

# FRACTURES

**Clavicle** from direct fall/blow to shoulder, trauma at birth

tx: arm sling x4-6wks → PT after 4wks

**Shoulder** common in elderly → rotator cuff tear (MRI to r/o)

tx: immobilize 2-3wk → passive ROM → light strength at 6wks

**Humerus** → MC radial nerve injury. Posterior fat pad.

tx: Sugar tong (distal), coaptation (shaft) → Ortho FU

**Supracondylar** → MC pedis elbow fracture

• usually due to FOOSH → anterior fat pad on Xray

tx: posterior long arm (displaced → DRIF)

**Radial head** lateral tenderness, ↓ROM

tx: long arm + sling

**Nightstick** from a blow

tx: functional brace

**Colles** → dorsal angulation

tx: reduction or casting

**Smith** → volar angulation

Comp → median nerve injury

tx: sugar tong

**Scaphoid** → Snuffbox

tenderness

Comp → AVN

tx: thumb spica >10wks

**Boxers** → 5/4 metatarsal

due to punch w/ clenched fist

tx: ulnar gutter at 60° flexion

**Hip** → severe hip/groin/thigh pain after recent trauma/fall

if femoral neck → AVN risk from medial circumflex fem. artery

PE → leg roll maneuver

tx: DRIF, arthroplasty

**Patella** → patella alta (due to pulled quad)

tx: 6-8wk immobilization. DRIF if displaced

**Tibial plateau** → children in MVC

Comp → peroneal nerve injury (foot drop)

tx: cast x6-8wk. DRIF if displaced.

**Talus** due to high force impact (snowboarding)

tx: non-weight bearing cast. Displaced → surgery

**Jones** prox 5<sup>th</sup> metatarsal → lateral foot pain

tx: walking boot, 6wks non-weight bearing

**Stress** MC 3<sup>rd</sup> metatarsal → rest, splint, post-op shoe

• common in athletes and military from overuse

**Monteggia**: proximal ulnar shaft fracture + radial head dislocation

↳ radial nerve injury → ORIF

**Galeazzi**: distal radial shaft fracture + ulnar dislocation

↳ long arm ± DRIF

# DISLOCATIONS

**Shoulder** → FOOSH due to sports/fage

Anterior: abducted, external rotation

Posterior: adducted, internal rotation

Comp → bankart/hill-sachs lesions, axillary nerve injury

tx: reduce, sling, PT

**Radial Head Subluxation**

cause: pulling upward

SX: lateral elbow pain

• hold arm in flexion and pronation

tx: supinate + flex + hyperpronate

**Hip** → posterior most common due to trauma (fall from height, MVC)

Posterior → adducted, internal rot. xray: head superior to acetabulum

Anterior → abducted, external rotation xray: head inferior to acetabulum

tx: closed reduction under conscious sedation → open if fails

**Knee** ortho emergency → due to high impact w/ knee extended

Comp → popliteal artery injury

dx: CT angio, x-rays (pre and post), MRI to eval sof tissue injury

tx: early reduction essential

**Ankle**

causes: fall, MVA, sports injury

complications: damage to vessels, nerves, skin

tx: reduction ± DRIF

