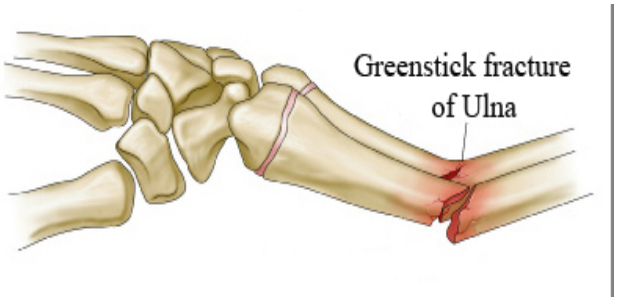
# Greenstick Fracture, Child

A greenstick fracture in a child is a bone has been bent to the point where it cracked but is not completely broken through. It is named this because like a greenstick or tree branch it can be bent, but often will not break completely. This is different from adults with older, more brittle bones that break completely. These fractures are usually easily diagnosed on x-ray, but may show very small changes like a little bump on the bone. The bone is usually tender and painful. The most common greenstick fractures in children are of the forearm, and often happen when landing on an outstretched arm.




## TREATMENT

Your child may be given medicine to reduce or eliminate the pain. Your caregiver may attempt to straighten the bones into a normal position. Often the greenstick fracture is broken completely by your caregiver so the *fracture* (break) is all the way through. A complete break allows for easier placement and holding of the bones in good position. The bones are held in position with a cast or splint. In children, fractures tend to heal more quickly than in adults. The cast will usually have to remain on for just 2-3 weeks, but it can be on for up to 6 weeks depending on health and healing ability.

## HOME CARE INSTRUCTIONS

- To lessen the swelling, keep the injured part elevated while sitting or lying down. Keeping the injury above the level of your child's heart (the center of the chest) will decrease swelling and pain.
- Apply ice to the injury for 15 to 20 minutes, four times per day while awake, for 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and the cast.
- If your child has a plaster or fiberglass ***cast***:
  - Do not let your child scratch the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep the cast dry and clean.
- If your child has a plaster ***splint***:
  - Have your child wear the splint as directed.
  - You may loosen the wrap around the splint if your child's fingers become numb, tingle, or turn cold or blue.
  - If your child has been put in a removable splint, have them wear and use as directed.
- Do not put pressure on any part of your child's cast or splint; it may deform. Rest the cast or splint only on a pillow the first 24 hours, until it is fully hardened.
- Your child's cast or splint should be protected during bathing with a plastic bag. Do not lower the cast or splint into water.
- Only give your child over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

## SEEK IMMEDIATE MEDICAL CARE IF:

- Your child's cast gets damaged or breaks.
- Your child has continued, severe pain or more swelling than they did before the cast was put on.
- Your child's skin or nails below the injury turn blue or grey, or feel cold or numb.
- There is a bad smell, or new stains and/or pus like *(purulent)* drainage coming from under the cast.
- There is severe pain when straightening and/or bending your child's fingers.

Document Released: 01/06/2009 Document Re-Released: 03/14/2011
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