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### Overview

A fracture is a broken bone. It needs medical care. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number.

### When to seek emergency help

Also call for emergency help if:

- The person with the broken bone doesn't respond to you, isn't breathing or isn't moving. Call 911. Then begin CPR if there's no breathing or heartbeat.
- There's heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has broken the skin and is sticking out.
- The toe of the injured leg or the finger of the injured arm is numb or discolored at the tip.
- You suspect a bone is broken in the neck, head or back.

### Treatment

To avoid making the injury worse, don't move the person unless you must. Take these actions right away while waiting for medical help:

- Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Keep the injured area from moving.** Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and medical help isn't available right away, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce pain.
- Apply ice packs to limit swelling and help relieve pain.** Don't apply ice directly to the skin. Wrap the ice in a towel, a piece of cloth or some other material.



- **Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk. If you can, raise the legs.

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# Stress fractures

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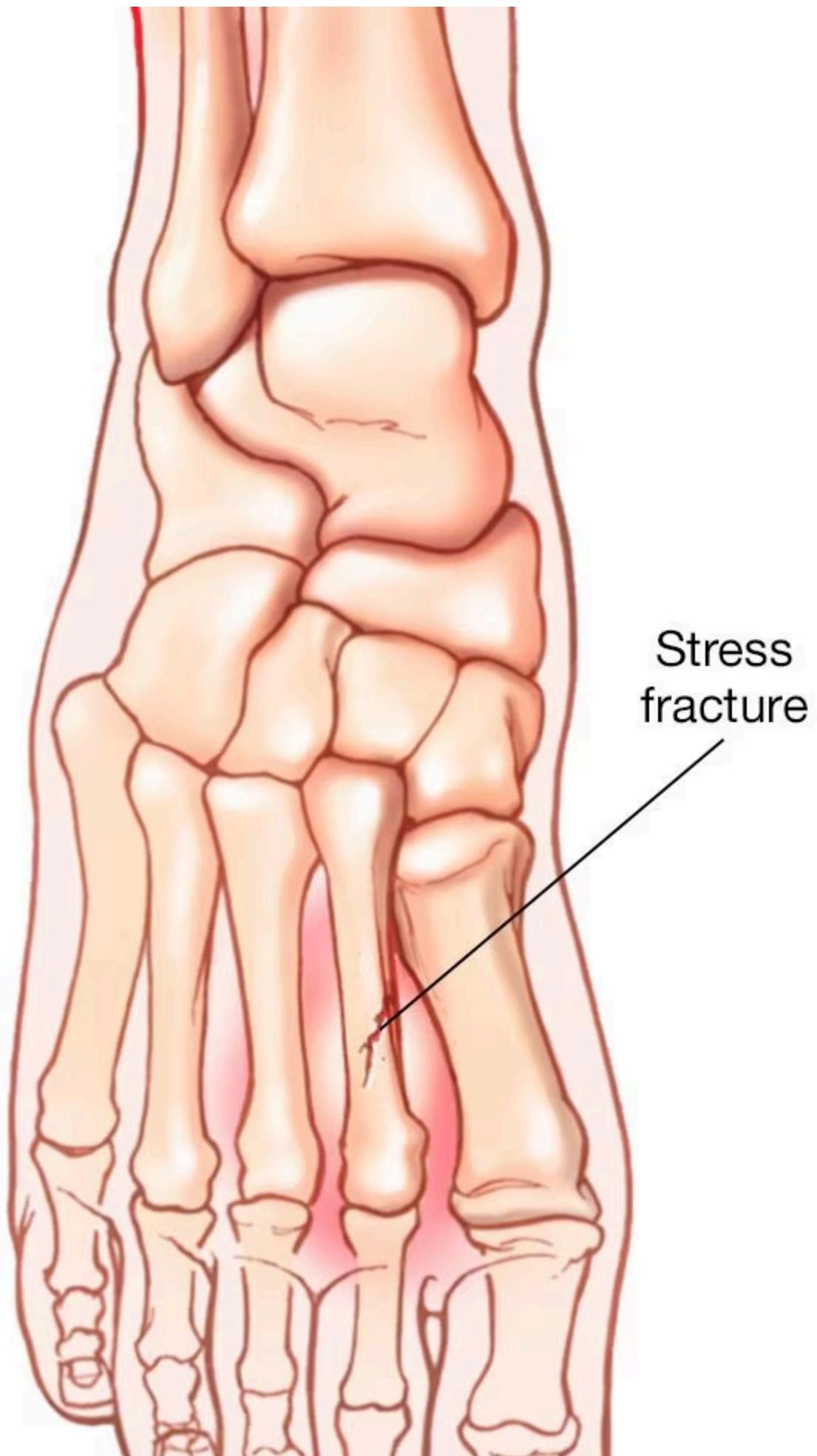
## Overview

Stress fractures are tiny cracks in a bone. They're caused by repetitive force, often from overuse — such as repeatedly jumping up and down or running long distances. Stress fractures can also develop from normal use of a bone that's weakened by a condition such as osteoporosis.

Stress fractures are most common in the weight-bearing bones of the lower leg and foot. Track and field athletes and military recruits who carry heavy packs over long distances are at highest risk, but anyone can sustain a stress fracture. If you start a new exercise program, for example, you might develop stress fractures if you do too much too soon.







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# Symptoms

At first, you might barely notice the pain associated with a stress fracture, but it tends to worsen with time. The tenderness usually starts at a specific spot and decreases during rest. You might have swelling around the painful area.

# When to see a doctor

Contact your doctor if your pain becomes severe or if you feel pain even when resting or at night.

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# Causes

Stress fractures often result from increasing the amount or intensity of an activity too quickly.

Bone adapts gradually to increased loads through remodeling, a normal process that speeds up when the load on the bone increases. During remodeling, bone tissue is destroyed (resorption), then rebuilt.

Bones subjected to unaccustomed force without enough time for recovery resorb cells faster than your body can replace them, which makes you more susceptible to stress fractures.

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# Risk factors

Factors that can increase your risk of stress fractures include:

- **Certain sports.** Stress fractures are more common in people who engage in high-impact sports, such as track and field, basketball, tennis, dance or gymnastics.
- **Increased activity.** Stress fractures often occur in people who suddenly shift from a sedentary lifestyle to an active training regimen or who rapidly increase the intensity, duration or frequency of training sessions.
- **Sex.** Women, especially those who have abnormal or absent menstrual periods, are at higher risk of developing stress fractures.
- **Foot problems.** People who have flat feet or high, rigid arches are more likely to develop stress fractures. Worn footwear contributes to the problem.
- **Weakened bones.** Conditions such as osteoporosis can weaken your bones and make it easier for stress fractures to occur.



- **Previous stress fractures.** Having had one or more stress fractures puts you at higher risk of having more.
  - **Lack of nutrients.** Eating disorders and lack of vitamin D and calcium can make bones more likely to develop stress fractures.
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## Complications

Some stress fractures don't heal properly, which can cause chronic problems. If underlying causes are not taken care of, you may be at higher risk of additional stress fractures.

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## Prevention

Simple steps can help you prevent stress fractures.

- **Make changes slowly.** Start any new exercise program slowly and progress gradually. Avoid increasing the amount you exercise by more than 10% a week.
- **Use proper footwear.** Make sure your shoes fit well and are appropriate for your activity. If you have flat feet, ask your doctor about arch supports for your shoes.
- **Cross-train.** Add low-impact activities to your exercise regimen to avoid repetitively stressing a particular part of your body.
- **Get proper nutrition.** To keep your bones strong, make sure your diet includes enough calcium, vitamin D and other nutrients.

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## Diagnosis

Doctors can sometimes diagnose a stress fracture from a medical history and a physical exam, but imaging tests are often needed.

