

## Are There New Ways Of Treating Distal Radius Buckle Fractures? A Study That Makes No Bones About It!

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Debate exists over the appropriate emergency department management of children with non-displaced distal radius buckle fractures. Traditionally, these injuries were casted, and patients were referred for follow-up with an orthopedic surgeon. However, more recent data suggests that these injuries have an excellent prognosis, suggesting that most children can be safely managed by pediatricians after care in the emergency department.

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Koelink et al. ([10.1542/peds.2015-2262](#)) followed 200 children with a distal radius buckle fracture who were placed in a removable splint and referred to their primary care provider for further care. They observed that specialty consultation was obtained in only 4% of children, and that 98% of patients reported return to usual activities within four weeks. However, only half of the families reported receiving anticipatory advice around return to activity.

This study supports the notion that children with distal radius buckle fractures can safely be managed by a primary care provider. Parents in this study were also satisfied with the care received by their primary care provider, and children rarely required subsequent imaging or orthopedic follow up.

Pediatricians should feel comfortable managing their patients with distal radius buckle fractures. However, they need to remember to provide anticipatory guidance around duration of splint use and when their patients can return to activity. Read this article and learn more.

### Further Reading

- [Guideline on Detection and Nonoperative Management of Pediatric Developmental Dysplasia of the Hip in Infants up to Six Months of Age](#)
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