

# Tibial Shaft Fracture and Tibia-Fibula Fracture



## What is a tibia or tibia-fibula fracture?

The tibia and fibula are the two long bones of the leg. A tibia fracture is a break or crack in the tibia. A tibia-fibula fracture is a break or crack in both the tibia and fibula. In children, leg fractures usually involve the tibia, the fibula or both.

Tibia and tibia-fibula fractures are usually a result of a fall or hard hit to the leg. When too much force is put on the bone, it can cause a fracture. Common causes of tibia fractures include:

- sudden twists if the leg is stiff or planted in place (common in football, hockey and basketball)
- falls while ice skating, skiing or snowboarding
- falls on a trampoline or playground structures

## How is this injury treated?

First, we figure out where and what shape the fracture is. This is called a fracture pattern, and it helps us decide on the best course of treatment. To get the best picture of the fracture pattern, we may need to use a special x-ray called a CT scan.

Your child may need to have the bones set to put them in a good position to heal. This is called a reduction, and is usually done in the emergency department. Sometimes the two parts of the fractured bone have moved too far apart from each other. This is called a displaced fracture. Surgery may be needed for displaced fractures to put the bones in the right position to heal properly.

A cast will be applied to keep the bones in place after they have been set in the proper position. The size of the cast and whether your child needs crutches depends on the fracture pattern and the course of treatment.

## Will my child be in pain?

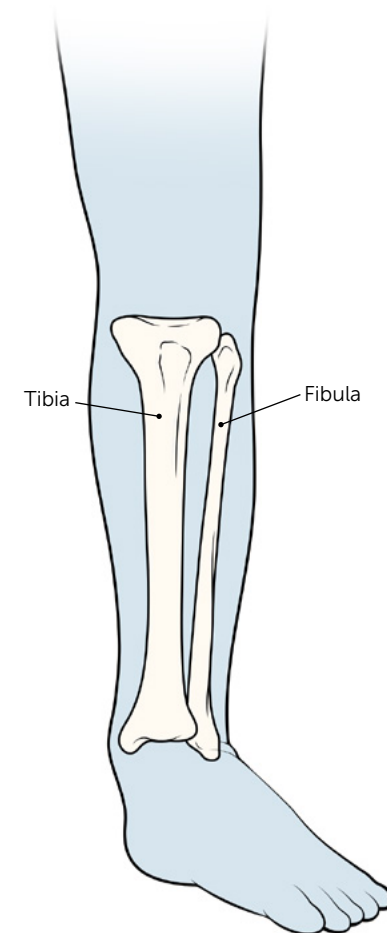
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

If your child had a reduction done, we may prescribe a small amount of prescription pain medicine.

## How should I care for my child's leg?

Tibia and tibia-fibula fractures often swell a lot. Swelling will slow down healing and add more time before your child can go back to activities. To reduce swelling, it is very important your child keep the leg raised (toes above nose). Elevating the leg in this way helps keep swelling from drifting down and getting stuck in the foot.

Keeping the leg raised is especially important the first three to four days after injury, as this is when the body swells most. A good way to keep the leg raised overnight is to put a few extra blankets or pillows under the mattress at the foot of the bed.



## Can my child be active?

Your child should not walk on the cast or put weight on it until their provider says it is OK. Many patients can start to walk or put weight on their cast or boot after four to six weeks, when the bone has partially healed and is strong enough. At this point, the movement and pressure of walking can help the bone heal.

However, your child should not do activities that put them at risk of a fall or direct hit to the fractured bone(s). This includes things like:

- running, ice skating or skiing
- playing on playground structures
- contact sports (basketball, hockey, soccer, etc.)
- horseback riding

### How long will my child need a cast or boot?

Your child will be in a cast or boot for six to 12 weeks, depending on the injury and how well it's healing. This will include:

- two to four weeks in a long leg cast
- two to four weeks in a short leg cast
- two to four weeks in an Aircast® boot

If your child had a less severe fracture, they may be treated with a combination of a short leg cast and an Aircast® for four to six weeks.

### How long will my child be out of sports?

We will assess your child and make recommendations based on the fracture type, how well it's healing, and the potential injury risks of the sport they play.

### Will my child need physical therapy?

Your child will probably start physical therapy around the same time that it's safe for them to start walking again. It may take many weeks of therapy for your child to make a full recovery. The length of time depends on how long your child has been in the cast.

### When should I follow up?

Your child will probably have x-rays one week, two weeks, four to six weeks and eight to twelve weeks following treatment. Even in a cast, the bones can move out of the right position. This can happen if your child walks or puts weight on the leg too soon.

### 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 area 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 toes

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

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