- **X-rays.** Stress fractures often can't be seen on regular X-rays taken shortly after your pain begins. It can take several weeks — and sometimes longer than a month — for evidence of stress fractures to show on X-rays.
- **Bone scan.** A few hours before a bone scan, you'll receive a small dose of radioactive material through an intravenous line. The radioactive substance is heavily absorbed by areas where bones are being repaired — showing up on the scan image as a bright white spot. However, many types of bone problems look alike on bone scans, so the test isn't specific for stress fractures.
- **Magnetic resonance imaging (MRI).** An MRI uses radio waves and a strong magnetic field to create detailed images of your bones and soft tissues. An

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MRI is considered the best way to diagnose stress fractures. It can visualize lower grade stress injuries (stress reactions) before an X-ray shows changes. This type of test is also better able to distinguish between stress fractures and soft tissue injuries.

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## Treatment

To reduce the bone's weight-bearing load until healing occurs, you might need to wear a walking boot or brace or use crutches.



Although unusual, surgery is sometimes necessary to ensure complete healing of some types of stress fractures, especially those that occur in areas with a poor blood supply. Surgery also might be an option to help healing in elite athletes who want to return to their sport more quickly or laborers whose work involves the stress fracture site.

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## Self care

It's important to give the bone time to heal. This may take several months or even longer. In the meantime:

- **Rest.** Stay off the affected limb as directed by your doctor until you are cleared to bear normal weight.
- **Ice.** To reduce swelling and relieve pain, your doctor might recommend applying ice packs to the injured area as needed — 15 minutes every three hours.
- **Resume activity slowly.** When your doctor gives the OK, slowly progress from non-weight-bearing activities — such as swimming — to your usual activities. Resume running or other high-impact activities gradually, increasing time and distance slowly.

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## Preparing for your appointment

You're likely to start by seeing your primary care provider. If you are a competitive athlete, you might go directly to a doctor who specializes in musculoskeletal

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problems.

## What you can do

Before the appointment, make a list of:

- **Your symptoms**, including any that seem unrelated to the reason for your appointment
- **Key personal information**, including your level and type of physical activity and whether you've increased training recently
- **All medications, vitamins or other supplements** you take, including doses
- **Questions to ask** your doctor

Take a family member or friend along, if possible, to help you remember the information you're given.

For stress fractures, basic questions to ask your doctor include:

- What is the likely cause of my symptoms?
- What tests do I need?
- Do I need to stop my activity? For how long?
- Should I see a specialist?

Don't hesitate to ask other questions.

## What to expect from your doctor

Your doctor is likely to ask you questions, such as:

- When did your symptoms begin?
- Have you recently increased your physical activity?
- Have you broken bones in the past?
- Do you have regular menstrual periods?
- Do you take vitamin D and calcium supplements?



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A spinal fracture is a break and/or dislocation of a vertebra in your spine. Some fractures are the result of a traumatic injury, such as a traffic accident, gunshot round or fall, and require emergency treatment. Other fractures are the result of weakened bones caused by osteoporosis.

A spinal fracture is different than a broken arm or leg, as it can cause bone fragments to pinch or damage nerves or the spinal cord.

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## Overview

A broken leg (leg fracture) is a break or crack in one of the bones in your leg. Common causes include falls, motor vehicle accidents and sports injuries.

Treatment of a broken leg depends on the location and severity of the injury. A severely broken leg may require metal pins and plates to hold the fragments together. Less severe breaks may be treated with a cast or splint. In all cases, prompt diagnosis and treatment are critical to complete healing.

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## Symptoms

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The thighbone (femur) is the strongest bone in the body. It is usually obvious when the thighbone is broken because it takes so much force to break. But a break in the shinbone (tibia) or in the bone that runs alongside the shinbone (fibula) may be less obvious.

Signs and symptoms of a broken leg may include:

- Severe pain, which may worsen with movement
- Swelling
- Tenderness
- Bruising
- Obvious deformity or shortening of the affected leg
- Inability to walk

Toddlers or young children who break a leg may start limping or simply stop walking, even if they can't explain why.

## When to see a doctor

If you or your child has any signs or symptoms of a broken leg, seek care right away. Delays in diagnosis and treatment can result in problems later, including poor healing.

Seek emergency medical attention for any leg fracture from a high-impact trauma, such as a car or motorcycle accident. Fractures of the thighbone are severe, potentially life-threatening injuries that require emergency medical services to help protect the area from further damage and to provide safe transfer to a local hospital.

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# Causes

A broken leg can be caused by:

- **Falls.** A simple fall can fracture one or both lower leg bones. A much higher impact is usually needed to break the thighbone.
- **Motor vehicle accidents.** All three leg bones can break during a motor vehicle accident. Fractures can occur when your knees become jammed against the dashboard during a collision or with damage to the car hitting your legs.
- **Sports injuries.** Extending your leg beyond its natural limits during contact sports can cause a broken leg. So can a fall or a direct blow — such as from a hockey stick or an opponent's body.
- **Child abuse.** In children, a broken leg may be the result of child abuse, especially when such an injury occurs before the child can walk.
- **Overuse.** Stress fractures are tiny cracks that develop in the weight-bearing bones of the body, including the shinbone. Stress fractures are usually caused by repetitive force or overuse, such as running long distances. But they can occur with regular use of a bone that's been weakened by a condition such as osteoporosis.

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## Risk factors

Stress fractures are often the result of repetitive stress to the leg bones from physical activities, such as:

- Running
- Ballet dancing
- Basketball

- Marching

Contact sports, such as hockey and football, also may pose a risk of direct blows to the leg, which can result in a fracture.

Stress fractures outside of sport situations are more common in people who have:

- Decreased bone density (osteoporosis)
  - Diabetes
  - Rheumatoid arthritis
- 

## Complications

Complications of a broken leg may include:

- **Knee or ankle pain.** A broken bone in your leg may produce pain in your knee or ankle.
- **Bone infection (osteomyelitis).** If a broken bone cuts through the skin and causes a wound, it is called an open fracture. If you have an open fracture, the bone may be exposed to germs that can cause infection.
- **Poor or delayed healing.** A severe leg fracture may not heal quickly or completely. This is particularly common in an open fracture of the tibia because of lower blood flow to this bone.
- **Nerve or blood vessel damage.** Leg fractures can injure nearby nerves and blood vessels. Seek immediate medical help if you notice any numbness, pale skin or circulation problems.
- **Compartment syndrome.** This condition causes pain, swelling and sometimes disability in muscles near the broken bone. This is a rare

complication that is more common with high-impact injuries, such as a car or motorcycle accident.

- **Arthritis.** Fractures that extend into the joint and poor bone alignment can cause osteoarthritis years later. If your leg starts to hurt long after a break, see your health care provider for an evaluation.
  - **Unequal leg length.** The long bones of a child grow from the ends of the bones, in softer areas called growth plates. If a fracture goes through a growth plate, that limb might eventually become shorter or longer than the opposite limb.
- 

## Prevention

A broken leg can't always be prevented. But these basic tips may reduce your risk:

- **Build bone strength.** Calcium-rich foods, such as milk, yogurt and cheese, can help build strong bones. A calcium or vitamin D supplement also may improve bone strength. Ask your health care provider if these supplements are right for you.
- **Wear proper athletic shoes.** Choose the appropriate shoe for your favorite sports or activities. And replace athletic shoes regularly. Discard sneakers as soon as the tread or heel wears out or if the shoes are wearing unevenly.
- **Cross-train.** Alternating activities can prevent stress fractures. Rotate running with swimming or biking. If you run on a sloped track indoors, alternate the direction of your running to even out the stress on your skeleton.

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## Diagnosis

During the physical exam, the health care provider will inspect the affected area for tenderness, swelling, deformity or an open wound.

