

# FRACTURES

#### Fractured clavicle

Fall on outstretched hand, point tenderness on collar bone

#### Wrist fracture

Fall on outstretched hand, wrist may have a "dinner fork" shape.

#### Dislocated patella

Occurs while knee bent, kneecap stuck on outside of knee, sometimes falls back in when patient straightens leg.

#### Ankle fracture

Stumble, twisting foot inward or outward

#### Dislocated shoulder

Arm forced backward, often recurrent, patient supports elbow

#### Fractured hip

Elderly person, leg shorter with toes pointing outward.

#### Femur fracture

Serious injury, treat as major trauma

# Tibia/fibula fracture

Direct blow or twisting

#### Heel fracture

Jumping from height, consider fracture in other heel or spine

Common limb injuries

#### Scenario

A 55 year old worker stumbled while walking on metal grating and fell awkwardly. His wrist is swollen and painful to move. When shifting the supporting hand, the distal forearm seems to bend a little.

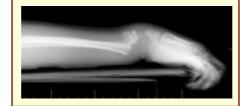
### Task

Some of you will be asked to tackle a similar practice scenario this month.

Discuss your approach with your colleagues before then.

## Question

What is a dinner fork deformity?



# Step-by-step

- **★ Treat as a major injury when the** mechanism of injury is concerning.
- ★ Apply a hard collar if the head or neck could have been involved even if there is no neck pain.
- **★ Look for evidence of a fracture Pain,** Irregularity, Loss of movement or power, Swelling, Deformity, Unnatural movement Crepitus, or Tenderness (PILSDUCT).
- ★ Take a focussed history Allergies, Medications, Past illnesses, Last meal, Events causing the injury (AMPLE).
- ★ Immobilise the joint above and below the fracture using a splint. If the break is very wobbly, try to splint in a natural position.
- ★ Elevate the fracture; remove rings; apply ice pack; put a clean dressing on wounds.
- ★ Give analgesia; record distal warmth, movement and sensation; transfer to hospital; consider workplace risks.