

## **SCAPULAR FRACTURE**

### **Overview**

The shoulder blade, or scapula, forms together with the humerus and clavicle the shoulder joint to which the shoulder girdle muscles attach. The lateral end of the scapular neck, called the glenoid fossa, forms the cup part of the shoulder's ball and socket joint. The scapula is protected by the overlying muscle of the shoulder, back and thorax. Scapular fractures are not common. When they do occur it is usually through high energy trauma directly over the scapular area and can be associated with rib fractures. Different parts can be individually or simultaneously involved during a fracture. Fracture of the glenoid involves the glenohumeral joint and can be more often associated with joint complications.

### **Causes**

High energy trauma is the most common cause of scapular fractures, like falling from a height or in motor vehicle accidents. Associated rib, lung, head, humerus and vertebral injuries can occur.

### **Symptoms**

It depends on the specific area where the fracture has taken place, but usually involves pain, swelling and limitation of movement of the arm. There is also local tenderness and in severe cases dislocation of the shoulder joint.

### **Classification**

There is different classifications that can be followed. In general, classification takes into account which part is involved in the fracture, the fracture pattern and whether the fracture is in combination with other injuries. Multiple fractures are common with scapular injury.

### **Treatment**

Depending on the extent and the location of the fracture, treatment will differ. Most scapular fractures heal well without intervention and are treated with a sling, early mobilizing, exercises and pain relief. When the significant part of the glenoid is involved, reconstruction of the scapular is necessary. When the skin is penetrated, surgery is also indicated. Surgery usually requires instrumentation to stabilise fracture in a good position until it has healed.