How to Care for a Child With a Broken Arm

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Chapter Six

Getting Back to Normal

After two or three weeks in the brace, your child’s doctor may give your child clearance to take it off.

While this can be intimidating for your child, he or she must not become dependant on the support.

Your child should

1. Slowly transition back into competitive activities and contact sports.

2. Use small hand weights or stress balls to help rebuild the strength in the hand, arm, and wrist.

3. Resume all normal activities without the assistance of a brace or any other form of support.

4. Have fun and be a kid!

Help your child overcome the fear that he or she will re-break the arm. This is a valid fear and you should encourage your child to be cautious until he or she is comfortable. However, being overly-cautious will only prolong the recovery time.

It takes a long time to get back to normal after breaking an arm. The best thing you can do for your child is be patient, loving, and supportive.

Soon enough, your child will be a daredevil again!
Taking Control of a Trauma Situation

Don’t panic. Chances are good that you’re reading this after the trauma happened, so you’ve already been through the worst of it. Now you need to prepare yourself and your child for the healing and recovery process.

If you are reading this to educate yourself about how to respond if your child ever breaks an arm, read through the following manual so you will know what to expect.

If you’re reading this after your child has broken an arm, then consider this a checklist of things that should have happened immediately after the incident and things that will happen in the coming weeks.

Your child will look to you for strength and support, so you will have to be as strong as you can, especially when your child is having a rough time.

Follow these guidelines to help your child make it through this difficult process.
Chapter Six
Getting Back to Normal
Chapter One
Responding When Your Child Breaks an Arm
If everything looks normal in the x-rays, your child will get an arm brace. The brace usually covers the wrist and the forearm and slightly restricts movement.

- You child will be able to remove the brace for bathing, sleeping, and any other normal daily activities.

- Your child cannot yet participate in sports or any other activity that requires contact.

- Your child might be uneasy about removing the brace. Encourage him or her to go without it for long periods of time.

Encourage your child to not wear the brace unless absolutely necessary. Wearing the brace for long periods of time allows the muscles and tendons to continue to atrophy from lack of use.

- Your child must rebuild the strength in the arm. Encourage him or her to use it a lot.

- Your child should also follow the doctors exercise regimen to help rebuild the atrophied muscles.

- Your child should rotate the arm to get his or her range of motion back.
4. Once the doctor removes the cast, your child will get more x-rays so the doctor can make sure that the bones have healed correctly.

**Transitioning from a long-arm cast to a short arm cast**

If your child was in a long arm cast, he or she may need to step down to a short arm cast for the duration of the healing process.

<table>
<thead>
<tr>
<th>Long Arm Cast</th>
<th>Short Arm Cast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaches from the hand to the upper part of the arm</td>
<td>Reaches from the hand to the forearm below the elbow.</td>
</tr>
<tr>
<td>Restricts the movement in the elbow and wrist</td>
<td>Restricts the movement in the wrist</td>
</tr>
<tr>
<td>Usually used when the child breaks both the radius and ulna</td>
<td>Allows the child to regain motion in the elbow while still immobilizing the forearm</td>
</tr>
</tbody>
</table>

If your child transitions from the long arm to the short arm cast, make sure he or she is patient. The healing process takes time. Your child will have to wear the short arm cast for about three or four more weeks.

Once that time is up, your child will return to the doctor to have the short arm cast removed.

Your child will again go through the process of having the cast removed by the doctor using the removal saw. This should be easier because your child knows what to expect.

You will have to clean the arm again and the doctor will want it x-rayed.

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**Chapter One**

**Responding When Your Child Breaks an Arm**

If you suspect that your child has a broken arm, you need to react calmly and quickly.

**Immediately After the Break**

1. Support the arm using anything available. If nothing is available, use the child’s shirt to make a sling by pulling it up from the bottom and creating a cradle for the arm.

2. Assess the situation.
   - Is your child conscious?
   - Is your child bleeding?
   - Has the bone pierced the skin?
   - Is there an obvious unnatural bend to the arm?
   - Is there obvious swelling?
   - Is your child in severe pain?
   - Does the pain get worse with movement?
   - Can your child move his or her arm or fingers?
   - Does your child feel a tingling sensation or numbness in his or her extremities?
   - Is your child in shock?

Shock occurs when the circulation system fails to send blood to all parts of the body, depriving them of oxygen. This can damage a person’s limbs, lungs, heart, and brain.
Chapter Five

Removing the Cast

After the amount of time prescribed by your child's doctor has passed, your child will have to go to the doctor to have the cast removed.

