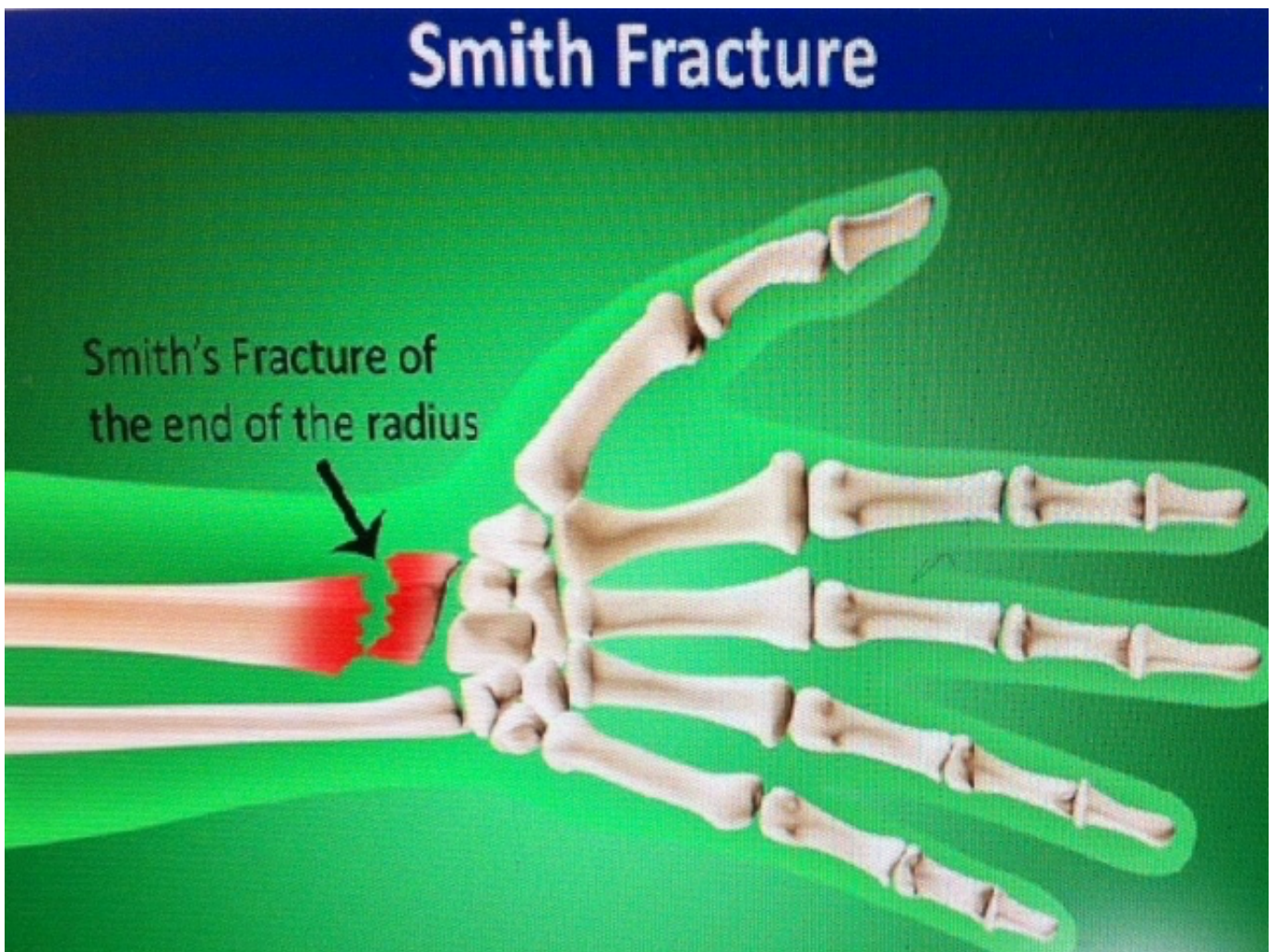
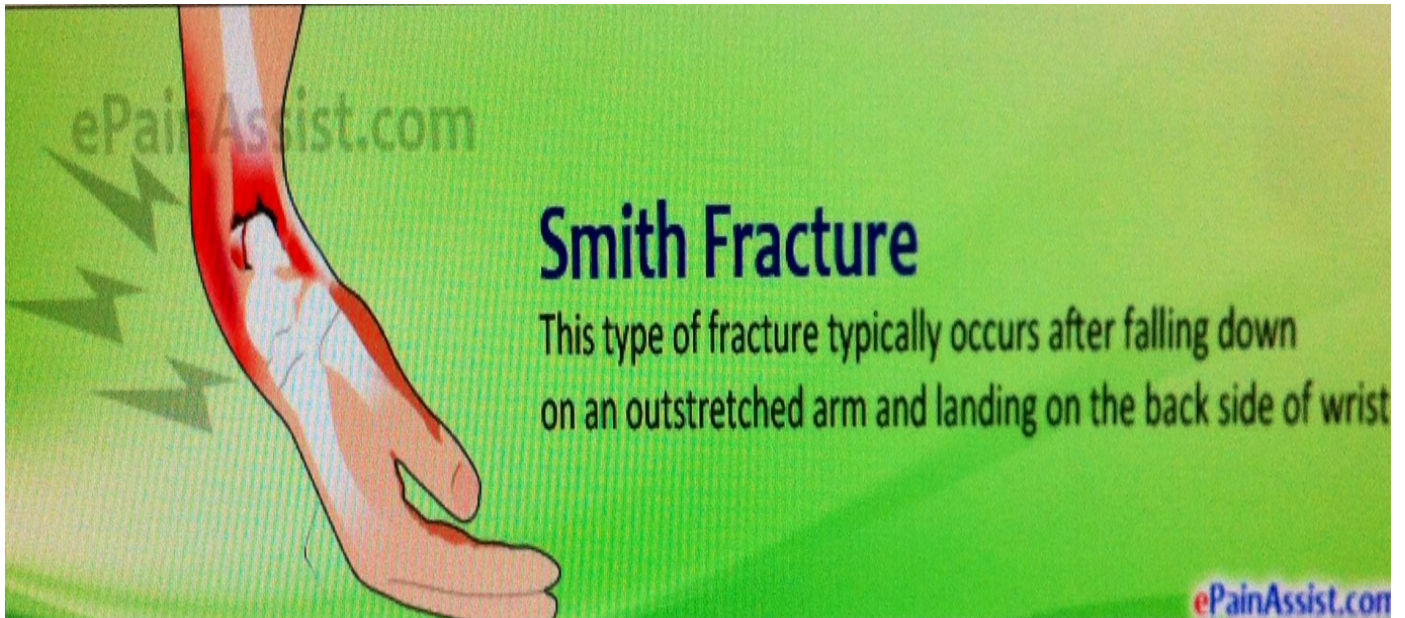