X-rays can usually pinpoint the location of the break and determine the extent of injury to any adjacent joints. Occasionally, computerized tomography (CT) or magnetic resonance imaging (MRI) is needed for more detailed images. For instance, you may need a CT scan or an MRI for a suspected stress fracture, since X-rays often fail to reveal this injury.

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## Treatment

Treatment of a broken leg will vary, depending on the type and location of the break. Stress fractures may require only rest and immobilization, while other breaks may need surgery for best healing. Fractures are classified into one or more of the following categories:

- **Open fracture.** In this type of fracture, the skin is pierced by the broken bone. This is a serious condition that requires immediate treatment to decrease the chance of an infection.
- **Closed fracture.** In closed fractures, the surrounding skin remains intact.
- **Incomplete fracture.** This term means that the bone is cracked but not separated into two parts.
- **Complete fracture.** In complete fractures, the bone has broken into two or more parts.
- **Displaced fracture.** In this type of fracture, the bone fragments on each side of the break are not aligned. A displaced fracture may require surgery to realign the bones properly.
- **Greenstick fracture.** In this type of fracture, the bone cracks but doesn't break all the way through — like when you try to break a green stick of wood. Greenstick fractures are more likely to occur in children because a child's bones are softer and more flexible than those of an adult.

## Setting the leg

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Treatment for a broken leg usually begins in an emergency room or urgent care clinic. Here, health care providers typically evaluate the injury and immobilize the leg with a splint. If you have a displaced fracture, the care team may need to move the pieces of bone back into their proper positions before applying a splint — a process called reduction. Some fractures are splinted at first to allow swelling to subside. A cast is then used once there is less swelling.

## Immobilization

For a broken bone to heal properly, its movement needs to be restricted. A splint or a cast is often used to immobilize the broken bone. You may need to use crutches or a cane to keep weight off the affected leg for at least 6 weeks.

## Medications

A pain reliever such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), or a combination of the two, can reduce pain and inflammation. If you're experiencing severe pain, your health care provider might prescribe stronger pain medications.

## Therapies

After your cast or splint is removed, you'll likely need rehabilitation exercises or physical therapy to reduce stiffness and restore movement in the injured leg. Because you haven't moved your leg for a while, you may even have stiffness and weakened muscles in uninjured areas. Rehabilitation can help, but it may take up to several months — or even longer — for complete healing of severe injuries.

## Surgery and other procedures

Immobilization with a cast or splint heals most broken bones. However, you may need surgery to implant plates, rods or screws to maintain proper position of the bones during healing. This type of surgery is more likely in people who have:

- Multiple fractures
- An unstable or displaced fracture
- Loose bone fragments that could enter a joint
- Damage to the surrounding ligaments
- Fractures that extend into a joint
- A fracture that is the result of a crushing accident

Some injuries are treated with a metal frame outside the leg attached to the bone with pins. This device provides stability during the healing process and is usually removed after about 6 to 8 weeks. There's a risk of infection around the surgical pins.

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## Preparing for your appointment

Depending on the severity of the break, your health care provider may recommend examination by an orthopedic surgeon.

### What you can do

You may want to write a list that includes:

- Detailed descriptions of the symptoms and what caused the injury

- Information about past medical problems
- All the medications and dietary supplements you or your child takes
- Questions you want to ask the health care provider

For a broken leg, some basic questions to ask your care provider include:

- What kinds of tests are needed?
- What is the best course of action?
- Is surgery necessary?
- What are the alternatives to the primary treatment you're suggesting?
- What restrictions need to be followed?
- Should I see a specialist?
- What pain medications do you recommend?

Don't hesitate to ask any other questions you have.

## **What to expect from your doctor**

Your health care provider is likely to ask you questions, including:

- How and when did your injury occur?
- Were there any other injuries or areas of pain?
- Have you had broken bones in the past or a history of osteoporosis?
- Do you have any numbness, tingling or loss of sensation to the injured area?
- Were you able to get up and stand or walk, bearing weight on your leg, after your injury?
- How severe is the pain from your injury?
- What, if anything, seems to improve the pain?

- What, if anything, appears to worsen the pain?

For injuries to children, the evaluation often includes routine questions to rule out concerns for intentional injury or child abuse.

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## Diseases &amp; Conditions

# Broken arm

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## Overview

**Arm bones**[Enlarge image](#)

A broken arm involves one or more of the three bones in your arm — the ulna, radius and humerus. One of the most common causes of a broken arm is falling onto an outstretched hand. If you think you or your child has broken an arm, seek prompt medical attention. It's important to treat a fracture as soon as possible for proper healing.

Treatment depends on the site and severity of the injury. A simple break might be treated with a sling, ice and rest. However, the bone may require realignment (reduction) in the emergency room.

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A more complicated break might require surgery to realign the broken bone and to implant wires, plates, nails or screws to keep the bone in place during healing.

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# Symptoms

A snap or cracking sound might be your first indication you've broken an arm. Signs and symptoms include:

- Severe pain, which might increase with movement
- Swelling
- Bruising
- Deformity, such as a bent arm or wrist
- Inability to turn your arm from palm up to palm down or vice versa

## When to see a doctor

If you have enough pain in your arm that you can't use it normally, see a doctor right away. The same applies to your child. Delays in diagnosis and treatment of a broken arm, especially for children, who heal faster than adults do, can lead to poor healing.

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# Causes

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Common causes for a broken arm include:

- **Falls.** Falling onto an outstretched hand or elbow is the most common cause of a broken arm.
  - **Sports injuries.** Direct blows and injuries on the field or court cause all types of arm fractures.
  - **Significant trauma.** Any of your arm bones can break during a car accident, bike accident or other direct trauma.
  - **Child abuse.** In children, a broken arm might be the result of child abuse.
- 

## Risk factors

Certain medical conditions or physical activities can increase the risk of a broken arm.

### Certain sports

Any sport that involves physical contact or increases your risk of falling — including football, soccer, gymnastics, skiing and skateboarding — also increases the risk of a broken arm.

### Bone abnormalities

Conditions that weaken bones, such as osteoporosis and bone tumors, increase your risk of a broken arm. This type of break is known as a pathological fracture.

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## Complications

The prognosis for most arm fractures is very good if treated early. But complications can include:

- **Uneven growth.** Because a child's arm bones are still growing, a fracture in the area where growth occurs near each end of a long bone (growth plate) can interfere with that bone's growth.
  - **Osteoarthritis.** Fractures that extend into a joint can cause arthritis there years later.
  - **Stiffness.** The immobilization required to heal a fracture in the upper arm bone can sometimes result in painfully limited range of motion of the elbow or shoulder.
  - **Bone infection.** If a part of your broken bone protrudes through your skin, it can be exposed to germs that can cause infection. Prompt treatment of this type of fracture is critical.
  - **Nerve or blood vessel injury.** If the upper arm bone (humerus) fractures into two or more pieces, the jagged ends can injure nearby nerves and blood vessels. Seek immediate medical attention if you notice numbness or circulation problems.
  - **Compartment syndrome.** Excessive swelling of the injured arm can cut off the blood supply to part of the arm, causing pain and numbness. Typically occurring 24 to 48 hours after the injury, compartment syndrome is a medical emergency that requires surgery.
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## Prevention

Although it's impossible to prevent an accident, these tips might offer some protection against bone breakage.

- **Eat for bone strength.** Eat a healthy diet that includes calcium-rich foods, such as milk, yogurt and cheese, and vitamin D, which helps your body absorb calcium. You can get vitamin D from fatty fish, such as salmon; from fortified foods, such as milk and orange juice; and from sun exposure.

