



Distal Radius Fractures

The radius is located in the forearm. The forearm consists of two bones, the radius and the ulna. The radius is the larger bone. A distal radius fracture occurs when there is a break at the end of the radius bone closer to the hand rather than the elbow. A distal radius fracture is the most common area to break a bone in the arm. This injury usually occurs with a fall on an outstretched hand. At times, the other bone in the forearm breaks. This would be called an ulna fracture. Sometimes both bones break at the same time.



Symptoms

When there is a break in the bone of the wrist, it usually causes immediate pain. There can be swelling and bruising. If the bone is angulated, the wrist will lock bent or deformed. Ice, Elevation, and a spirit may be used to help with the discomfort initially. If there is associated numbness or tingling of the hand or fingers, or if the fingers are not pink and your child cannot move his/her fingers, immediate evaluation treatment is needed.

Treatment

Most distal radius fractures can be treated non-surgically with some type of immobilization such as a cast. If the fracture is angulated or out of place, it may need to be realigned to the proper position. This is called a "closed reduction". It is a good idea to elevate the injured arm above the heart for the first 24-48 hours after the injury to help decrease swelling and pain. A child is typically immobilized in a cast for 4 to 7 weeks depending on the severity of the break. Your child may need periodic follow up visits with your physician to evaluate how the case is fitting and the alignment of the bones, which is evaluated by x-rays. IT IS VERY IMPORTANT TO KEEP THE SCHEDULED APPOINTMENTS. IF APPOINTMENTS ARE MISSED, THE FRACTURE MAY MOVE AND HEAL INCORRECTLY.

Pain may be managed with over-the-counter medications, such as Tylenol/acetaminophen or Motrin/Advil/Ibuprofen given as instructed on the package. If there is associated numbness or tingling of the hand or fingers, or if the fingers are not pink and your child cannot move his/her fingers, immediate evaluation treatment is needed.

Surgical Treatment

Most wrist fractures do not need surgical intervention. In the cases where the fracture is not able to be "reduced" or placed back into proper alignment and it will affect the motion of the arm, surgery may be needed. In most cases, "closed reductions" are performed with pain medicine. In some cases, the fracture will need an "open reduction", as well as hardware, such as pins, plates, or screws to help realign the bone.



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What happens after the fracture heals?

In general, after the bone has healed, kids return to their normal activities without any consequences of the fracture. Most children do not require any physical therapy. Restriction of contact sports and physical activity is usually for 4 weeks after the cast is removed depending on the severity of the fracture.

Generally, your child may begin to progress in activities as tolerated thereafter. Stiffness around the wrist joint after the cast is removed is common. Typically, children's motion and strength is returned to normal 1 to 3 months after the cast is removed. In order to help with wrist strength and movement, you may fill the sink with warm water and have the child move their wrist in circular motion, such as with washing dishes and then squeeze the water out of the sponge to regain hand strength.