

<HOSPITAL_LOGO>

Acute Services Division

Department of Trauma & Orthopaedics

<HospitalName>

<HospitalAddress>

<City>

<Postcode>

Telephone: <HospitalNumber>

Fax: <HospitalFax>

Typed: <Todays Date>

<Patient: Name>

<Patient: Address>

Dear <Patient: Salutation> <Patient: Surname>

Elderly and Demented Nursing Home Resident – Proximal Humeral Fracture

Re: <Patient: Name>, <Patient: Date of Birth>

This patient's recent attendance at the Emergency Department has been reviewed and their proximal humeral fracture does not require any further treatment. This patient should continue to wear the sling for a period of four weeks. The sling can be removed to move the elbow, wrist and hand. After four weeks pendular exercises (instruction sheet enclosed) can be commenced. After a further two weeks active assisted exercises can commence.

The fracture will take about three months to heal. We would expect the pain levels to be reducing after six weeks.

If you have any questions, please contact the Fracture Clinic at <Hospital Name>, Tel: <HospitalPhone Number>. It is open Monday to Friday <time> am to <time> pm. Outwith these hours, should you have any urgent problems or concerns, please contact or attend the local Emergency Department.

Yours sincerely

A. J. BROOKSBANK

Consultant Orthopaedic Surgeon

Copy to: <GP: Letter Name>

<GP: Address>