- **Exercise for bone strength.** Weight-bearing physical activity and exercises that improve balance and posture can strengthen bones and reduce the chance of a fracture. The more active and fit you are as you age, the less likely you are to fall and break a bone.
- **Prevent falls.** To prevent falling, wear sensible shoes. Remove home hazards that can cause you to trip, such as area rugs. Make sure your living space is well lit. Install grab bars in your bathroom and handrails on your stairways, if necessary.
- **Use protective gear.** Wear wrist guards for high-risk activities, such as in-line skating, snowboarding, rugby and football.
- **Don't smoke.** Smoking can increase your risk of a broken arm by reducing bone mass. It also hampers healing of fractures.

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## Diagnosis

Your doctor will examine your arm for tenderness, swelling, deformity or an open wound. After discussing your symptoms and how you injured yourself, your doctor likely will order X-rays to determine the location and extent of the break. Occasionally, another scan, such as an [MRI](#), might be used to get more-detailed images.

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## Treatment

Treatment of a broken arm depends on the type of break. The time needed for healing depends on a variety of factors, including severity of the injury; other

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conditions, such as diabetes; your age; nutrition; and tobacco and alcohol use.

Fractures are classified into one or more of the following categories:

- **Open (compound) fracture.** The broken bone pierces the skin, a serious condition that requires immediate, aggressive treatment to decrease the risk of infection.
- **Closed fracture.** The skin remains unbroken.
- **Displaced fracture.** The bone fragments on each side of the break aren't aligned. Surgery might be required to realign the fragments.
- **Comminuted fracture.** The bone is broken into pieces, so it might require surgery.
- **Greenstick fracture.** The bone cracks but doesn't break all the way — like what happens when you bend a green stick of wood. Most broken bones in children are greenstick fractures because children's bones are softer and more flexible than are those of adults.
- **Buckle (torus) fracture.** One side of the bone is compressed, which causes the other side to bend (buckle). This type of fracture is also more common in children.

## Setting the bone

If you have a displaced fracture, your doctor might need to move the pieces back into position (reduction). Depending on the amount of pain and swelling you have, you might need a muscle relaxant, a sedative or even a general anesthetic before this procedure.

## Immobilization

Restricting movement of a broken bone, which requires a splint, sling, brace or cast, is critical to healing. Before applying a cast, your doctor will likely wait until

the swelling goes down, usually five to seven days after injury. In the meantime, you'll likely wear a splint.

Your doctor might ask you to return for X-rays during the healing process to make sure the bones haven't shifted.

## Medications

To reduce pain and inflammation, your doctor might recommend an over-the-counter pain reliever. If your pain is severe, you may need a prescription medication that contains a narcotic for a few days.

Nonsteroidal anti-inflammatory drugs can help with pain but might also hamper bone healing, especially if used long term. Ask your doctor if you can take them for pain relief.

If you have an open fracture, in which you have a wound or break in the skin near the wound site, you'll likely be given an antibiotic to prevent infection that could reach the bone.

## Therapy

Rehabilitation begins soon after initial treatment. In most cases, it's important, if possible, to begin some motion to minimize stiffness in your arm, hand and shoulder while you're wearing your cast or sling.

After your cast or sling is removed, your doctor might recommend additional rehabilitation exercises or physical therapy to restore muscle strength, joint motion and flexibility.

## Surgery

Surgery is required to stabilize some fractures. If the fracture didn't break the skin, your doctor might wait to do surgery until the swelling has gone down. Keeping your arm from moving and elevating it will decrease swelling.

Fixation devices — such as wires, plates, nails or screws — might be needed to hold your bones in place during healing. Complications are rare, but can include infection and lack of bone healing.

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## Preparing for your appointment

Depending on the severity of the break, your family doctor or the emergency room physician might refer you or your child to a doctor who specializes in injuries of the body's musculoskeletal system (orthopedic surgeon).

## What you can do

Make a list that includes:

- **Details about your or your child's symptoms** and the incident that caused them
- **Information** about past medical problems
- **All the medications** and dietary supplements you or your child takes
- **Questions** to ask the doctor

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For a broken arm, questions to ask your doctor include:

- What tests are needed?
- What is the best course of action?
- Is surgery necessary?
- What restrictions will need to be followed?
- Do you recommend seeing a specialist?
- What pain medications do you recommend?

Don't hesitate to ask other questions.

## **What to expect from your doctor**

Your doctor is likely to ask you questions, including:

- Did the symptoms come on suddenly?
- What caused the symptoms?
- Did an injury trigger the symptoms?
- How severe are the symptoms?
- What, if anything, seems to improve the symptoms?
- What, if anything, appears to worsen the symptoms?

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# Broken hand

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## Diagnosis

The diagnosis of a broken hand generally includes a physical exam of the affected hand and X-rays.

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## Treatment

If the broken ends of the bone aren't aligned, there can be gaps between the pieces of bone or fragments might overlap. Your doctor will need to manipulate the pieces back into position, a procedure known as a reduction. Depending on the amount of pain and swelling you have, you might need a local or general anesthetic before this procedure.

Whatever your treatment, it's important to move your fingers regularly while the fracture is healing to keep them from stiffening. Ask your doctor about the best ways to move them. If you smoke, quit. Smoking can delay or prevent bone healing.

### Immobilization

Restricting the movement of a broken bone in your hand is critical to proper healing. To do this, you'll likely need a splint or a cast. You'll be advised to keep your hand above heart level as much as possible to reduce swelling and pain.

### Medications

To reduce pain, your doctor might recommend an over-the-counter pain reliever. If your pain is severe, you might need an opioid medication, such as codeine.

NSAIDs can help with pain but might also hamper bone healing, especially if used long-term. Ask your doctor if you can take them for pain relief.



If you have an open fracture, in which you have a wound or break in the skin near the wound site, you'll likely be given an antibiotic to prevent infection that could reach the bone.

## Therapy

After your cast or splint is removed, you'll likely need rehabilitation exercises or physical therapy to reduce stiffness and restore movement in your hand. Rehabilitation can help, but it can take several months or longer for complete healing.

## Surgical and other procedures

You might need surgery to implant pins, plates, rods or screws to hold your bones in place while they heal. A bone graft might be used to help healing. These options might be necessary if you have:

- An open fracture
- A fracture in which the bone pieces move before they heal
- Loose bone fragments that could enter a joint
- Damage to the surrounding ligaments, nerves or blood vessels
- Fractures that extend into a joint

Even after reduction and immobilization with a cast or splint, your bones can shift. So your doctor likely will monitor your progress with X-rays. If your bones move, you might then need surgery.

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## Preparing for your appointment



You might first seek treatment for a broken hand in an emergency room or urgent care clinic. If the pieces of broken bone aren't lined up properly to allow healing with immobilization, you might be referred to a doctor specializing in orthopedic surgery.

## What you can do

You may want to write a list that includes:

- A description of your symptoms and how, where and when the injury occurred
- Information about your and your family's medical histories
- All the medications and dietary supplements you take, including doses
- Questions you want to ask the doctor

For a broken hand, questions to ask your doctor include:

- What tests do I need?
- What's the best course of action?
- Will I need surgery?
- Will I need to wear a cast? If so, for how long?
- Will I need physical therapy when the cast comes off?
- Are there restrictions that I need to follow?
- Should I see a specialist?

## What to expect from your doctor

Your doctor might ask:

- What is your occupation?
- Was your hand bent backward or forward when the impact occurred?
- Are you right-handed or left-handed?
- Where does it hurt, and do certain movements make it hurt more or less?

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- Have you had previous hand injuries or surgery?

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Diseases & Conditions

# Broken foot

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## Diagnosis

Your healthcare professional will look at your ankle, foot and lower leg and check for tenderness. Moving your foot around can show your range of motion. Your health professional might want to watch how you walk.

## Imaging tests

To diagnose a broken foot, your healthcare professional might order one or more of these imaging tests.

