

- Generalized swelling
- Pain or tenderness
- Deformity
- Diminished functional use of affected limb or digit

May also demonstrate:

- Bruising
- Severe muscular rigidity
- Crepitus (grating sensation at fracture site)

Radiographic examination is the most useful diagnostic tool for assessing skeletal trauma. The calcium deposits in bone make the entire structure radiopaque. Radiographic films are taken after fracture reduction and, in some cases, may be taken during the healing process to determine satisfactory progress.

Therapeutic Management

The goals of fracture management are:

- To regain alignment and length of the bony fragments (reduction)
- To retain alignment and length (immobilization)
- To restore function to the injured parts
- To prevent further injury and deformity

The majority of children's fractures heal well, and nonunion is rare. Fractures are splinted or casted to immobilize and protect the injured extremity. Children with displaced fractures may have immediate surgical reduction and fixation (internal or external) rather than being immobilized by traction ([Fig. 29-4](#)). This practice is more common and holds true for all types of fractures, including femur fractures, although there is variation based on provider preference and institutional practice. Some conditions require