matter of days; therefore, skeletal traction devices described herein may be used infrequently in pediatrics.

Purposes of Traction

The six primary purposes of traction are:

1. To fatigue the involved muscles and reduce muscle spasm so that bones can be realigned

2. To position the distal and proximal bone ends in desired realignment to promote satisfactory bone healing

3. To immobilize the fracture site until realignment has been achieved and sufficient healing has taken place to permit casting or splinting

4. To help prevent or improve contracture deformity

5. To provide immobilization of specific areas of the body

6. To reduce muscle spasms (rare in children)

The three essential components of traction management are traction, counter traction, and friction (Fig. 29-9). To reduce or realign a fracture site, **traction** (forward force) is produced by attaching weight to the distal bone fragment. Body weight provides **counter traction** (backward force), and the patient's contact with the bed constitutes the **frictional** force. These forces are used to align the distal and proximal bone fragments by adjusting the line of pull upward or downward and adducting or abducting the extremity.