



## 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 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.

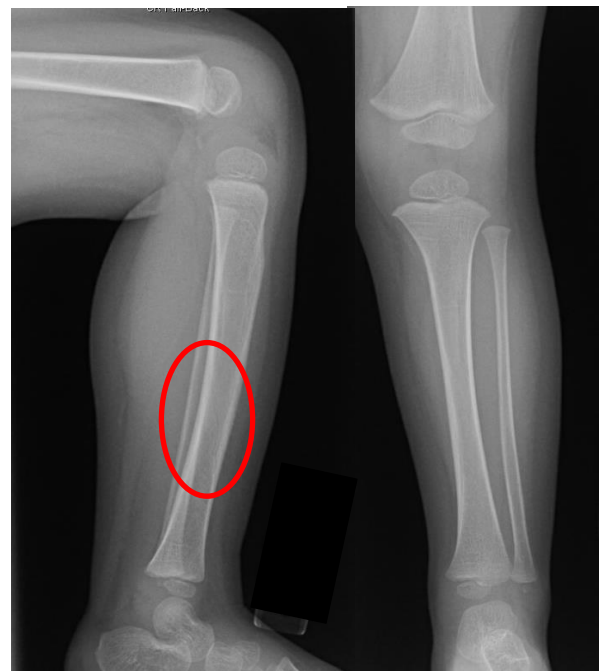
### Common causes of injury

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

- Pain or swelling in the shin, ankle, or foot.
- Refusal to bear weight on the leg.
- Limping all of the time, or just sometimes.
- There is not usually any bruising.



**Picture 1** The tibia (larger bone) and the fibula (smaller bone) in the lower leg. The spiral fracture on the tibia is hard to see.

## Diagnosis

- The health care provider will ask how the injury happened and will do an exam to assess for swelling, and circulation.
- If the 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 can have the following treatments: no immobilization, a splint, or a walking boot.
- If your child is seen in the Nationwide Children's Hospital Emergency Room or Urgent Care, they may be placed in a temporary splint and be referred to orthopedics for a walking boot.
- Your child does not need to see an orthopedic provider after they get a walking boot.
- Your child may walk as tolerated while in the boot or with no immobilization. However, they should **not** walk if they are in a splint, because it can lead to skin problems.
- Your child may come out of the boot 3 weeks after injury.
- Your child may limp for a few weeks after the boot is off. The limp may look stiff-legged at first, like they are walking with the boot on. They 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 boot care

- If your child is placed in a splint, it should stay clean and dry. Do not put anything into the splint. The child should not walk in the splint.
- After your child is placed in a walking boot, it should stay clean and dry. The walking boot may be removed for baths. Your child may walk with the boot on.
- With either form of immobilization (splint or boot), check the toes to see that they are not rubbing or getting blisters.

## **When to call the health care provider**

If any of these things happen 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 numb toes or tingling in the toes.
- Your child's toes are bluish-purple in color or 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 3 seconds of pressing the toenails.
- There is more than a little swelling with discomfort.
- Your child is in too much pain to move their toes.

If the child is still having issues with walking or is not getting better after 4 weeks from boot removal, please call the Orthopedic Center at (614)722-5175 in Columbus or (419) 251-2061 in Toledo to be seen by an orthopedic provider.