



Emergency fractures Quick reference

All open injuries and/or injuries with neurovascular compromise need discussion with appropriate team (orthopaedics or plastics)

UPPER LIMB | Elbow



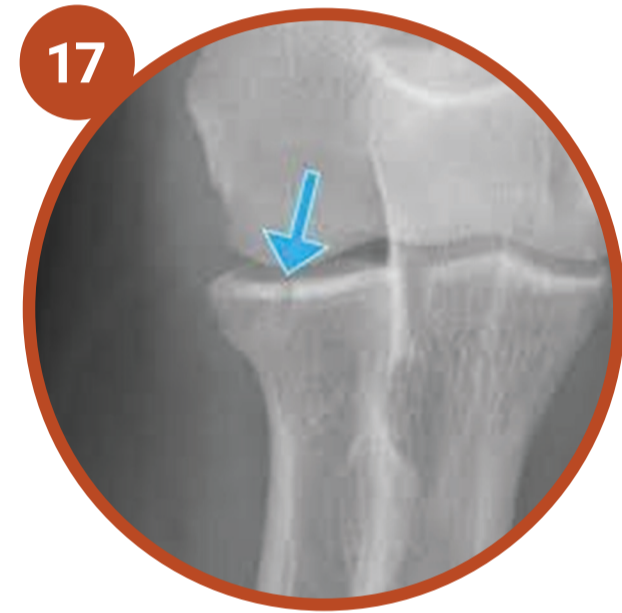
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Occult radial head fracture & positive fat pad signs

- Anterior fat pad elevated >45° is pathological
- Presence of posterior fat pad is also pathological

Immobilisation: Broad arm sling

Follow up: Orthopaedics OPD



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Uncomplicated radial head fractures

- Minimally displaced <2mm step
- No mechanical block to rotation
- Angulation <30°

Immobilisation: Broad arm sling

Follow up: Orthopaedics OPD



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Complicated radial head fractures

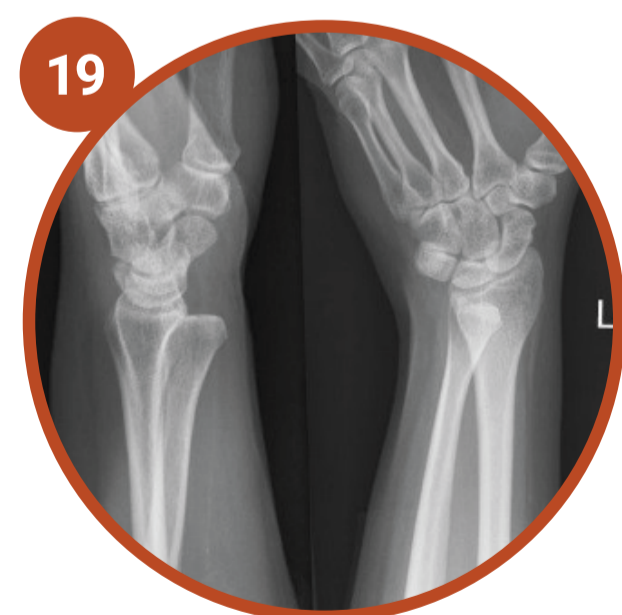
- Displaced >2mm step
- Mechanical block to rotation
- Angulation >30°

Check distal radio-ulnar joint tenderness (r/o Essex Lopresti lesion)

Discuss with orthos about ORIF

Immobilisation: Broad arm sling

Follow up: Orthopaedics OPD



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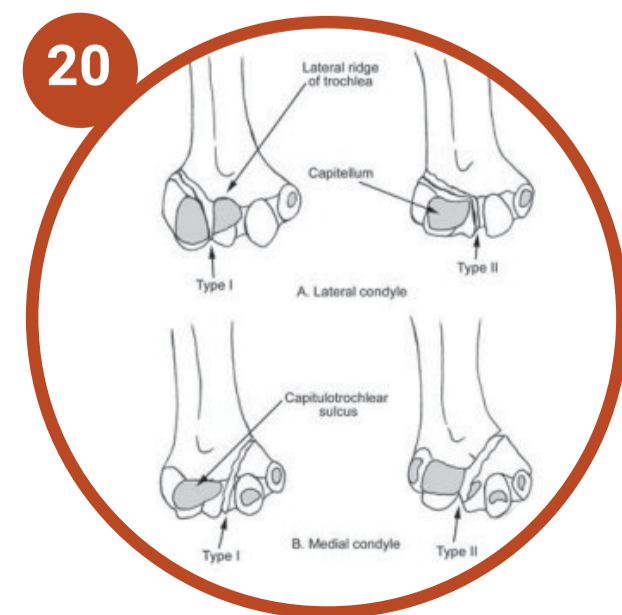
Essex Lopresti lesion