1. Help your child relax as much as possible and make sure he or she stays completely still until the doctor finishes the cast removal. This process usually goes by very quickly.

2. When the doctor removes the cast, your child may insist on supporting the broken arm. Usually, he or she will not want to use it at all. This is normal. They remember the pain of the break and they do not want it to happen again. Be patient.

3. You will need to wash the arm immediately because it will stink. There may be some residue on the arm. This is normal. It is only the dirt, sweat, and dead skin that has accumulated on the arm while it was in the cast.

   He or she might be apprehensive when the doctor uses the removal saw to cut the cast off. This is normal. The saw is completely safe in the hands of a trained professional.

   The arm may look bent. That is okay. The muscles and tendons in the arm will straighten it as it heals.

4. If you can move your child with minimal discomfort and you are near an emergency room or minor emergency care facility, you should go there immediately.

5. If you are unable to call ahead, have your child's medical information ready and give it to the receptionist as soon as you arrive.

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At the Emergency Room

1. The emergency room staff will assess your child. Try to remember the exact circumstances in which your child broke his or her arm. This information will help the doctors assess his or her overall state.

2. The emergency room staff will put an ice pack on the arm to help with pain and swelling and give your child some pain medication.

3. The emergency room staff will take x-rays of your child’s arm. They will move the arm and it will hurt. Help your child remain calm.

4. The doctor will examine the x-rays and confirm the type of break.

5. The doctor will put your child’s arm in an open splint to allow for swelling.

6. The doctor will discharge your child and you will take your child home.

The pain and trauma of the incident and the pain medication might make your child nauseated and he or she may get sick. Have something handy in case your child needs to vomit.
**Bones of the arm** (See Figure 1.1)

- **Humerus**- the long bone that runs from the shoulder to the elbow.
- **Radius**- the smaller of the two bones in the lower arm that runs from the wrist to the elbow. The radius is on the thumb side of the lower arm.
- **Ulna**- the larger of the two bones in the lower arm that runs from your wrist to the elbow. The ulna is on the pinky finger side of the lower arm.

![Figure 1.1 Bones of the arm](image-url)
Types of common breaks in children (See Figure 1.2)

- **Greenstick fracture** - bones cracks but does not break all the way through.
- **Spiral Fracture** - fracture where at least one part of the bone has been twisted.
- **Comminuted fracture** - bone is in more than one piece.
- **Transverse fracture** - fracture is at a right angle to the bone's long axis.
- **Open (Compound) fracture** - bones are broken and sticking out of skin.
- **Closed fracture** - bone is broken, but it has not pierced the skin.

*Figure 1.2 Types of breaks*
At Home

- Your child may continue to get sick when you get home. The emergency room physician should give you a prescription for anti-nausea or anti-emetic medication with the prescription for pain medication. Use it. If they don’t give it to you, ask for it.

- You will need to know how to re-wrap the bandages in case your child soils them or gets sick on them. Make sure you have extra bandages nearby. If you need to re-wrap the arm, make sure you keep the arm completely stabilized while doing so.

- Make your child as comfortable as you can. Make sure you have extra pillows to help support the arm. Make sure your child gets a lot of rest.

- Even after your child goes to bed, it is important that you keep your emotions in check. Children feed off of their parents’ emotions, so you need to be strong for you child. Doing this will be difficult, but if you show your child that you are not worried, he or she will be less likely to worry.

Chapter Four

3. Keep the cast clean and make sure your child showers or bathes regularly.

4. Have your child use spray deodorant and keep his or her arm as clean as possible.

5. Buy some permanent markers so your child can have all of his or her friends sign or decorate the cast.

6. Your child’s doctor may require return visits every week for the first three weeks to take more x-rays and assess the progress.

7. After the amount of time prescribed by your child’s doctor passes, your child must return to have the cast removed.

Drive carefully on your way home. Your child will still be queasy but will need to get home as soon as possible so he or she can rest.

You or your child may begin to notice an odor coming from the cast. This is normal. Although the cast is clean on the outside, there is still some dirt and sweat that gets trapped inside it.
3. If your child chooses the waterproof cast, he or she gets to pick out a cast color.

   Red, blue, black, and pink are the standard colors, but your doctor may have more to choose from. Make sure your child picks a color he or she can live with, because this cast will usually be on for 4 weeks or longer.

