

Buckle fracture distal radius

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

An orthopaedic doctor will review your case, then a physiotherapist will contact you by telephone to discuss your management plan.

Your child's diagnosis is buckle fracture distal radius

Your child has sustained a buckle fracture of their wrist which is a common fracture for children.



Caring for your child's fracture

Your child will be given a splint by the emergency department to wear for 3 to 6 weeks following their injury. This should be worn day and night.

The splint can be removed for bathing or showering without any risk to the fracture healing process. If the splint gets wet, it can be removed and dried.

Your child's wrist will likely still be sore for a short period even after the application of the splint. It is essential that you give your child appropriate doses of Paracetamol or Ibuprofen to help with their pain. Elevate their arm if their hand becomes swollen. Your child may use their arm if they are comfortable.



Young bones are softer than adult bones – they tend to bend and kink instead of breaking.

The pain and tenderness in your child's wrist should gradually settle as the healing process occurs over the next 3 to 6 weeks.

Buckle fractures are managed in a splint or soft cast for 3 to 6 weeks, depending on the age of your child. The virtual fracture clinic physiotherapist will advise on what precise timeframe the orthopaedic doctor has recommended.

These are easy to apply and remove.

After the recommended splinting period is completed, you can remove your child's splint. Your child's wrist may be a little sore and stiff when they use it for the first time after having their splint removed. If this happens, re-apply the splint for a few hours. It is best to start using the arm as normally as possible. Use a simple painkiller if required.

The splint should be worn for 3 to 6 weeks, depending on the age of your child, but can be removed earlier if the child is pain free. We advise that your child avoids sports, skateboarding and rough play for 6 weeks.

Medication

Paracetamol and/or ibuprofen are excellent pain relief medications. They must always be taken as per dosage instructions on the packet or as advised by your pharmacist.

Rehabilitation: After the splint is removed

Remove the splint and start to resume normal activities.

Please note, the number of times your child needs to carry out each exercise is included as a guide only. If they experience a significant amount of pain while carrying them out, you should reduce the number of times they do each exercise, and gradually increase the amount during their recovery.



Open and close your hand – **repeat 10 times.**

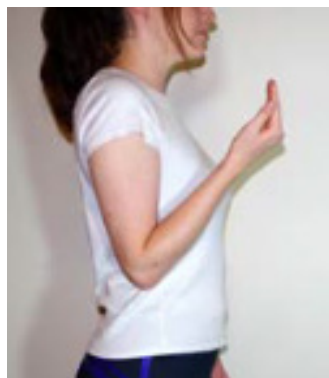
Progression: Hold a soft ball or ball of socks. Squeeze and relax – **repeat 10-15 times.**



Move your wrist up and down – **repeat 10-15 times.**



Thumb movements: touch your thumb to each finger in turn.



Elbow bend and straighten: bend and straighten your elbow so you feel a mild to moderate stretch. Use your other hand to help if necessary. Do not push into pain – **repeat 10 to 15 times.**



Forearm rotations: with your elbow bent to 90 degrees by your side, rotate your palm up and down so you feel a mild to moderate stretch – **repeat 10-15 times.**

Physiotherapy

If they don't have normal movement back after 6 weeks, speak with the Virtual Fracture Clinic or your local doctor (GP) about physiotherapy options available to you.

Longer-term recovery and expectations

Buckle fractures have an excellent and predictable recovery, recovering well with no ongoing problems.

Your child should return to school and day-to-day activities as soon as comfortable.

Return to sport

Your child may resume non-contact sports such as swimming after 6 weeks but should avoid full or limited-contact sports such as football, rugby

or basketball for 8 weeks. If they are unable to resume sport after this time or need further guidance, please see your GP or contact the Virtual Fracture Clinic on 0448 193 644 about a physiotherapy referral.

When to contact the Virtual Fracture Clinic

- If you have not heard from us within 3 working days after your Emergency Department visit.
- If your child's pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help.
- If you notice increasing pain without a cause after it was improving.
- If you notice major numbness, pins and needles, or changes in circulation in their arm, hand or fingers.
- If after 3 weeks the wrist is still very sore, swollen, or your child is not willing to use it, please contact the virtual fracture clinic.

If you have any questions or concerns, please contact the Virtual Fracture Clinic:

T: 0448 193 644

E: myfracture@health.qld.gov.au

This fact sheet provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for most patients with this condition. However, it may not apply to your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain that does not settle quickly with rest (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it.

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at Townsville University Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again. Thank you to the Royal Melbourne Hospital VFC for their assistance.



Partnering with Consumers - This patient information brochure supports National Safety and Quality Health Service Standard 2. Consumers and/or carers provided feedback on this patient information.



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