



Management of fractures around the shoulder

It is a great honor to be invited as a guest editor for this series “Management of Fractures Around the Shoulder” in *Annals of Joint* (AOJ). Fractures around the shoulder (clavicle, scapula, proximal humerus) are common and can be challenging to manage. Adding to the complexity of treating these injuries is the fact that they can be managed by Orthopedic surgeons with diverse training and background—general orthopedics, orthopedic traumatology, sports medicine, and shoulder/elbow. This series aims to provide a comprehensive overview of the management of these challenging fractures and provide guidance from experts on both non-surgical and surgical techniques. I hope that this series will be thought-provoking and educational for any orthopedic surgeon tasked with managing these difficult fractures around the shoulder.

In this series, several of the concepts presented aim to challenge long-standing “orthopedic dogma” regarding treatment of fractures around the shoulder. For example, our first manuscript focuses on the operative treatment of scapular body fractures, which historically have been treated without surgery. Additionally, the idea of using a “neutral-rotation” sling to prevent malunion in the non-operative treatment of proximal humerus fractures, challenges the use of a simple sling as standard of care.

While much attention has been given to recent reports, in particular the PROFHER trial, regarding the outcomes of non-operative treatment of proximal humerus fractures, we all see fractures that are clearly indicated for surgical intervention. A large portion of this series focuses on the surgical treatment of proximal humerus fractures—a topic that remains controversial. The goal was to provide a comprehensive, expert-driven review of this debated topic, and I feel we have accomplished this. All surgical options are presented by experts in that specific technique: plate osteosynthesis, intramedullary nail, hemiarthroplasty, and reverse shoulder arthroplasty.

I will end by expressing my sincere gratitude to all of the authors and co-authors that contributed to this series. They have volunteered their time and put forth great effort to create an outstanding series. I feel strongly that the expert opinions and treatment reviews provided will be invaluable in guiding orthopedic surgeons treating these fractures.

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