Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paediatric Guideline:

Guidance for the Management of Torus Fracture

History

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Scope:

This guidance is intended to support the management of children up to 16 years old with Torus Fracture. A Torus Fracture is also called a "buckle" fracture.

To be used in conjunction with Patient Leaflet for The Management of Torus Fracture

Background:

Forearm fractures often occur when children are playing on the playground or participating in sports. Fractures occur when the child falls on their outstretched hand or is hit on the hand by an object moving at speed e.g. a football.

Children have more pliable bones than adults and are therefore more susceptible to torus injuries.

In a torus fracture the topmost layer of bone on one side of the bone is compressed, causing the other side to bend away from the growth plate. This is a stable fracture,

meaning that the broken pieces of bone are still in position and have not separated apart (displaced).

Diagnosis:

The child usually experiences pain and swelling of the wrist and is unable to use the arm as normal.

Management:

1. Analgesia
   For the initial management of pain in children with suspected fractures offer:
   - Oral ibuprofen, or oral paracetamol, or both for mild to moderate pain
   - Intranasal or oral opioids for moderate to severe pain (use intravenous opioids if intravenous access has been established).
2. Imaging
   If the mechanism and history are suggestive of a torus fracture a wrist X-ray should be performed
3. Treatment
   Do not use a rigid cast for torus fractures of the distal radius.

   The treatment of a torus fracture is to immobilise the fracture in a Futura splint.

   A Futura splint can be removed to allow the child to bath or shower, but should remain in place until the fracture heals.

4. Further management
   Healing usually takes 2 to 3 weeks and is usually completely healed in 4 weeks. Children heal in about half the time it takes an adult to heal from a similar injury. Advise parents and carers that further review is not usually needed.

   Do not refer the child to Virtual fracture Clinic (VFC)

   There is no need for the child to have any repeat X-rays, or to see a doctor again, unless there are any further problems.

Reference

NICE guideline [NG38] Published date: February 2016. Fractures (non-complex): assessment and management