- Breach of intraosseous membrane between radius/ulna & DRUJ risk
- Check distal radio-ulnar joint tenderness

Discuss with Orthopaedics about ORIF

Immobilisation: Broad arm sling

Follow up: Orthopaedics OPD



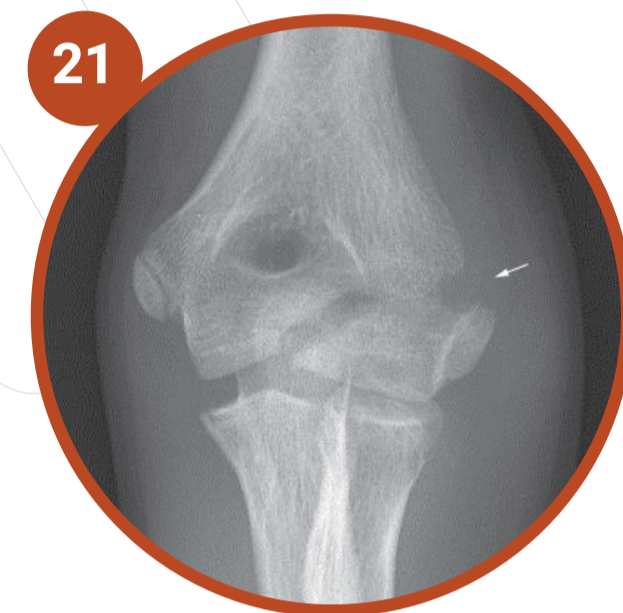
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Uncomplicated distal humerus condyle fractures (Milch type I)

- Lateral condyle undisplaced fractures need discussing with orthos

Immobilisation: Lateral condyle fracture Above elbow backslab in supination position. Medial condyle fracture-Above elbow backslab in pronation position

Follow up: Orthopaedics OPD



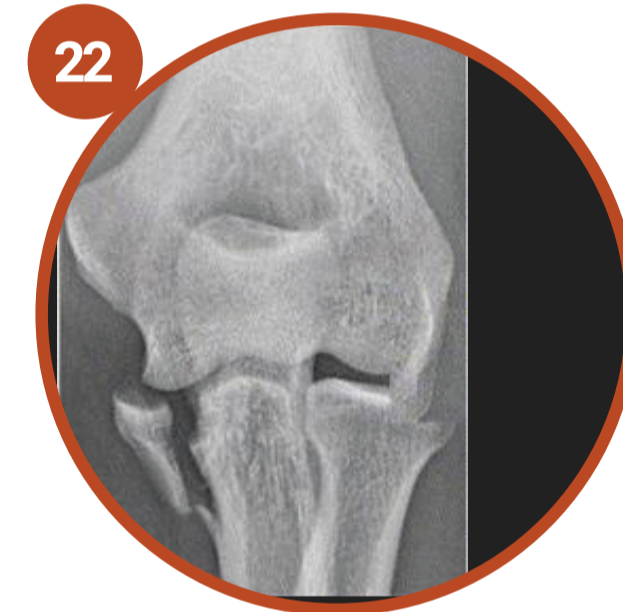
21

Complicated distal humerus condyle fractures (Milch type II)

Discuss with orthos about ORIF

Immobilisation: Lateral condyle fracture-Above elbow backslab in supination position. Medial condyle fracture-Above elbow backslab in pronation position

