



One vs. Three Week Immobilization for Nonoperative Proximal Humeral Fractures

How to Cite

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One Versus 3-Week Immobilization Period for Nonoperatively Treated Proximal Humeral Fractures: A Prospective Randomized Trial.

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OE EXCLUSIVE

To listen to the full audio interview please go to <https://myorthoEvidence.com/AceReports/Report/13900>

Synopsis

One hundred and forty-three patients with nonoperative proximal humerus fractures were randomized to receive 1-week immobilization (n=67) or 3-week immobilization (n=76). Outcomes of interest included the visual analogue pain scale (VAS), functional outcomes measured with the Constant score and Simple Shoulder Test (SST) and complications. No significant differences were found in pain or functional scores at any time point up to 2 years follow-up. Similarly, no differences in complications were found between the two groups.

Publication Funding Details

Funding	Funding Details	Disclosures
Not funded	This study was done without any outside funding.	Other

Why was this study needed now?

The incidence of proximal humeral fractures is increasing, particularly in older individuals. The majority of proximal humerus fractures in this population can be treated nonoperatively. Patients generally undergo a period of immobilization in the acute healing phase. In recent years, shorter periods of immobilization have been suggested to allow patients to return to activities of daily living sooner. Therefore, a trial evaluating one vs. three weeks of immobilization following proximal humerus fractures was undertaken.

What was the principal research question?

In patients with nonoperatively treated proximal humerus fractures, how does one week of immobilization compare to three weeks of immobilization in terms of functional outcomes and pain scores?

What were the important study characteristics?



What were the important findings?

No significant differences in pain scores, as measured by the VAS scale, or functional outcomes, evaluated using the Constant Score and Simple Shoulder Test, were found at any time point. No differences in complications were found between the two groups.



Risk of Bias

- ✔ Was the allocation sequence adequately generated?
- ✔ Was allocation adequately concealed?
- ✔ Was investigator expertise/experience with both treatment and control techniques likely the same (e.g. were criteria for surgeon participation/expertise provided)?
- ⊗ Blinding Treatment Providers: Was knowledge of the allocated interventions adequately prevented?
- ✔ Blinding Outcome Assessors: Was knowledge of the allocated interventions adequately prevented?
- ⊗ Blinding Patients: Was knowledge of the allocated interventions adequately prevented?
- ✔ Was loss to follow-up (missing outcome data) infrequent?
- ✔ Are reports of the study free of suggestion of selective outcome reporting?
- ⊗ Overall risk of bias

What should I remember most and how will this affect the care of my patients?

In patients with nonoperative proximal humerus fractures, a one week immobilization period provides similar functional outcomes and pain levels without increasing complication rates when compared to a three week period of immobilization.

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