Toddler’s Fracture

A toddler’s fracture is a common fracture in the tibia bone (large bone in the lower leg) of children usually younger than 6 years old. It is most common in children in the early years of walking – 9 months to 3 years. A toddler’s fracture is a spiral fracture of the tibia without any injury to the fibula (smaller bone in the lower leg) (Picture 1). It is called a stable fracture.

In a stable fracture, the broken ends of the bone are lined up and barely out of place. It does not need to be realigned. There is also little chance that the fracture will move or displace during treatment and healing.

**Common causes of injury**

The cause of the injury may not be obvious at first. Common causes of toddlers’ fractures are:

- Twisting the leg while walking or running
- Sliding down a slide and getting the foot caught, resulting in a twist. This is more common if a child is sitting on an older child’s or adult’s lap while going down a slide.

**Symptoms of a toddler’s fracture**

- There is pain or swelling in the shin, swelling in the ankle or foot.
- Your child refuses to bear weight on the leg.
- Your child limps, all of the time or just sometimes.
- There is not usually bruising.
Diagnosis

- The practitioner will ask how the injury happened and will do an exam to assess pain, swelling, and circulation.
- If the lower leg has not been x-rayed, an x-ray may be done to help decide if there is a fracture.
- Even if there is no obvious fracture on the x-ray, the child may be treated for a toddler’s fracture. It can be hard to see the fracture at first. This is called a suspected toddler’s fracture.

Treatment

- Children with a diagnosed or suspected toddler’s fracture should have the injured leg immobilized. Sometimes, it is placed into a long-leg splint because a cast is not available. Other times, a practitioner might think that a child needs further evaluation before being placed into a long-leg cast.
- Once a child is placed into a long-leg cast, the cast will usually remain on until the child is 3 to 4 weeks past the date of the injury. The length of time that the cast is on also depends upon the child’s age.
- Once in a cast, most children eventually start trying to walk. This is OK, but does not need to be encouraged.
- It is not usually necessary to see the orthopedic practitioner again until time to remove the cast.
- Once the cast is off, it is not always necessary to get new x-rays. You should allow your child to begin bearing weight if they are able.
- The child may limp for 3 to 4 weeks after the cast is off. The child’s limp may first look stiff-legged, like they are walking with the cast on. The child may also look like they are walking with the toes turned out. This is all normal. Limping or walking differently will get better with time and does not usually need any physical therapy.

Splint or cast care

After your child’s cast or splint is applied, it should stay clean and dry. Do not put anything into the splint or cast. Check the toes to see that they are not rubbing or getting blisters. For more information, refer to Helping Hand HH-II-2, *Cast and Splint Care.*
When to call the provider

If any of these things happens after you leave the hospital, urgent care or orthopedic office, return your child to the location where they were treated or call the child’s orthopedic provider.

- Your child has numbness or tingling in the toes.
- Your child’s toes are bluish-purple in color or toes feel cold and this does not improve when the foot is raised above the level of the heart.
- The toes do not become pink again within three seconds of pressing the toenails. See Helping Hand HH-II-60, Circulation Checks.
- There is more than a little swelling with discomfort.
- Your child is in too much pain to move their toes.
- Your child’s fever is higher than 101 degrees F by mouth.