

Children's Fractures

Children's bones are not small adult bones — they bend, buckle and heal with astonishing speed. A parent's guide to what to expect, and when to worry.

Kids heal 2–3x faster · Growth plates need care · Most need only a cast

What is it?

Children's bones are more flexible and have a thick living membrane (periosteum) around them, so they often bend (plastic deformation), buckle (torus fracture) or crack on one side (greenstick fracture) rather than snapping completely.

They also possess a superpower: remodelling. A healing child's bone can straighten moderate angulation on its own over months of growth — which is why perfect X-ray alignment isn't always necessary.

Causes & risk factors

Falls from play equipment, beds and bicycles account for most. The forearm is the most fractured bone in childhood; elbow fractures (especially supracondylar humerus) peak around ages 5–8 and deserve particular respect.

Repeated unusual fractures, or fractures that don't match the story, are also a chance to consider bone health conditions — your doctor screens for this.

Symptoms

Pain, swelling, refusal to use the limb, and sometimes visible deformity. Toddlers may simply refuse to walk (a 'toddler's fracture' of the tibia can be subtle).

Urgent signs after an elbow injury: a pale, cold hand, severe forearm pain, or inability to move fingers — go to an emergency department immediately.

Diagnosis & investigations

X-rays of the injured area, sometimes with comparison views of the other side because growth plates can masquerade as fractures (and vice versa). Growth plate injuries are graded by the Salter-Harris classification, which guides treatment and follow-up.

Some fractures (scaphoid, subtle growth plate injuries) show up only on repeat X-rays after 1–2 weeks — planned follow-up matters.

Non-surgical treatment

The majority of children's fractures are treated in a cast or splint — typically 3–6 weeks, roughly half the adult duration. Buckle fractures of the wrist often need only a removable splint for comfort.

Some angulated fractures are gently realigned (reduction) under sedation before casting. Follow-up X-rays in the first 1–3 weeks check the position is holding.

When surgery helps

Needed for the minority: displaced elbow fractures (often fixed the same day with fine pins), fractures through joints or growth plates that are out of place, open fractures, and older children whose remaining growth can no longer remodel a poor position. Fixation in children is usually minimal — flexible nails, pins or small plates — and hardware is often removed after healing.

Children tolerate surgery well and are typically home within a day or two.

Recovery & rehabilitation

Expect the unexpected speed: casts off in 3–6 weeks, most children self-rehabilitate through play (formal physiotherapy is rarely needed), and stiffness resolves in weeks. Sport is usually safe 2–4 weeks after cast removal, guided by your surgeon.

Growth plate injuries get scheduled follow-up X-rays — occasionally for a year or more — to confirm normal growth resumes. Attend these even if your child seems perfect; growth disturbance is uncommon but is best caught early.

Prevention tips

Helmets and guards for riding and skating, safe playground surfaces, window locks and stair gates for toddlers, and vitamin D adequacy for growing bones. And perspective: fractures are a nearly universal part of an active childhood — bones heal, confidence rebuilds, and activity should be encouraged again.

Frequently asked questions

The bone looks crooked on X-ray. Will my child be deformed?

Usually not. Growing bone remodels remarkably — moderate angulation near the growth plate in a young child can straighten completely within a year. Your surgeon accepts positions based on well-established remodelling potential for each age and location.

What is a growth plate injury? Will my child stop growing?

The growth plate is the cartilage zone where bone lengthens, and it's mechanically weaker than ligaments in children. Most growth plate fractures heal without any growth problem; a small minority can disturb growth, which is why follow-up X-rays are scheduled. Serious growth arrest is uncommon and treatable when caught early.

Does my child need physiotherapy after the cast?

Rarely. Children reliably restore their own motion through normal play within a few weeks. Physiotherapy is reserved for specific injuries (some elbow fractures) or unusually persistent stiffness.

How long until my child can play sports again?

Typically 2–4 weeks after the cast comes off for most fractures, once strength and comfort return — your surgeon will personalise this. Contact sport after significant fractures may wait a little longer.

Why does my child need repeat X-rays if the cast is on?

Fractures can slip inside a cast during the first weeks while swelling settles. A quick X-ray at 1–3 weeks confirms alignment is holding — catching a shift early keeps treatment simple.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit ossifide.com/consultation.html, WhatsApp **+91 90760 79000**, or email

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