



Olecranon Fracture

What is an olecranon fracture?

An olecranon fracture occurs on the ulna, one of the long bones of the forearm that extends from the wrist to the elbow. The olecranon is the part of the ulna at the pointy end of the elbow, and a fracture is a break in this part of the bone. This kind of fracture often goes into the joint of the elbow.

This injury occurs most often from a fall directly onto the arm or a direct blow, like falls off a scooter, skates or monkey bars, as well as direct hits in sports like football, hockey or lacrosse.

How is this injury treated?

These fractures are usually either displaced, meaning the bone has separated, or non-displaced, meaning the bone fragments did not move. Your child's x-ray will show the size of the break. If the bone is displaced, your child will likely need surgery, which will bring the bone back into the right position for it to heal properly.

If your child does not need surgery, we often put the injured arm in a cast. In order to leave room for swelling, your child will probably start with a bivalved (split) cast on their arm. The sides of the cast are taped with cloth medical tape, which you can buy at the pharmacy and replace if the tape begins to peel off. You may also use cloth athletic tape or duct tape, but avoid these if your child has a latex allergy. The cast is held tightly in place from the inside, so it should not fall apart if the tape does start to peel. We do not usually use waterproof material for these first casts due to swelling.

After casting for three to four weeks, we usually stop immobilization (casting) and may provide a hinged brace for the elbow. It is important to begin moving the arm again to keep it from getting stiff and to help bring it back to full and normal movement.

Will my child be in pain?

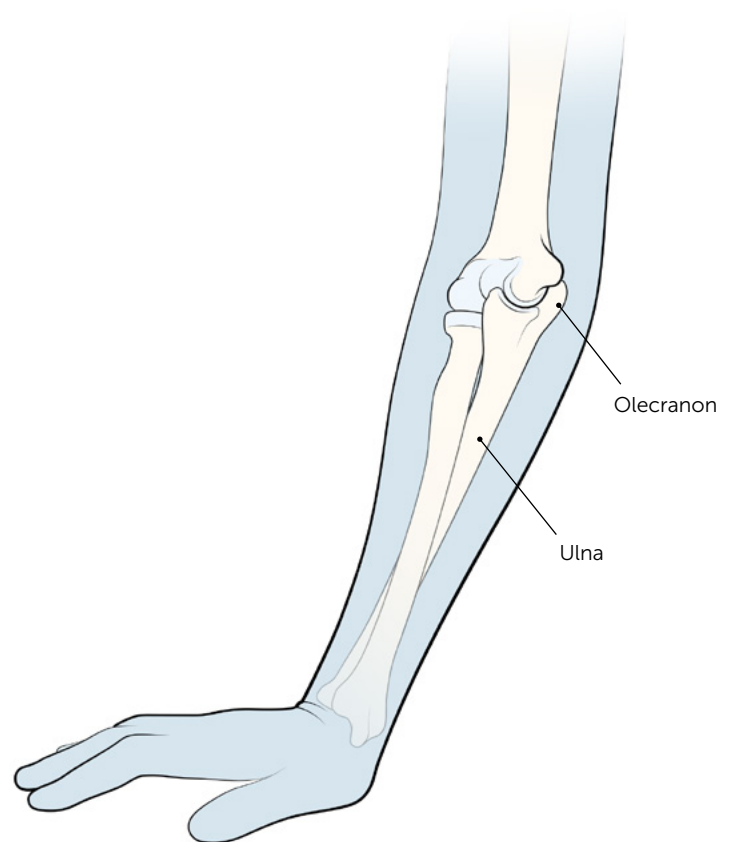
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

Swelling in the fingers is common. Help your child keep the arm and hand lifted or resting above the heart to help with swelling.

Can my child be active?

While the cast provides some protection, a blow to the arm could make the injury worse. Your child should not do any activities where there is a risk of falling or taking a direct hit to the arm. This includes activities like:

- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing



How long will my child be out of sports?

We will assess your child and make recommendations based on how the fracture looks and the injury risks of the sport your child plays. This kind of injury usually keeps patients out of contact sports for about six to 12 weeks.

After the cast comes off, your child should use their arm to bring back full strength and motion while waiting to return to sports or playground activities.

How long will my child need a brace or cast?

The most common timeline for this injury is three to four weeks in a long arm cast. We will see you back at the end of that time to take the cast off and perform a new x-ray.

Will my child need physical therapy or treatments after bracing or casting?

Most patients do not need physical therapy. Your child will probably get full strength and movement back within a few weeks after the bracing or casting ends.

If your child has surgery, or requires more time in brace or cast to fully heal, we may prescribe physical therapy if we think it would be helpful to restore motion and strength.

When should I follow up?

We see patients back once a week for x-ray checks during the first two weeks. The muscles in the arm still put tension on the bone even though your child is in a cast and cannot move their arm. This tension can make the bone drift out of the correct position. We watch closely for this so we can treat it early if it does happen. If the fracture appears very stable, meaning that it is unlikely to move, we may hold off on doing weekly x-rays.

If the first cast was bivalved and everything looks good at the one-week appointment, we overwrap the cast. This means we put on a new layer of casting material to close off the cast, which keeps it from getting too loose as swelling comes down. If your child had surgery, we may replace the cast with a new cast if we believe it has gotten too loose.

When should I contact the office?

Call us if your child has:

- pain that increases quickly and without warning
- swelling with no new fall or injury
- new redness and warmth around the elbow with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem and we may direct you to take your child to our clinic or the emergency department.

Notes