- **X-rays.** Most foot fractures can be seen on X-rays. Stress fractures often don't show up on X-rays until the break starts healing.
- **Bone scan.** A bone scan can find breaks that don't show up on X-rays. A technician injects a small amount of radioactive material into a vein. The radioactive material makes damaged bones, including stress fractures, show up as bright spots on the image.

- **CT scan.** A CT scan uses X-ray techniques to create detailed images of the bones in the body from different angles. Compared with X-rays, CT scans can show more detail about the injured bone and the soft tissues that surround it.
- **MRI scan.** MRI uses radio waves and a strong magnetic field to create detailed images of the soft tissues in the foot and ankle. This imaging can show breaks not seen on X-rays.

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## Treatment

Treatments for a broken foot vary depending on which bone is broken and how bad the injury is.

## Medications

Your healthcare professional may suggest a pain reliever available without a prescription, such as acetaminophen (Tylenol, others).

## Therapy

After your bone heals, you need to restore the motion and strength of your foot and ankle. A physical therapist can teach you exercises to help you restore full motion and build strength.

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## Surgical and other procedures

- **Reduction.** If you have a displaced fracture, meaning the two ends of the fracture are not aligned, your healthcare professional may need to move the pieces back into place. This process is called reduction. You may need medicine to relax your muscles, calm you or numb the area before this procedure.
- **Immobilization.** Most often, a broken bone must be kept from moving so that it can heal. This is called immobilization. Most often, a cast holds the foot in place.

Minor foot fractures may need only a brace you can take off, or a boot or shoe with a stiff sole. A broken toe can be taped to the next toe, with a piece of gauze between them, to keep the broken toe still.

- **Surgery.** In some cases, a surgeon who specializes in bones and joints, called an orthopedic surgeon, may use pins, plates or screws to keep a bone in place while it heals. These materials may be removed after the break has healed or if they stick out of the skin or cause pain.

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## Preparing for your appointment

You will likely seek treatment for a broken foot bone in an emergency room or urgent care clinic. If the pieces of broken bone aren't lined up for healing, you may be referred to a doctor specializing in orthopedic surgery.

### What you can do

You may want to write a list that includes:

- Your symptoms and how they began.

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- Other medical conditions you have.
- All the medicines, vitamins and supplements you take, including doses.
- Questions to ask the healthcare professional.

For a broken foot, basic questions to ask include:

- What tests do I need?
- What treatments are there? Which do you suggest?
- If I need a cast, how long will I need to wear it?
- Will I need surgery?
- How much will I need to limit my activities?
- Should I see a specialist?
- What pain medicines do you suggest?

Be sure to ask all the questions you have.

## **What to expect from your doctor**

Your healthcare professional may ask questions, including:

- How did you injure yourself?
- Did your symptoms come on suddenly?
- Have you injured your feet in the past?
- Have you recently begun an exercise program or started exercising more or harder?

## **What to do in the meantime**

If your injury isn't bad enough for you to go to an emergency room, here are some things you can do at home until you can see your healthcare professional.

- Apply ice for 15 to 20 minutes at a time, every 3 to 4 hours, to lessen the swelling.
  - Keep your foot and ankle raised above the level of your heart to limit swelling.
  - Don't put weight on your injured foot.
  - Lightly wrap the injury in a soft bandage that provides slight pressure.
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# Broken ankle

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## Diagnosis

Your doctor will examine your ankle to check for points of tenderness. The precise location of your pain can help determine its cause.

Your doctor may move your foot into different positions to check your range of motion. You may be asked to walk for a short distance so that your doctor can examine your gait.

## Tests

If your signs and symptoms suggest a break or fracture, your doctor may suggest one or more of the following imaging tests.

- **X-rays.** Most ankle fractures can be visualized on X-rays. The technician may need to take X-rays from several different angles so that the bone images won't overlap too much. Stress fractures often don't show up on X-rays until the break actually starts healing.

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- **Bone scan.** A bone scan can help your doctor diagnose fractures that don't show up on X-rays. A technician will inject a small amount of radioactive material into a vein. The radioactive material is attracted to your bones, especially the parts of your bones that have been damaged. Damaged areas, including stress fractures, show up as bright spots on the resulting image.
- **Computerized tomography (CT).** computed tomography (CT) takes X-rays from many different angles and combines them to make cross-sectional images of internal structures of your body. CT scans can reveal more detail about the injured bone and the soft tissues that surround it. A CT scan may help your doctor determine the best treatment for your broken ankle.
- **Magnetic resonance imaging (MRI).** Magnetic resonance imaging (MRI) uses radio waves and a strong magnetic field to create very detailed images of the ligaments that help hold your ankle together. This imaging helps to show ligaments and bones and can identify fractures not seen on X-rays.

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## Treatment

Treatments for a broken ankle will vary, depending on which bone has been broken and the severity of the injury.

### Medications

Your doctor may recommend an over-the-counter pain reliever, such as acetaminophen (Tylenol, others).

### Therapy

After your bone has healed, you'll probably need to loosen up stiff muscles and ligaments in your ankles and feet. A physical therapist can teach you exercises to improve your flexibility, balance and strength.

### Surgical or other procedures

- **Reduction.** If you have a displaced fracture, meaning the two ends of the fracture are not aligned well, your doctor may need to manipulate the pieces back into their proper positions. This process is called reduction. Depending on the amount of pain and swelling you have, you may need a muscle relaxant, a sedative or a local anesthetic to numb the area before this procedure.
- **Immobilization.** A broken bone must be immobilized so that it can heal. In most cases, this requires a special boot or a cast.
- **Surgery.** In some cases, an orthopedic surgeon may need to use pins, plates or screws to maintain proper position of your bones during healing. These materials may be removed after the fracture has healed if they are prominent or painful.

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## Preparing for your appointment

You will likely initially seek treatment for a broken ankle in an emergency room or urgent care clinic. If the pieces of broken bone aren't lined up properly for healing, you may be referred to a doctor specializing in orthopedic surgery.

### What you can do

You may want to write a list that includes:

- Detailed descriptions of your symptoms
- Information about medical problems you've had
- Information about the medical problems of your parents or siblings
- All the medications and dietary supplements you take
- Questions you want to ask the doctor

For a broken ankle, basic questions to ask your doctor include:

- What tests will I need?
- What treatments are available, and which do you recommend?
- If I need a cast, how long will I need to wear it?
- Will I need surgery?
- What activity restrictions will I need to follow?
- Should I see a specialist?



- What pain medications do you recommend?

Don't hesitate to ask any other questions you have.

### What to expect from your doctor

Your doctor may ask some of the following questions:

- Was there a specific injury that triggered your symptoms?
- Did your symptoms come on suddenly?
- Have you injured your ankles in the past?
- Have you recently begun or intensified an exercise program?

### What to do in the meantime

If your injury isn't severe enough to warrant a trip to the emergency room, here are some things you can do at home to care for your injury until you can see your doctor:

- Apply ice for 15 to 20 minutes at a time, every three to four hours to bring down the swelling.
- Keep your ankle elevated.
- Don't put any weight on your injured ankle.
- Lightly wrap the injury in a soft bandage that provides slight compression.

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Diseases & Conditions

# Broken wrist

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## Diagnosis

The diagnosis of a broken wrist generally includes a physical exam of the affected hand and X-rays.

## Other imaging tests

Sometimes, other imaging tests can give your doctor more detail. They are:

- **CT scan.** CT scans can uncover wrist fractures that X-rays miss. Injuries to soft tissues and blood vessels can be seen on CT scans. This technology takes X-rays from a variety of angles and combines them to depict cross-sectional slices of your body's internal structures.
- **MRI.** Using radio waves and a powerful magnet to produce detailed images of bone and soft tissues, MRIs are much more sensitive than X-rays and can identify very small fractures and ligament injuries.

