

immediate medical attention, including open fractures, compartment syndrome, fractures associated with vascular or nerve injury, and joint dislocations that are unresponsive to reduction maneuvers.



FIG 29-4 Fractured femur. Most fractured femurs in childhood are of the spiral type shown here. (From Mark JA, Hockberger RS, Walls RM: *Rosen's emergency medicine: Concepts and clinical practice*, ed 8, St. Louis, 2014, Elsevier.)

In children, immobilization is used until adequate callus is formed. The position of the bone fragments in relation to one another influences the rapidity of healing and residual deformity. Weight bearing and active movement for the purpose of regaining function may begin after the fracture site is determined to be stable by the medical provider. The child's natural tendency to be active is