

HOW TO DESCRIBE A FRACTURE 101

(ie. how not to look stupid when talking to orthopedics)

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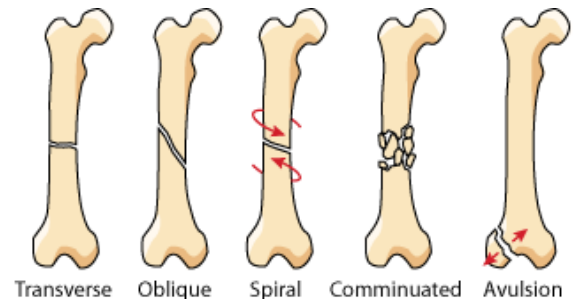
**This is not meant to be a completely comprehensive guide, but will cover the most important features*

After checking what type of xray you are looking at....

1. What type of fracture?

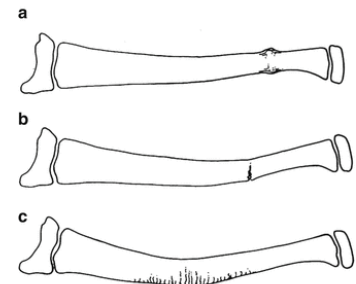
a. Complete types

- i. Transverse
- ii. Oblique
- iii. Spiral
- iv. Comminuted: more than 2 parts to the fracture
- v. Avulsion: a small fragment pulled off



b. Incomplete types (unique to pediatrics)

- i. Buckle/torus
- ii. Greenstick: periosteum intact on one side
- iii. Bowing: bent



c. Salter-Harris (unique to pediatrics; see below)

2. Where is the fracture on the bone?

- a. Typically describe location based on what third of bone: distal, mid-shift, proximal third; can also use terms diaphysis, metaphysis, epiphysis.

3. Is it out of alignment?

- a. *Displacement*: % translation from normal position
 - i. If fully displaced, any shortening? (describe in cm)
- b. *Angulation*: degrees from baseline and in what direction (convention = describe angulation as the direction the apex is pointing relative to the long axis of the bone) Eg. "Distal radius fracture with volar angulation of x degrees"
- c. *Rotation*: if you can tell....



4. Is anything else going on?

Eg. Is it intra-articular? Is there an associated dislocation?

5. "Clinical correlation required..."
- Is it open or closed? (skin broken at site of fracture or intact?)
 - How is the patient's neurovascular status?

Salter-Harris classifications

