



## Treatment of Stiffness in Proximal Humeral Fractures

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### Abstract

Proximal humeral fractures are common injuries of the shoulder girdle. The management of these fractures is challenging due to the complex anatomy of the proximal humerus and the risk of complications such as stiffness, nonunion, and avascular necrosis. This review discusses the various treatment options for proximal humeral fractures, including conservative management, open reduction and internal fixation, and arthroplasty. The choice of treatment depends on the patient's age, activity level, and the characteristics of the fracture. This review aims to provide an overview of the current evidence and clinical practice regarding the treatment of proximal humeral fractures.

**Keywords:** Proximal humeral cracks; Subcoracoid; Subdeltoid spaces; Extracapsular grips

**Indexing:**

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investigation of 88 patients going through careful treatment for PHF, the utilization of intra articular triamcinolone infusion worked on the scope of movement what's more, torment at 3 and a half year post-operatively. Cortisone infusions in this study were allowed at about two months postoperatively. This impact was not supported at the year time point. There is no agreement over the ideal timing for cortisone infusion for tending to post-careful shoulder solidness [11,12].

## C o n c l u s i o n

Optional firmness following proximal humeral crack stays a test for fruitful administration and get back to top shoulder capability. A cautious history, clinical assessment, and examinations are required to recognize contributing variables for tending to torment also, solidness.

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