Fractured radius
Displaced volarly (ventrally)

Commonly called a
Smith's # or a **reverse colles'**





The distal fracture fragment is displaced volarly (ventrally) as opposed to a Colles' fracture which is displaced dorsally.

Smith's fractures are less common than the Colles' type fracture and will be either displaced or not displaced.

Depending on the severity of the impact, there may be one or two fragments and it may or may not involve the surface of the wrist joint.

Causes of fracture:

A fall on the outstretched hand (FOOSH) with the wrist in flexed position or caused by a direct blow to the dorsal forearm.

A flexion & compression fracture of the lower end of the radius, with forward displacement of the lower fragment.

Not displaced #' is called a mild fracture. The treatment for this condition is done by casting once the Fracture is diagnosed and immediate attention is given. The fracture heals in a **few** weeks in a well moulded smith type cast.

Displaced #' this type is very severe in nature. Displaced # generally leaved to serious & dangerous damage to the bone. In this condition the joint of the wrist is often displaced forward creating a form of a ball while moving in some angles.

Classification:

Type 1: Oblique Comminuted Fractures are usually seen in older women.

Type 2: Barton's fracture.

Type 3: A more transverse fracture usually seen in young individuals due to severe injury.

Treatment:

Depending on the severity of the fracture an un-displaced # may be treated in a cast alone.

Mild angulation & displacement may require a closed reduction.

Significant angulation & deformity may require an open reduction and internal fixation.

Open fracture will always require surgical intervention.

Cast application.

This type of cast should be applied by a senior experienced caster with the help of a second person.

Long arm above elbow cast. The wrist is held in full supination and the wrist is doriflexed.

Elbow at 90 deg flexion.

Stocking and softban applied in the usual manner for an above elbow cast. Apply from metacarpal joints; leaving them free to 5cm below the cubital fossa (axilla) Thumb is exposed.

Position the arm and wrist into the correct position before applying the softban. Apply synthetic material or pop.

This is an unusual position for the patient to be in so much support and reassurance needs to be given.

Products needed

softban 3cm

Stockenette 2cm for wrist and 1cm for thumb.

2 to 3 rolls of 3cm synthetic cast material.