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## Treatment

If the broken ends of the bone aren't aligned properly, there can be gaps between the pieces of bone or fragments might overlap. Your doctor will need to manipulate the pieces back into position, a procedure known as a reduction. Depending on the amount of pain and swelling you have, you might need a local or general anesthetic before this procedure.

Whatever your treatment, it's important to move your fingers regularly while the fracture is healing to keep them from stiffening. Ask your doctor about the best ways to move them. If you smoke, quit. Smoking can delay or prevent bone healing.

## Immobilization

Restricting the movement of a broken bone in your wrist is critical to proper healing. To do this, you'll likely need a splint or a cast. You'll be advised to keep your hand above heart level as much as possible to reduce swelling and pain.

## Medications

To reduce pain, your doctor might recommend an over-the-counter pain reliever. If your pain is severe, you might need an opioid medication, such as codeine.

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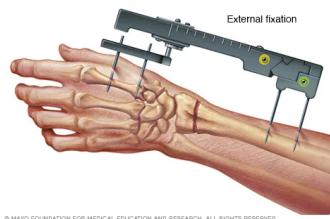
NSAIDs can help with pain but might also hamper bone healing, especially if used long-term. Ask your doctor if you can take them for pain relief.

If you have an open fracture, in which you have a wound or break in the skin near the wound site, you'll likely be given an antibiotic to prevent infection that could reach the bone.

## Therapy

After your cast or splint is removed, you'll likely need rehabilitation exercises or physical therapy to reduce stiffness and restore movement in your wrist. Rehabilitation can help, but it can take several months or longer for complete healing.

## Surgical and other procedures



**External fixation of the wrist**

[Enlarge image](#)

You might need surgery to implant pins, plates, rods or screws to hold your bones in place while they heal. A bone graft might be used to help healing. These options might be necessary if you have:

- An open fracture
- A fracture in which the bone pieces move before they heal
- Loose bone fragments that could enter a joint
- Damage to the surrounding ligaments, nerves or blood vessels
- Fractures that extend into a joint

Even after reduction and immobilization with a cast or splint, your bones can shift. So your doctor likely will monitor your progress with X-rays. If your bones

Feedback

move, you might then need surgery.

In some cases, the surgeon will immobilize your fracture by using an external fixation device. This consists of a metal frame with two or more pins that go through your skin and into the bone on both sides of the fracture.

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## Preparing for your appointment

You might first seek treatment for a broken wrist in an emergency room or urgent care clinic. If the pieces of broken bone aren't lined up properly to allow healing with immobilization, you might be referred to a doctor specializing in orthopedic surgery.

### What you can do

You may want to write a list that includes:

- A description of your symptoms and how, where and when the injury occurred
- Information about your and your family's medical histories
- All the medications and dietary supplements you take, including doses
- Questions you want to ask the doctor

For a broken wrist, questions to ask your doctor include:

- What tests do I need?
- What's the best course of action?
- Will I need surgery?
- Will I need to wear a cast? If so, for how long?
- Will I need physical therapy when the cast comes off?
- Are there restrictions that I need to follow?
- Should I see a specialist?

## **What to expect from your doctor**

Your doctor might ask:

- What is your occupation?
- Was your wrist bent backward or forward when the impact occurred?
- Are you right-handed or left-handed?
- Where does it hurt, and do certain movements make it hurt more or less?
- Have you had previous wrist injuries or surgery?

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# Hip fracture

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## Diagnosis

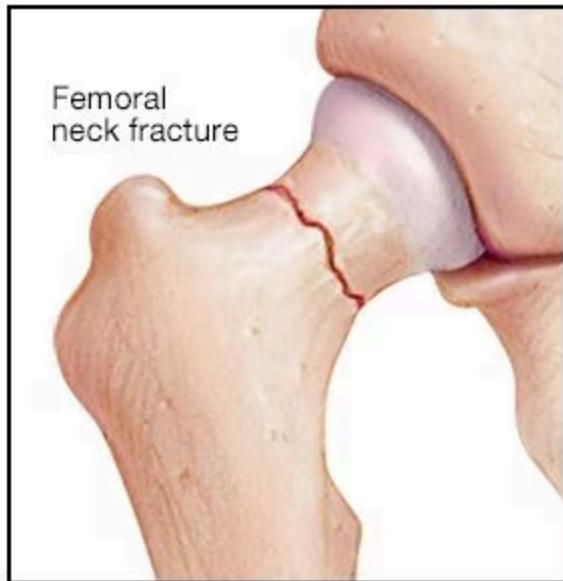
A health care provider can often diagnose a hip fracture based on symptoms and the abnormal position of the hip and leg. An X-ray usually will confirm the fracture and show where the fracture is.

If your X-ray doesn't show a fracture but you still have hip pain, your provider might order an MRI or bone scan to look for a hairline fracture.

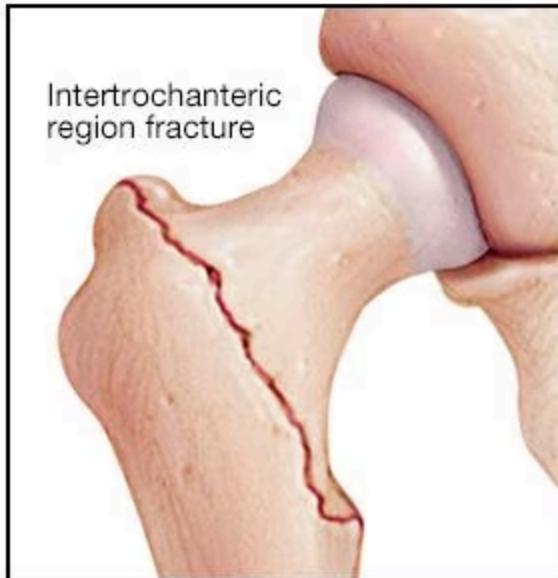
Most hip fractures occur in one of two locations on the long bone that extends from the pelvis to your knee (femur):

- **The femoral neck.** This area is situated in the upper portion of your femur, just below the ball part (femoral head) of the ball-and-socket joint.
- **The intertrochanteric region.** This region is a little farther down from the hip joint, in the portion of the upper femur that juts outward.

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## Types of hip fractures

Most hip fractures occur in one of two locations — at the femoral neck or in the intertrochanteric region. The location of the fracture helps determine the best treatment options.

