

manipulates the arm by applying firm finger pressure to the head of the radius and then supinates and flexes the forearm to return the bone structure to normal alignment. A click may be heard or felt, and functional use of the arm returns within minutes. Immobilization is not required. However, the longer the subluxation is present, the longer it takes for the child to recover mobility after treatment. No anesthetic is usually required, but a mild pain reliever such as acetaminophen or ibuprofen may be administered. In an older child, severe elbow injury or dislocation should be immediately evaluated by a practitioner. If a traumatic elbow injury in a younger child is not a subluxation or if attempts at reduction are unsuccessful, the child should be carefully evaluated, with the consideration of radiographs.

In children younger than 5 years old, the hip can be dislocated by a fall. The greatest risk after this injury is the potential loss of blood supply to the head of the femur. Relocation of the hip within 60 minutes after the injury provides the best chance for prevention of damage to the femoral head.

Shoulder dislocations and separations occur most often in older adolescents and are often sports related. Temporary restriction of the joint, with a sling or bandage that secures the arm to the chest in a shoulder dislocation, can provide sufficient comfort and immobilization until medical attention is received.

Simple dislocations should be reduced as soon as possible with the child under procedural sedation combined with local anesthesia. An unreduced dislocation may be complicated by increased swelling, making reduction difficult and increasing the risk of neurovascular problems. Treatment is determined by the severity of the injury.

Sprains

A sprain occurs when trauma to a joint is so severe that a ligament is partially or completely torn or stretched by the force created as a joint is twisted or wrenched, often accompanied by damage to associated blood vessels, muscles, tendons, and nerves. Common sprain sites include ankles and knees.

The presence of joint laxity is the most valid indicator of the severity of a sprain. In a severe injury, the child complains of the joint “feeling loose” or as if “something is coming apart” and may