

Proximal Radius (Radial Head/Neck) Fracture



What is a proximal radius fracture?

The radius is one of the long bones of the forearm that extends from the wrist to the elbow. The proximal radius is the disc-shaped part of this bone that is near the elbow. This shape is what allows us to turn our forearm from a palms-up position to a palms-down position.

This injury occurs most often with what we call a FOOSH injury (fall onto an out-stretched hand). FOOSH injuries can happen from falls off a scooter, skates or monkey bars, as well as direct hits in sports like football, hockey or lacrosse.

How is this injury treated?

These fractures are usually either displaced, meaning the bone has separated, or non-displaced, meaning the bone fragments did not move. Your child's x-ray will show the type of break. If the bone is displaced, your child may need surgery, which will bring the bone back into the right position for it to heal properly.

We may first try to reduce the fracture, or push the bone back into place if it is displaced. This is usually done in the emergency department. If the bone cannot be held in a good position with a reduction, then surgery will likely be recommended.

If your child does not need surgery, we often put the injured arm in a cast. In order to leave room for swelling, your child will probably start with a bivalved (split) cast on their arm. The sides of the cast are taped with cloth medical tape, which you can buy at the pharmacy and replace if the tape begins to peel off. You may also use cloth athletic tape or duct tape, but avoid these if your child has a latex allergy. The cast is held tightly in place from the inside, so it should not fall apart if the tape does start to peel. We do not usually use waterproof material for first casts due to swelling.

Will my child be in pain?

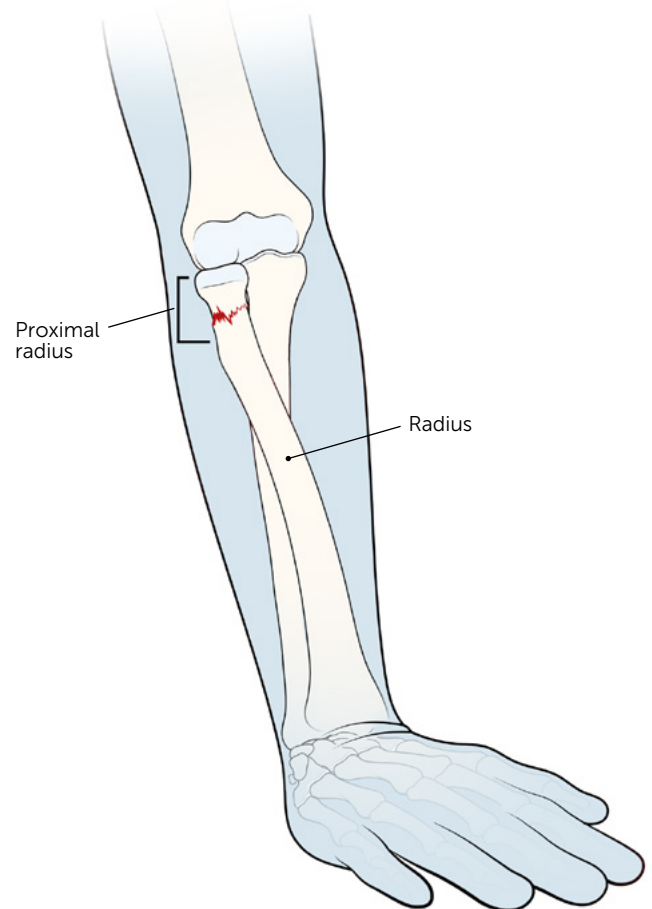
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

Swelling in the fingers is common. Help your child keep the arm and hand lifted or resting above the heart to help with swelling.

Can my child be active?

While the cast provides some protection, a blow to the arm could make the injury worse. Your child should not do any activities where there is a risk of falling or taking 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



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. After the cast comes off, your child should use their arm to bring back its full strength and motion while waiting to return to sports or playground activities. This injury could keep your child out of contact sports for four to eight weeks.

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

Most patients do not need physical therapy. Your child will probably get full strength and movement back within a few weeks after the bracing or casting ends.

If your child has surgery, or requires more time in the brace or cast to fully heal, we may prescribe physical therapy if we think it would be helpful to restore motion and strength.

How long will my child need a sling or cast?

The most common timeline for this injury is two to three weeks in a sling or long arm cast for non-displaced fractures. For displaced fractures, the common timeline is three to four weeks in a long arm cast. We will see you back at the end of that time to take the cast off and perform a new x-ray.

When should I follow up?

We often see patients once a week for x-ray checks during the first two weeks. The muscles in the arm put tension on the bone even though your child is in a cast and cannot move their arm. This tension can make the bone drift out of the correct position. We watch closely for this so we can treat it early if it does happen. We watch closely for this so we can treat it early if it does happen. If the fracture appears very stable, meaning that it is unlikely to move, we may hold off on weekly x-rays.

If the first cast was bivalved and everything looks good at the one-week appointment, we may overwrap the cast. This means we put on a new layer of casting material to close off the cast, which keeps it from getting too loose as swelling comes down. If your child had surgery, we may replace the cast with a new cast if we believe it has gotten too loose.

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 elbow with new fevers, chills or nausea
- 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