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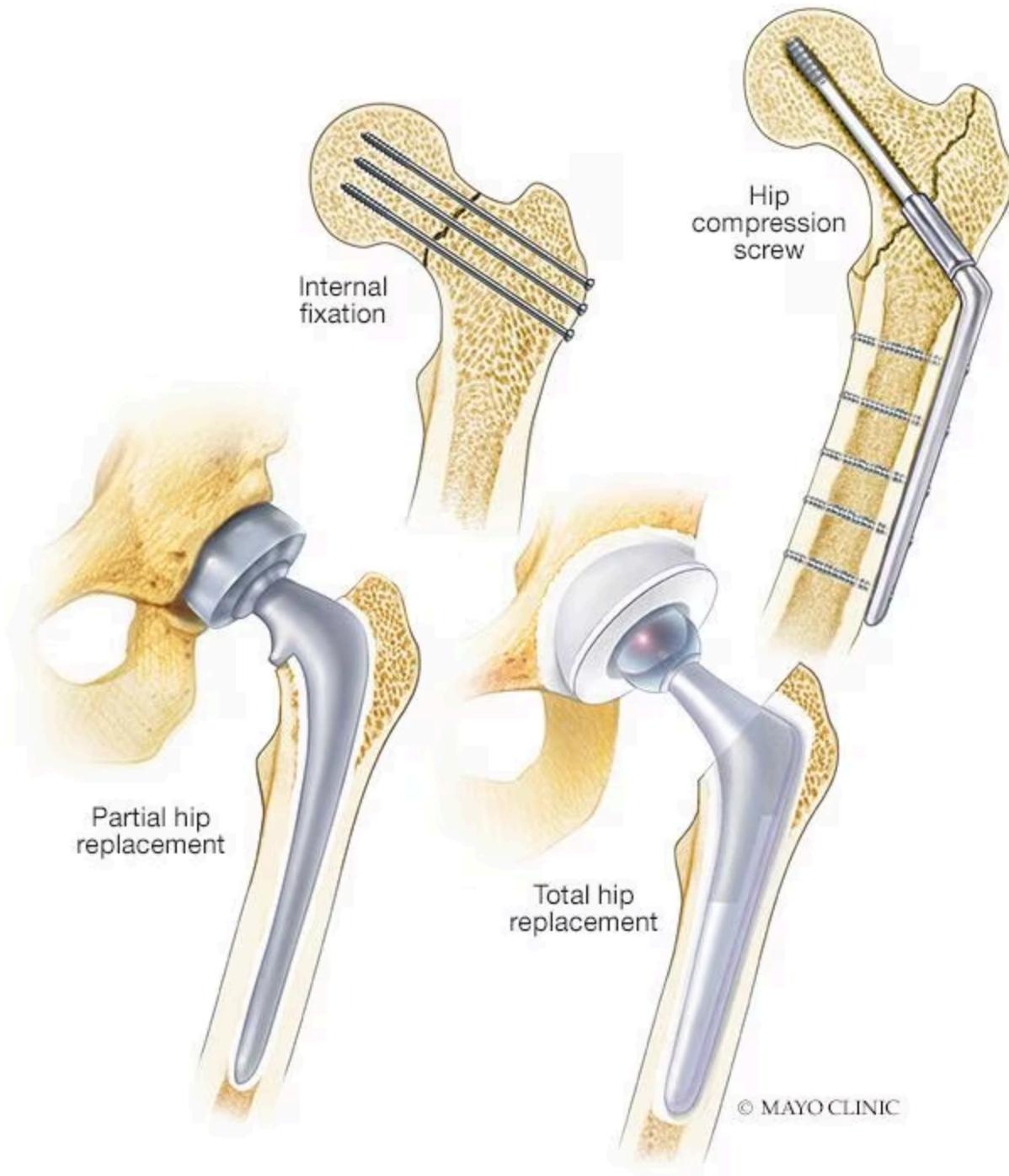
Treatment for hip fracture usually involves a combination of prompt surgical repair, rehabilitation, and medication to manage pain and to prevent blood clots and infection.

### Surgery

The type of surgery generally depends on where and how severe the fracture is, whether the broken bones aren't properly aligned (displaced), and your age and underlying health conditions. Options include:

- **Internal repair using screws.** Metal screws are inserted into the bone to hold it together while the fracture heals. Sometimes screws are attached to a metal plate that runs down the thighbone (femur).
- **Total hip replacement.** The upper femur and the socket in the pelvic bone are replaced with artificial parts (prostheses). Increasingly, studies show total hip replacement to be more cost-effective and associated with better long-term outcomes in otherwise healthy adults who live independently.
- **Partial hip replacement.** In some situations, the socket part of the hip doesn't need to be replaced. Partial hip replacement might be recommended for adults who have other health conditions or who no longer live independently.

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## Repair options

A hip fracture can be repaired with the help of metal screws, plates and rods. In some cases, artificial replacements (prostheses) of parts of the hip joint may be necessary.

Surgeons may recommend a full or partial hip replacement if the blood supply to the ball part of the hip joint was damaged during the fracture. That type of injury,

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which occurs most often in older people with femoral neck fractures, means the bone is less likely to heal properly.

## Rehabilitation

Physical therapy will initially focus on range-of-motion and strengthening exercises. Depending on the type of surgery and whether there's help at home, going to an extended care facility might be necessary.

In extended care and at home, an occupational therapist teaches techniques for independence in daily life, such as using the toilet, bathing, dressing and cooking. An occupational therapist will determine if a walker or wheelchair might be needed to regain mobility and independence.

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# Preparing for your appointment

You may be referred to an orthopedic surgeon.

## What to expect

Your health care provider might ask:

- Have you recently fallen or had another injury to your hip?
- How severe is your pain?
- Can you put weight on your leg on the side of your injured hip?
- Have you had a bone density test?



- Have you been diagnosed with any other medical conditions? What medications do you take, including vitamins and supplements?
- Do you use alcohol or tobacco?
- Have you ever had surgery? Were there problems?
- Do any of your blood relatives — such as a parent or sibling — have a history of bone fractures or osteoporosis?
- Do you live independently?

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Diseases & Conditions

# Broken toe

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## Diagnosis

During the physical exam, health care providers typically check for tender areas in the toe. The provider also will check the skin around the injury to make sure it's not cut and that the toe is still getting blood flow and nerve signals.

X-rays of the foot can confirm a broken toe.

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## Treatment

### Medications

You can usually manage pain from a broken toe with medicines such as ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) or acetaminophen (Tylenol, others) that you can get without a prescription. Severe pain might require prescription painkillers.

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## Reduction

If the broken pieces of the bone don't fit snugly together, a care provider might need to move the pieces back into place. This is known as reduction. It's usually done without cutting the skin. Ice or a shot of anesthetic numbs the toe.

## Keeping the toe from moving

To heal, a broken bone must not move so that its ends can knit back together. Examples include:

- **Buddy taping.** For a simple fracture in any of the smaller toes, taping the injured toe to one next to it might be all that's needed. The uninjured toe acts like a splint. Putting gauze or felt between the toes before taping can prevent skin soreness.
- **Wearing a stiff-bottomed shoe.** A care provider might prescribe a post-surgical shoe that has a stiff bottom and a soft top that closes with strips of fabric. This can prevent the toe from moving and provide more room for swelling.
- **Casting.** If the pieces of the broken toe won't stay snugly together, a walking cast might help.

## Surgery

In some cases, a surgeon may need to use pins, plates or screws to keep the bones in place during healing.

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## Lifestyle and home remedies

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Raising the foot and using ice can help reduce swelling and pain. Prop your foot up when possible so that your injury is higher than your heart. If you use ice, wrap it in a towel so that it doesn't touch your skin. Use it for about 15 minutes at a time, taking a break of at least 20 minutes before icing again.

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## Preparing for your appointment

Your health care provider might refer you to a specialist in orthopedic surgery.

### What you can do

You may want to write a list that includes:

- Details about your symptoms
- How the injury occurred
- Information about other medical problems you've had
- All the medications and dietary supplements you take, including doses
- Questions you want to ask the doctor

### What to expect from your doctor

Your doctor may ask some of the following questions:

- Were you barefoot at the time of the injury?
- Exactly where does it hurt?
- Is more than one toe involved?
- Does your injury feel better or worse when you move your foot certain ways?

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Diseases & Conditions

# Broken collarbone

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## Diagnosis

During the physical exam, a health care provider inspects the area for tenderness, swelling or an open wound. X-rays show where the break is, how bad it is and whether the joints are injured. A CT scan might give more-detailed images.

### More Information

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## Treatment

For healing, any broken bone must be kept still. People who have a broken collarbone usually need to wear a sling. Bone healing usually takes 3 to 6 weeks for children and 6 to 12 weeks for adults.



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A newborn's collarbone that breaks during delivery typically heals in about two weeks with only pain control and careful handling of the baby.

## Medicines

A pain medicine that you can buy without a prescription might be all that's needed to ease pain. Some people might need a prescription medicine with a narcotic for a few days. Because narcotics can be habit-forming, it's important to use them for only a short time and only as directed by a health care provider.

## Therapy

Exercises to restore movement begin soon after treatment starts. It's usually important to begin moving to lessen stiffness. Later, other exercises or physical therapy can help the joint move better and build muscle strength.

