

This is a follow-up letter to your recent telephone consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist).

Your child has fractured the bone in their forearm, just before their wrist. This is known medically as a buckle fracture to the distal radius and/or ulnar. Buckle fractures are very common in young children as young bone is still soft and very flexible.



Healing: This normally takes approximately three to four weeks to heal. It is normal for it to continue to ache for a few weeks after this.

Pain and swelling: Your child can take pain killers if required (always read the label; do not exceed the recommended dose). The splint is for comfort, it does not change how the fracture heals. Elevate their arm to reduce swelling for the first few days

Using the arm: Your child may use the arm as long as it is comfortable.

It is important for your child to keep the elbow moving to prevent stiffness.

Follow up:

Normally we do not follow up patients with this type of injury as they heal well. If after 6 weeks your child still has significant pain or swelling, please contact us using the details listed above.

Please follow the plan:

Weeks since injury	Plan for your child
0-3	<ul style="list-style-type: none"> ✓ Your child should wear the splint all of the time however it can be removed daily for washing and to check skin for signs of rubbing (eg. Redness or broken skin) ✓ Use a sling for the first couple of days if their arm is painful ✓ It is advised that when discarding the splint this is done in the morning as the arm may ache and doing this prior to bed may cause disturbed sleep
3	<ul style="list-style-type: none"> ✓ The fracture is healed and the splint can be removed ✓ Your child can begin to resume normal activity ✓ Carry out day to day activities ✗ Heavy tasks, heavy lifting or sport may cause some initial discomfort ✗ Avoid contact sports until 6 weeks after their injury
6	<ul style="list-style-type: none"> ✗ If your child is still experiencing ongoing pain and swelling, please contact the Fracture Care Team for advice.

Advice for a new injury.

Cold packs: The splint may be removed to apply cold packs. A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief if needed. Apply this to the sore area for up to 15 minutes, every few hours. The ice must never be in direct contact with the skin.

Rest and elevation: Try to encourage your child to rest the arm for the first 24 to 72 hours to allow the early stage of healing to begin. Raise the wrist above the level of your heart with a sling if it is throbbing.

Caring for your splint:

The metal bar can be removed from the splint and can be hand washed and allowed to dry at room temperature (Do not tumble dry).

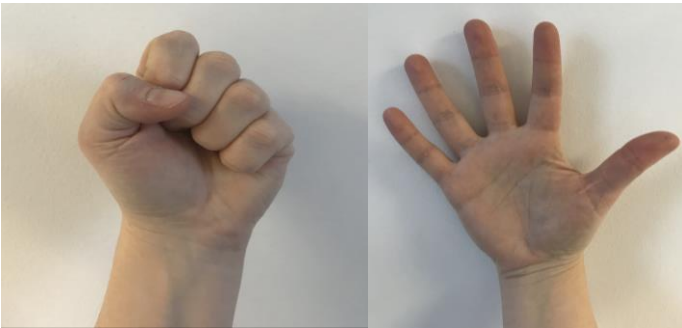
Whilst your child is in their splint, it is important to keep the fingers, thumb and elbow moving as pain allows. Keep an eye on the colour of your child's hand. Some discolouration is normal following the break and disuse of the arm. If however, you notice the fingers of hand turning a bluish colour, contact the fracture clinic immediately to discuss. Keeping the fingers moving will improve the circulation.

Stage 1 exercise:

The following exercises can be commenced immediately after injury as pain allows. They are helpful at keeping the uninjured areas mobile.

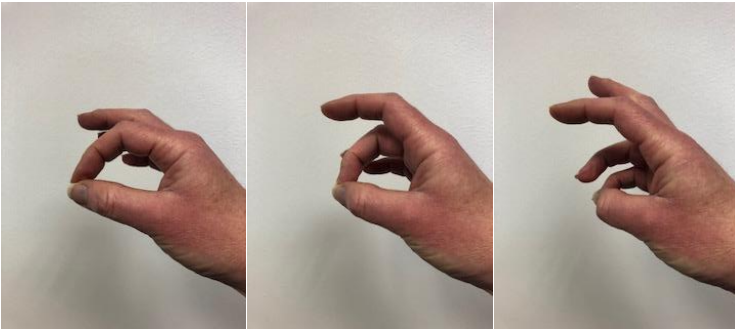
Repeat all these exercises 5-10 repetitions, 3-5 times per day as pain allows.

