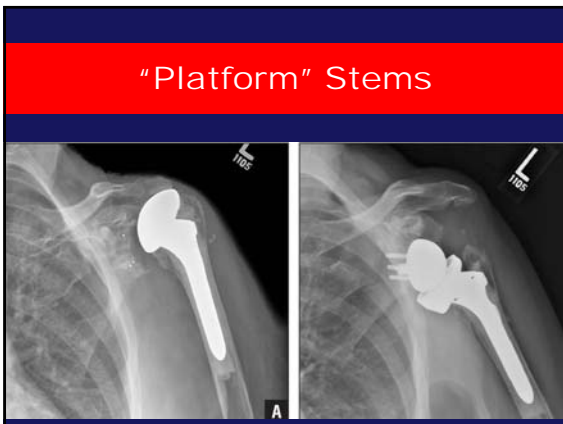
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"Platform" Stems

- Wieser K, et. al, Conversion of stemmed hemi- or total to reverse total shoulder arthroplasty: advantages of a modular stem design. CORR 2015 Feb;473(2):651-60
- 56 patients (46 stem changed, 13 stem intact)
- Stem intact group:
  - Less blood loss, less OR time
  - Fewer complications, fewer revisions
  - NOT ALWAYS POSSIBLE TO KEEP STEM

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Summary

- The majority of older patients with proximal humeral fractures can be treated non-operatively
- Multiple RCT's show ORIF, at present, is not superior to non-operative care
- There is a role for surgery in specific cases (i.e. fracture-dislocation in an active individual)
- The exact role of RTSA versus hemiarthroplasty remains to be determined

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