Fractures of the Wrist

Wrist Fractures in Children

Wrist fractures are common injuries of childhood. There are two bones in the forearm — the radius and the ulna. One or both bones may be broken (Figure 1).

An x-ray helps the doctor to decide how the fracture should be treated. Sometimes the bones may need to be put back into position by the doctor in the emergency department or operating theatre. Your child will need a cast to support and protect the bones while the fracture heals.

The First Days

Some pain is expected in the first days after the injury. Give paracetamol (e.g. Panadol™) as directed. Rest is important. An arm sling is helpful for the first week (Figure 2). Elevate your child’s wrist with pillows both day and night for the first two days, then overnight (Figure 3). Encourage your child to move their fingers regularly. For further important information regarding caring for your child in the cast see Orthopaedic Fact Sheet “Fractures in Children: Caring for your child in an Arm Cast”.

Follow-up

Your child will have an x-ray and review in the fracture clinic five to seven days after the injury. The doctor will tell you when you should bring your child back for their next appointment(s).

After the Cast is Removed

When the cast is removed, the skin may be dry and itchy. Bathe with warm water and soap, and apply a gentle moisturiser. The wrist may be stiff. Children normally regain wrist movement and strength by using the arm for gentle activity and play. Physiotherapy is usually not needed. Your doctor will give specific advice regarding return to sport, which in most cases may be resumed four to six weeks after the cast is removed. If your child required surgery, full contact sports should be avoided for two to three months.

Contact your child’s doctor if after discharge from clinic you have concerns regarding:

- the shape of your child’s wrist
- how your child is using their wrist and hand
- increasing pain.