1. Active finger flexion and extension.



With your child's hand resting in mid-air, bend your thumb and fingers to make a full fist then spread the fingers and thumb apart as wide as possible. NB your child will still have their splint on for this exercise. Perform this 5 times to each finger, 3-5 times per day

2. Thumb and finger opposition.



With your hand resting in mid-air, touch the pad of the thumb to each fingertip then the base of each finger. Perform this 5 times to each finger, 3-5 times per day

With your hand resting in mid-air, touch the pad of the thumb to each fingertip then the base of each finger. Perform this 5 times to each finger, 3-5 times per day

3. Elbow Flexion and Extension



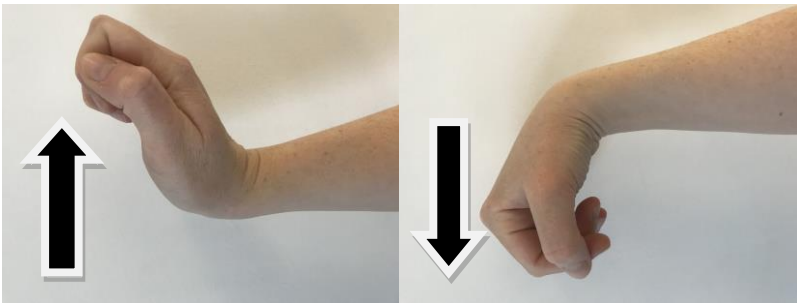
Sitting or standing, bend then straighten the elbow as far as comfortable. Your child can stop these exercises as soon as the movement is equal to the other side.

Stage 2 exercises -commence at 3-4 weeks post injury.

Once the splint is removed, it is important to regain movement in the wrist as quickly as pain and healing will allow. Your child's day to day activities will assist in range of movement, function and activity. These exercises can be helpful in the early stages to encourage movement and are helpful to work on little but often. Once the movement is the same as the other side, they no longer need to do these exercises

Repeat all these exercises **5-10** times each and **3-5** times daily.

4. Active Wrist flexion and extension



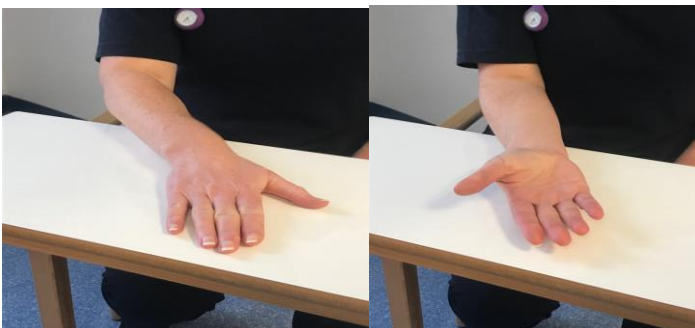
With the hand resting over the edge of a table or resting in mid-air, move the wrist and hand forwards as far as comfortable then in the opposite direction, backwards as far as comfortable.

5. Active Wrist radial and ulna deviation



Rest the palm on a flat surface then move to the wrist side to side, as though you are doing a wiping action.

6. Active pronation and supination.



Rest the palm on a flat surface. Keep the elbow bent and tucked into your side. Then turn the palm up to the ceiling then down to the floor.

7. Functional activities/games

Activities such as play dough, art and craft work, board games and lego can assist with the fine dexterity of the hand and wrist and can be performed as your child's pain allows.

Is it normal for my child to get pain whilst exercising?

It is normal for your child to get some discomfort/pain when they do their exercises. This may take anything up to a few months to settle completely. However, it should not be severe pain and any pain after exercising should be bearable. Your child's joint should not feel hot, inflamed or develop lots of swelling after exercising. If your child's pain following exercising does not settle down within 30 minutes of exercising you should consider:

- Doing smaller amounts of exercises
- Do not push through high intensity pain
- Discussing your pain relief with your GP or pharmacist as required.
- If there has been an increase in swelling, use the ice and elevation advice

If your child is still finding their pain severe or unmanageable or you are concerned about lack of improvement, please contact the fracture clinic.

Return to sport/ activity

Your child should be able to return to light activities such as writing, using a keyboard and self-care activities once the cast is removed. These activities should be built up gradually as pain tolerates. Extra rest breaks at school may be needed if your child is desk based for long periods.

Your child can return to PE and light sporting activity such as swimming or running based activities from 6 weeks. Activities such as gymnastics or impact sports such as rugby are best avoided till 8-12 weeks post injury.

Finally

Although the information in this video is based on current knowledge and best practice in managing typical conditions, all individuals and injuries are different. This may mean your child's symptoms do not follow a normal and predictable course. If your child is experiencing ongoing pain or they are limited in what he/she can do, please get in contact with the fracture clinic team for advice via the contact information below.

Phone: 01384 456111 ext. 2220 Incoming calls are monitored 9am to 5pm, Monday to Friday. Please leave a message out of hours and a member of the team will return your call.

Email dgft.vfc.dudley@nhs.net

You can find video's for this information sheet on the following link: Buckle # distal radius
<https://www.youtube.com/watch?v=18Gmm3JCDtg>