4. When the doctor removes the temporary splint, you will notice that your child’s arm may look a little discolored and it may smell. This is normal. The arm has been stuck in a splint for a week, getting smelly and dirty. Gently clean your child’s arm while supporting it.

5. The doctor will then apply the cast to your child’s arm. The process seems very hurried and may intimidate some children, but speed is important because the cast material sets quickly.

6. Take your child home and keep the arm elevated for about an hour so it will not swell while the cast is hardening.

**At home**

1. Your child should require less help with hygiene issues if he or she has a waterproof cast.

2. Your child should get used to the idea of working with one arm, which will make all tasks easier.
Chapter Four
Casting the Arm

Once the swelling goes down, usually after about a week, your child must return to the pediatric orthopedist to get a cast.

At the pediatric orthopedist's office

1. Your child will get more x-rays to see if the bone has shifted.
   - If the bone has not shifted, your child will get a cast.
   - If the bone has shifted, your child may have to have the bone reset.
   - If resetting the bone doesn’t work, your child may require surgery to pin the bone. Your doctor will be able to give you more information if that becomes necessary.

2. You need to decide if you want to get the standard or the waterproof cast.

<table>
<thead>
<tr>
<th>Plaster Cast</th>
<th>Waterproof Cast</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Will degrade if wet, must cover when bathing</td>
<td>• Waterproof, can swim, shower, etc.</td>
</tr>
<tr>
<td>• Less durable</td>
<td>• More durable</td>
</tr>
<tr>
<td>• Cotton lining, plaster of paris or fiberglass covering</td>
<td>• Waterproof liner, fiberglass wrapping</td>
</tr>
<tr>
<td>• Health insurance usually covers 100% of the cost of the plaster cast</td>
<td>• Health insurance usually does not cover the cost of the waterproof cast</td>
</tr>
</tbody>
</table>
Chapter Two
Finding a Pediatric Orthopedist

You should take your child to a pediatric orthopedist instead of a general orthopedist. Pediatric orthopedists understand the complications associated with children's injuries and will know how to help your child heal correctly.

When you get the name of a good pediatric orthopedist, you should call and make an appointment. They will usually get you in that same day.

What to bring to your first visit

- Health insurance verification and your insurance co-pay
- The x-rays from the emergency room
- A list of any questions you may have for the doctor

When you go to the pediatric orthopedist, make sure you prepare yourself and your child. This visit could be traumatic for your child.
Follow these guidelines to ensure that your child’s visit will be as pleasant as possible.

1. Bring the items listed in the box and arrive at least fifteen minutes early so you can fill out paperwork.

2. Relax. Your child will pick up on any stress that you show.

3. Prepare yourself and your child for will happen at the orthopedist’s office, but stay positive.

During the initial visit to the pediatric orthopedist

1. The orthopedist will find out how the injury occurred.

2. Your child will have to get more x-rays of the affected bone(s).

3. If necessary, the orthopedist will need to set the bones.

The process of setting the bones will hurt a lot. You have to prepare yourself, because this is a painful experience for your child and you might have to hold him or her down while the doctor sets the bones. **You must remain calm and be strong for your child.**

4. Your child will get a temporary splint put on his or her arm until the swelling goes down.

5. You will need to schedule a follow-up appointment for your child to get a cast.
Potty Talk

- While bathroom issues are often embarrassing for children, you will probably have to assist if your child discovers that he or she cannot zip or button pants or wipe without help.

Dressing

- If your child cannot raise his or her arm above the head, you will need to help your child dress. If this happens, you should help by having your child start by putting the broken arm in the shirt first, pulling it over the head, and then working the shirt over the other arm.

- A child can maneuver shorts or pants with elastic waistbands better than shorts or pants with buttons or zippers.
Chapter Three
Caring for Your Child

Your child will experience emotional and physical exhaustion when you get home, especially if the doctor had to set the bones. You should make sure that your child has a comfortable place where he or she can relax.

When it comes to personal care and hygiene, your child will probably need help until he or she gets a cast.

**Bathing**

- Until your child gets a waterproof cast, you will need to assist in bathing duties.

- Do not get the arm wet. Place a large bag around the splinted arm and seal it with a loose rubber band or tape. Make sure it is not too tight, or you will cut off circulation to the arm.

> Since most temporary splints are plaster, you should always cover the arm and prevent it from getting wet so the plaster does not disintegrate. Large trash bags work well as arm covers.

- Do not let your child take a shower until he or she gets a waterproof cast. Use the bathtub and a pitcher to help your child wash his or her hair.