Follow up: Orthopaedics OPD



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Coronoid fracture

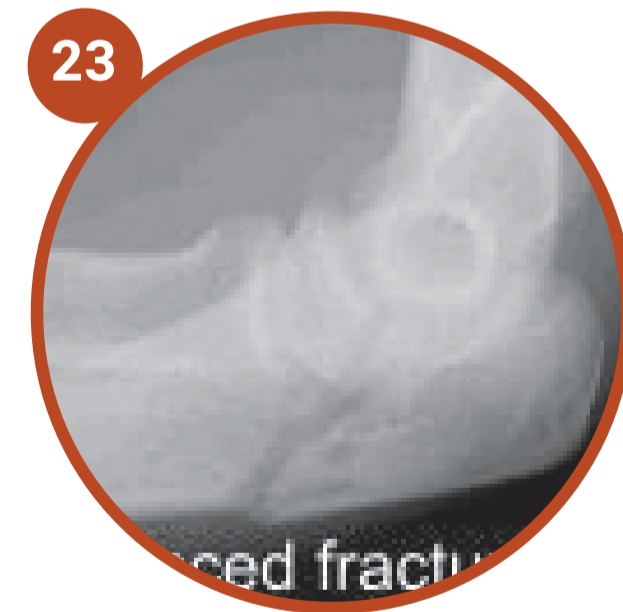
Pathognomonic for elbow instability

Commonly occur with associated injuries: terrible triad of elbow, elbow dislocation, radial head fracture + LCL injury, LCL injury

Immobilisation: Above elbow backslab 90° flexion

Red flag: Prone to instability always consult with orthos as it may well require ORIF

Follow up: Orthopaedics OPD



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Uncomplicated olecranon fractures

Minimally displaced

Immobilisation: Above elbow backslab 90° flexion

Follow up: Orthopaedics OPD



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Complicated olecranon fractures

Significantly displaced or angulated
Intra-articular

Discuss with orthos about ORIF

Immobilisation: Above elbow backslab 90° flexion

Follow up: Orthopaedics OPD

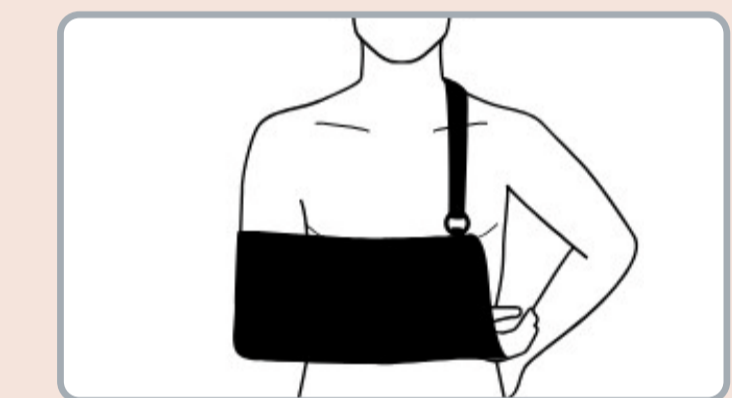
Treatment and intervention



Above elbow backslab on forearm pronation

- 90° elbow flexion
- Hand on pronation

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Broad arm sling no backstrap

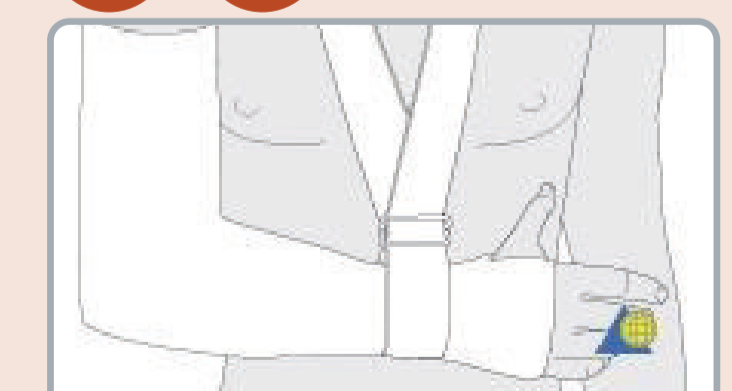
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Above elbow backslabin supination position

- 90° elbow flexion
- Hand on supination

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Above elbow backslab

- 90° elbow flexion

22 23 24

