



Distal Radius Buckle Fracture

What is a buckle fracture of the distal radius?

The radius and ulna are the two long bones of the forearm, extending from the elbow to the wrist. A buckle fracture can often happen in children because their bones are softer than the bones of an older adolescent or adult. When a child falls on their arm and hits it hard enough to damage the bone, it can buckle or bend instead of breaking.

How is this injury treated?

Buckle fractures are non-displaced stable fractures, meaning that the bone did not move. They can be treated with either a wrist splint or a short arm cast, both of which give the fracture the protection it needs to heal.

Your child will likely have three to four weeks of bracing or casting, followed by one to two weeks of part-time bracing. If your child is in a splint, they may take it off sometimes to ice the injury (15 minutes on, 15 minutes off). This can help the swelling go down.

Be careful with chemical ice packs, as they can get cold very quickly and cause frostbite when not used correctly. The chemicals inside the packs can also be dangerous if the pack breaks. A bag of frozen peas or a plastic bag with ice both work very well.

Will my child be in pain?

Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

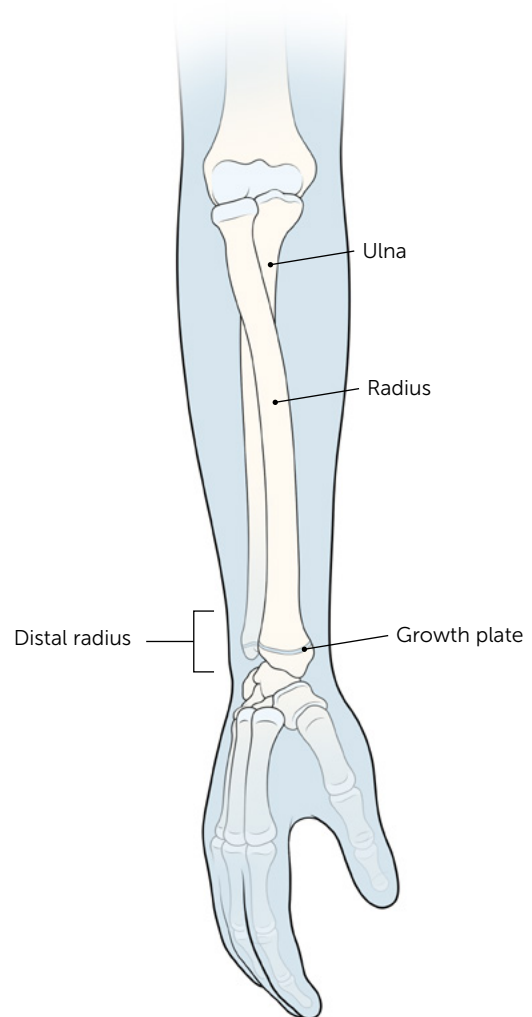
Can my child be active?

The brace or cast provides some protection, but a blow to the arm could move the fracture out of place or make the injury unstable.

Your child should not participate in activities where there is a risk of falling or getting a direct hit to the arm. This includes activities like:

- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing

The part of the bone that buckled is weak, and a second fall or blow to the arm or wrist could completely break the bone. If this happens, your child may need a reduction procedure or surgery to set the bone in the correct position.



How long will my child be out of sports?

We will assess your child and make recommendations based on how the fracture looks and the potential injury risks of the sport your child plays.

Your child probably will not play contact sports or do playground activities for four to six weeks.

Will my child need physical therapy or treatments after bracing or casting?

Your child probably will not need physical therapy and should get back to full strength and movement within one to two weeks after the cast or brace comes off.

When should I follow up?

Your child should come back to the clinic three to four weeks after the injury. They will not need new x-rays unless there is a reason for concern during the physical exam. At this visit, you will get directions about your child wearing a splint part-time. You will also get a timeline for your child returning to all activities.

When should I contact the office?

Call us if your child has:

- pain that increases quickly and without warning
- swelling with no new fall or injury
- new redness and warmth around the area with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem and we may direct you to take your child to our clinic or the emergency department.

Notes
