



2 Forearm fractures

2.11 I Proximal forearm fractures – Treatment with cast or splint

Indication **21-A1, 21-A2.2, 21-A2.3, 21-B1, and 21-B2 type fractures**

1 General considerations

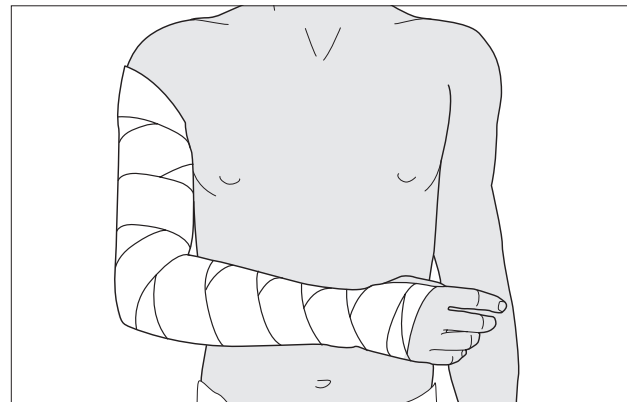
Immobilization of the elbow in a cast or splint is only indicated in undisplaced and stable fractures. A splint may be faster to apply, and easier to remove.

The time of immobilization should be as brief as possible to prevent stiffness of the elbow. Ideally, this would be 2 or 3 weeks.

While the patient is in the cast, finger and shoulder movements are to be encouraged.

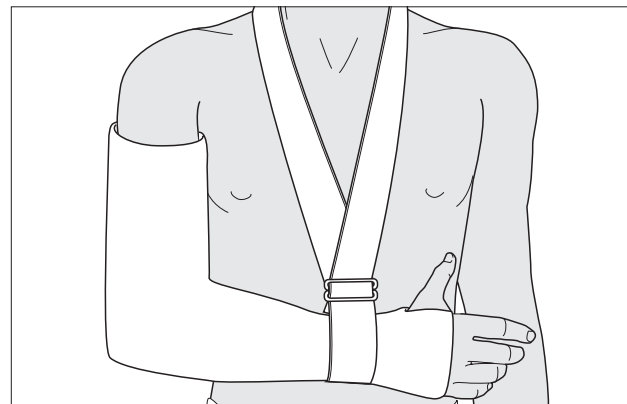
2 Apply padding

The elbow is in 90° flexion and the forearm in neutral position of rotation. With the patient sitting, if possible, cast padding should be wrapped around the upper arm, elbow, forearm and hand. Finish wrapping at the transverse crease of the hand (leave the MP joints free). Make sure that the epicondyles of the humerus and the antecubital area are well padded.



3 Application of an above elbow cast

An above elbow cast is applied with the elbow flexed 90 degrees and the forearm in mid-pronation-supination position. Either fiberglass or plaster cast material may be used. Avoid constricting the antecubital area. Trim the cast as needed to protect axilla and around thumb and fingers. Secure the injured arm with a sling.

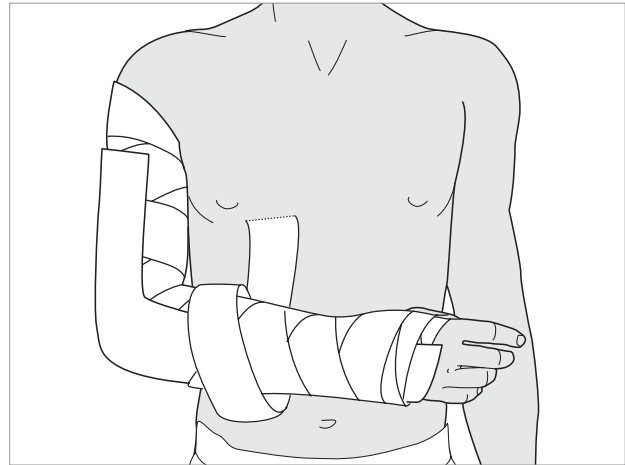




4 Application of a splint

4.1 Apply splint

After padding, apply a splint of fiberglass or plaster on the posterior aspect of the arm and forearm. It should be deep enough to cover more than half of the circumference of the arm and forearm. Secure the splint with an elastic bandage that should not be too tight.



4.2 Sling

Secure the injured arm with a sling.

