

Supracondylar Fracture

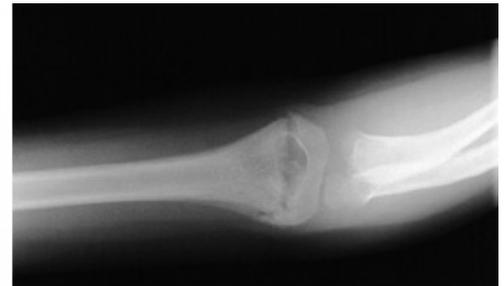
What is a supracondylar fracture?

A supracondylar fracture is a break at the end of the upper arm bone (humerus), near the elbow. It is the most common type of elbow fracture in children, accounting for 60-75% of all elbow fractures. This type of injury is typically caused by falling on an outstretched arm, with the elbow fully straightened, but can also be caused by falling directly on the elbow. The force results in the arm breaking at its thinnest, weakest point, just above the elbow joint.

What are the signs and symptoms?

Symptoms of a supracondylar fracture can be different for each individual. Some of these include:

- ✓ A swollen, tender elbow.
- ✓ Intense pain that does not resolve, after a known fall has occurred.
- ✓ A specific, localized area of pain in the elbow or upper arm, that hurts to the touch.
- ✓ Increased pain with movement of the elbow.
- ✓ Pain that is not typically relieved with pain medication (Tylenol, Advil).



How do you diagnose it?

The only way to definitively diagnose a supracondylar fracture is to obtain an x-ray. Usually your doctor will order several views of the elbow and determine if a fracture is present.

How do we treat it?

Treatment of this fracture depends on the severity of the break. Although some severe forms of this fracture may need surgery, most of them can be treated non-operatively.

- If surgery is not required, your child will be placed in a fiberglass cast for 3-4 weeks. This cast will go from the wrist to the mid-point of the upper arm with the elbow bent at a 90 degree angle. This cast usually cannot be waterproof.
- Usually the elbow will need to be splinted with an open splint the first 3-5 days due to swelling prior to casting.
- After the cast is removed, your child will experience significant stiffness and may avoid using the arm. It is important to encourage your child to start bending and straightening the arm to regain motion.
- Your doctor may require a 2 week follow-up appointment to ensure full motion has returned in the elbow. If motion is still lacking, formal physical therapy may be prescribed at that time.

References:

Children's Hospital Colorado Sports Medicine Program for young athletes
American Academy of Pediatrics
American Medical Society of Sports Medicine