



4 Tibial and malleolar fractures

4.11 I Proximal tibial fractures – Nonoperative treatment

Indication **All 41-A, 41-B, and 41-C type fractures**

1. No immobilization, non-weight bearing and early motion

1.1 Indication

Undisplaced fracture which is perfectly stable. Nonoperative treatment is indicated if the fracture is undisplaced or minimally displaced and the joint is absolutely stable and there are no other indications for surgery (eg., neurovascular injury, compartment syndrome).

Never immobilize in plaster. If splinting is necessary, then immobilize in a hinged fracture brace. Start early active range of motion as soon as possible.

2 Posterior plaster splint

2.1 Indication

Only as a means of temporary splinting.

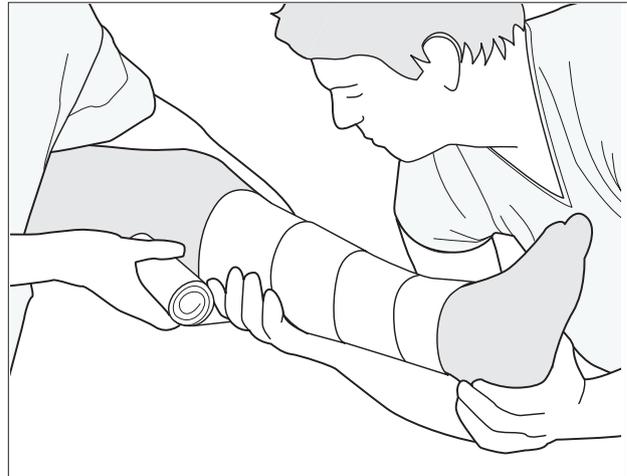
3 Cylinder cast (stove pipe)

3.1 Indication

For stable extraarticular fractures as a means of definitive treatment.

3.2 Splint padding

With the limb in extension and supported, apply splint padding around the leg. Begin high in the thigh and extend it four finger breadths above the malleoli. Make the padding five layers thick in the upper thigh and particularly above the malleoli to prevent pressure problems. Cylinder cast (stove pipe)

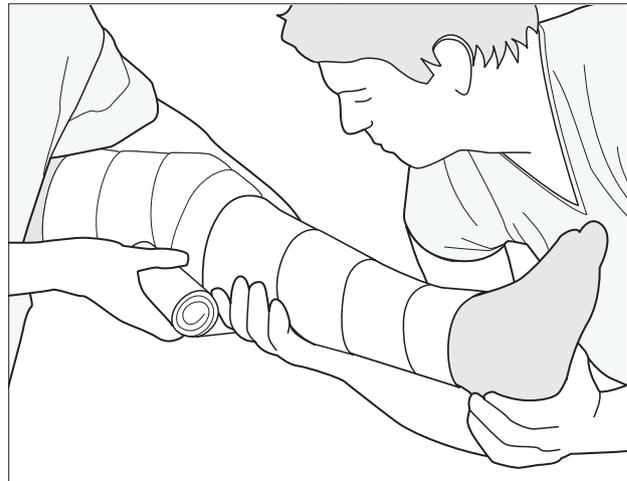




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3.3 Plaster application

15 cm wide plaster is applied in a circular way around the lower limb starting from high on the thigh until the supramalleolar region. Use 5 layers of plaster.



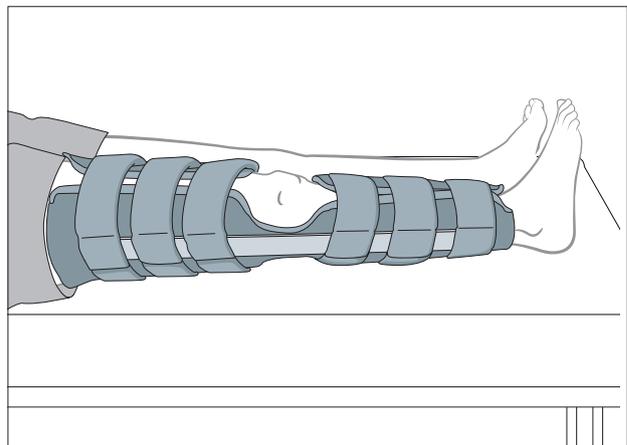
While the plaster is drying a supracondylar mold is placed and held until the cast material is hard.



4 Non-hinged fracture brace (Zimmer knee brace)

4.1 Indication

All fractures as a means of temporary splinting.





5 Hinged fracture brace

5.1 Indication

Angular splinting of the extremity allowing early knee motion.

As a means of definitive splinting allowing early motion.

5.2 Fracture brace

Never immobilize in plaster. If protection is required to prevent displacement, use a hinged fracture brace to permit early motion.

Axial splinting allowing knee motion.

