

General Guidelines for Management of Orthopedic Injuries

Always **consult** orthopedics for **(1)** open fractures, **(2)** fracture with neurovascular compromise, **(3)** anyone admitted with a fracture, or **(4)** when skin may be compromised (tenting). Always get post-reduction X-rays.

Site of Injury	Immobilization	Follow-up Timing & Location
Finger		
Thumb Phalanx Fractures	Thumb Spica Splint	<ul style="list-style-type: none"> • f/u 3-7 days • Any angular deformity not reducible call Ortho • Volar Plate injuries- splint x7 days then buddy tape • 7-10 days for Tuft Fx and Buckle Fx <ul style="list-style-type: none"> • Call Ortho for Open Fx
Index (2nd digit)	Aluminum U shaped (mid/distal phalange)	
Middle (3rd digit)	Radial Gutter (Mid/proximal phalange) or buddy taping as indicated	
Ring (4th digit)	Aluminum U shaped (mid/distal phalange)	
Pinky (5th digit)	Ulnar Gutter (Mid/proximal phalange) or buddy taping as indicated	
Reduced proximal interphalangeal joint dislocation	Dorsal extension-block splint	
Middle volar plate avulsion	Dorsal extension-block splint	
Phalangeal Mallet (Baseball finger)	Mallet Splint	
Seymour (open phalanx fx w/nail bed injury)	Appropriate finger splint vs surgical pin Fix/remove nail, suture laceration	Always Call Ortho Need Antibiotics
Hand		
Scaphoid or Trapezium Other Carpal Fx call Ortho	Thumb Spica Splint	Proximal Pole Scaphoid Fx: Call Ortho Actual Fx: 3-7d w/Ortho Suspected Fx: 10-14d w/Ortho
1st Metacarpal	Thumb Spica Splint	Any angulation, clinical deformity/displacement – Call Ortho f/u 3-7 day w/Ortho
2nd Metacarpal Acceptable angulation: Neck <20°, Shaft < 10°	Radial Gutter Splint	Over angulation limits or any displacement – Call Ortho f/u 3-7 day w/Ortho
3rd Metacarpal Acceptable angulation: Neck <30°, Shaft < 10°		
4th Metacarpal Acceptable angulation: Neck <40°, Shaft < 20°	Ulnar Gutter Splint	
5th Metacarpal Acceptable angulation: Neck <50°, Shaft < 30°		
Forearm		
Radius & Ulna Shaft Shaft < 10° Acceptable	Sugar-Tong Splint with simple sling	Displaced – Reduce then call Ortho Radial shortening > 5mm – Call Ortho Nondisplaced – f/u Ortho 3-7 days
Distal Radius (Colles & Smiths Fx) Distal Metaphysis < 15° Acceptable		
Radius & Ulna – Proximal	Double Sugar-Tong Splint with simple sling	
Radial Head/Neck	Long-Arm Posterior Splint (elbow 90°) with simple sling	Angulated > 30° Call Ortho f/u 5-7 days
Elbow		
Lateral Condyle Acceptable displacement < 1mm	Long-Arm Posterior Splint (elbow at 90°) with simple sling	Any condyle displacement > 2mm – Call Ortho 3-7 days w/Ortho
Medial Condyle Acceptable displacement < 2mm		
Supracondylar Type 1 & Non-Angulated Type 2		
Supracondylar Angulated Type 2, and All Type 3	Long-Arm Posterior Splint in position of comfort with simple sling	Always Call Ortho for Surgery

Olecranon	Long-Arm Posterior Splint Elbow at < 90° to take tension off with simple sling	Fracture with skin compromise (tenting) – Call Ortho 3-7 days w/Ortho
Shoulder/Upper Arm		
Clavicle	Simple Sling (no splinting)	Fracture with skin compromise (tenting) – Call Ortho 7-10 days w/Ortho
Shoulder Dislocation	After Reduction- Sling with shoulder immobilizer	5-7 days w/ Ortho
Humerus -Proximal Ask Rad Tech for Scapular Y view	Simple Sling *No Reductions	Translation > 50% – Call Ortho 5-7 days w/Ortho (outpatient surgery)
Humerus - Shaft	Sugar-Tong Coaptation Splint w/Sling	5-7 days w/Ortho (outpatient surgery)
Pelvis		
Pelvic Fracture	Pelvic Binder only if open book	Admit & Call Ortho
Hip		
Hip Fracture	Position of comfort & Good Circulation	Admit & Call Ortho
Femur		
Shaft	Position of comfort & Good Circulation	Admit & Call Ortho
Distal Buckle (peds nondisplaced)	Long-Leg Splint (No weight bearing)	Call Ortho
Knee		
Patella Dislocation	Knee Immobilizer after reduction (Weight-bearing as tolerated)	3-7 days w/Ortho
Patella Fracture	Knee Immobilizer. Outpatient surgery (No weight bearing)	
Suspect Ligament/Meniscus injury	Knee Immobilizer or Ace Wrap w/ Crutches (toe down weight-bearing for balance only)	
Tibia Spine/Plateau Fracture	Posterior Long-Leg or Knee Immobilizer (No weight bearing)	Always Call Ortho
Tibia & Fibula		
Pilon Fracture	Likely Admit for urgent surgery	Always Call Ortho
Tibia Fracture – displaced	Long-Leg Posterior Splint +/- Short-Leg Stirrup Splint (No weight bearing)	
Tibia Fracture – nondisplaced		3-7 days w/Ortho
Proximal Fibula	Knee Immobilizer (touch down weight- bearing for balance only)	No Call
Ankle		
Distal Fibula Fracture	Short-Leg Posterior Splint (No weight bearing)	3-7 days w/Ortho
Calcaneus Fracture		Always Call to Ortho
Talus Fracture if suspected consider CT scan		
Bimalleolar Fracture	Short-Leg Posterior w/Leg Stirrup Splint (No weight bearing)	3-7 days w/Ortho Any translation or displacement s/p reduction call Ortho
Tri-planar Fracture (Malleolar)		Always Call to Ortho
Foot		
Tarsal Fractures (except Talus)	Short-Leg Posterior w/Stirrup Splint (No weight bearing)	3-7 days w/Ortho Call Ortho for displaced fx
Metatarsal Fx & Jones Fx (Proximal 5th)	Short-Leg Posterior Splint (No weight bearing)	7-10 days w/Ortho Angulation >10° or dorsal/planar displacement > 3-4mm – Call Ortho
Toe Fracture	Hard Sole Shoe +/- Buddy Taping (OK for weight bearing)	7-10 days w/Ortho <i>Seymour fx w/toe nail injury-Call Ortho</i>
Foot Dislocation	May need open reduction in OR	Call Ortho