






Salter-Harris Classification (for physeal fractures)					
	 <p><b>Type I</b></p> <p><b>S</b></p> <p>Straight across</p>	 <p><b>Type II</b></p> <p><b>A</b></p> <p>Above</p>	 <p><b>Type III</b></p> <p><b>L</b></p> <p>Lower or BeLow</p>	 <p><b>Type IV</b></p> <p><b>T</b></p> <p>Two or Through</p>	 <p><b>Type V</b></p> <p><b>E R</b></p> <p>ERasure of growth plate or CRush</p>
<b>Details</b>	Only involves the growth plate	Growth plate + metaphysis <i>(Most common)</i>	Growth plate + epiphysis + joint space	Metaphysis + growth plate + epiphysis + joint space	Compression of growth plate
<b>Implications</b>	Good prognosis	Good prognosis	Threatens growth and articular integrity	Threatens growth and articular integrity	Very high risk for growth arrest
<b>Diagnosis/ Mgmt</b>	Usually clinical dx (XR negative unless displaced)  Contralateral XR may be useful  Immobilization (cast vs splint) for ≥ 3 wks	Immobilization (cast vs splint) for ≥ 3 wks	Immediate ortho consult  Likely reduction (anatomic vs surgical)	Immediate ortho consult  Likely reduction (anatomic vs surgical)	Immediate ortho consult  Likely reduction (anatomic vs surgical)