## Surgery

Surgery might be needed if the collarbone has broken through the skin, is out of place or is in several pieces. Broken collarbone surgery usually includes using plates, screws or rods to hold the bone in place while it heals. Surgical complications are rare but can include infection.

Children and teenagers younger than 16 rarely need surgery because they heal more quickly than adults do.

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## Lifestyle and home remedies

Applying ice to the area for 20 to 30 minutes every few hours during the first 2 to 3 days after a collarbone break can help control pain and swelling.

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# Preparing for your appointment

Depending on how bad the break is, your health care provider or a provider in the emergency room might recommend a surgeon who treats bone injuries, also called an orthopedic surgeon.

## What you can do

It might be helpful to write a list that includes:

- Details about symptoms, what caused the injury and when it happened.
- Information about past medical problems.
- All medicines, vitamins and dietary supplements you take, including doses.
- Questions to ask the health care provider.

## What to expect from your doctor

Your provider might ask:

- Have you broken a bone before?
- Have you been told you have weakened bones?

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Diseases & Conditions

# Broken ribs

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## Diagnosis

During the physical exam, a health care provider might press gently on the ribs, listen to your lungs and watch your rib cage move as you breathe.

One or more of the following imaging tests might help with the diagnosis:

- **X-ray.** Using low levels of radiation, X-rays allow the bones to be seen. But X-rays might not show a fresh break, especially if the bone is only cracked. X-rays also can help diagnose a lung that has caved in.
- **CT scan.** This often can find breaks that X-rays might miss. CT scans also make it easier to see injuries to soft tissues and blood vessels.
- **MRI.** This scan can look for harm to the soft tissues and organs around the ribs. It also can help find smaller breaks.
- **Bone scan.** This is good for viewing cracked bones, also called stress fractures. A bone can crack after repetitive trauma, such as long bouts of coughing. During a bone scan, a small amount of radioactive material is

injected into your bloodstream. It collects in the bones, particularly in places where a bone is healing, and is detected by a scanner.

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## Treatment

Most broken ribs heal on their own within six weeks. Being less active and icing the area regularly can help with healing and pain relief.

## Medicines

It's important to relieve pain. Not being able to breathe deeply because of pain can lead to pneumonia. If medicines taken by mouth don't help enough, shots can numb the nerves that lead to the ribs.

## Therapy

Once pain is under control, certain exercises can help you breathe more deeply. Shallow breathing can lead to pneumonia.

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## Preparing for your appointment

Because car accidents often cause broken ribs, many people learn they have a broken rib in a hospital's emergency department. There's no time to prepare. But if you break a rib because of repeated stress over time, you might see your primary care provider.

Here's information to help you get ready for your appointment.

### What you can do

Before you see your primary care provider, make a list of:

- **Your symptoms**, even those that seem unrelated to why you made the appointment, and when they began.
- **Key personal information**, including recent accidents.
- **All medications, vitamins and supplements** you take, including doses.
- **Questions to ask** your care provider.

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Take a family member or friend along, if possible, to help you remember the information you're given.

For broken ribs, questions to ask your provider include:

- How long will I be in pain?
- What treatments are available, and which do you recommend?
- How can I best manage this with my other health conditions?
- Do I need to restrict my activities?

Don't hesitate to ask other questions.

## **What to expect from your doctor**

Your care provider might ask:

- Where is your pain?
- Are your symptoms constant or do they come and go?
- How bad is your pain?
- Did anything happen to cause it?
- Does anything you do make the pain better or worse?

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# Broken nose

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## Diagnosis

Your health care provider may press gently on the outside of your nose and its surrounding areas. He or she may look inside your nasal passage to check for obstruction and further signs of broken bones.

You may receive numbing medication to make your nose more comfortable during the exam.

X-rays and other imaging studies are usually unnecessary. However, a computerized tomography (CT) scan may be ordered if the severity of your injuries makes a thorough physical exam impossible or if your provider suspects you may have other injuries.

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## Treatment

If you have a minor fracture that hasn't caused your nose to become crooked or otherwise misshapen, you may not need professional medical treatment. You may be fine just using ice on the area and taking over-the-counter pain medications.

### Manual realignment

If the break has displaced the bones and cartilage in your nose, your health care provider may be able to manually realign them. This needs to be done within 14 days from when the fracture occurred, preferably sooner.

During this procedure, medication will numb your nose. In some cases, health care providers can push the nose back in place with their fingers. Sometimes, they may need to use special tools to help realign the broken bones and cartilage.



Your nose may be splinted with packing on the inside and a dressing on the outside. Sometimes, an internal splint is also necessary for a short time. If used, the packing usually needs to stay in for a week. The dressing may stay on for up to two weeks.

You may also be given a prescription for antibiotics to prevent infection from the bacteria that live in your nose.

## Surgery

Severe breaks, multiple breaks or breaks that have gone untreated for more than 14 days may need surgery. Surgery can realign the bones and reshape your nose, if necessary.

If the break has damaged your nasal septum — the middle part of your nose that divides your nostril — your breathing may feel blocked or you may feel like you have a stuffy nose. Reconstructive surgery may be recommended.

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## Self care

If you think you may have broken your nose, take these steps to reduce pain and swelling:

- **Act quickly.** When the break first occurs, breathe through your mouth and lean forward to reduce the amount of blood that drains into your throat.



- **Use ice.** Apply ice packs or cold compresses immediately after the injury, and then at least four times a day for the first 24 to 48 hours to reduce swelling. Keep the ice or cold compress on for 10 to 15 minutes at a time. Wrap the ice in a washcloth to prevent frostbite. Try not to apply too much pressure, which can cause additional pain or damage to your nose.
- **Relieve pain.** Take over-the-counter pain relievers, such as acetaminophen (Tylenol, others), ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve, others), as necessary.
- **Keep your head up.** Elevate your head — especially when sleeping — so as not to worsen swelling and throbbing.
- **Limit your activities.** For the first two weeks after treatment, don't play any sports. Avoid contact sports for at least six weeks after your injury.

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## Preparing for your appointment

If your injury is severe, you won't have time to prepare for your appointment because you'll need to seek immediate medical attention.

If the injury to your nose is less severe — accompanied only by swelling and moderate pain — you may choose to wait before seeking care. This allows time for the swelling to subside, making it easier to evaluate your injury.

However, it's best not to wait longer than 3 to 5 days before seeing your health care provider if your signs and symptoms persist. During this waiting period, get medical attention if:

- The pain or swelling doesn't progressively improve
- Your nose looks misshapen or crooked after the swelling recedes
- You can't breathe well through your nose even after the swelling subsides
- You experience frequent, recurring nosebleeds



- You're running a fever

When you make an appointment, you may start by seeing your primary care provider. He or she may refer you to a specialist in disorders of the ear, nose and throat.

Here's some information to help you get ready for your appointment, and to know what to expect.

## What you can do

- **Write down any symptoms you're experiencing** and what you were doing at the time of the injury.
- **Make a list of all medications**, vitamins, and supplements you're taking.
- **Bring a photo of yourself before the injury for comparison**, if possible.
- **Write down questions to ask.**

Preparing a list of questions can help you make the most of your time with your health care provider. For a broken nose, here are some basic questions to ask:

- Do I need any tests, such as X-rays?
- How long will the swelling and bruising last?
- Will my nose look the same?
- Do I need surgery?
- Do I need to restrict my activity?
- What type of pain medication can I take?
- Are there any brochures or other printed materials that I can take home?  
What websites do you recommend for additional information?

## What to expect from your doctor

Your health care provider may ask:

- How and when did your injury occur?



- Have your symptoms improved at all since the time of the injury?
- Does your nose look the same or different to you?
- Can you easily breathe through your nose?
- Do you participate in contact sports? If so, how long do you plan on participating in this sport?

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By Mayo Clinic Staff

Jun 28, 2022

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