Patient information



Buckle Fracture

This information leaflet is for people who have had a buckle fracture injury. It describes the injury and treatment.

What is a Buckle Fracture?

Children's bones are softer than adults and are therefore more likely to bend rather than break following an impact. This can result in a bulge in the bone instead of a complete break – called a buckle fracture. Buckle fractures, also known as Torus fractures, are extremely common injuries in children. They heal very well and quickly, with low risk of further injury.

How is it Treated?

Buckle fractures are treated with a splint, which promotes healing by keeping the bone stable. We advise that the splint is used for three weeks, but it can be removed earlier if your child is comfortable and pain free. The splint should also be worn when your child is sleeping, but can safely be removed for bathing and showering without any risk of damage to the fracture.

Pain relief

The splint will help to reduce the level of pain, but your child will also need to take painkillers. You can give them paracetamol and ibuprofen regularly for the first few days and then just when needed. Please read and follow the dosage instructions on the packet carefully.

How long does it take to get better?

Your child can stop wearing the splint three weeks after the injury. They may experience a slight increase in pain and stiffness at this point, but this will usually settle after a few days.

Your child can continue to use the splint for short amounts of time, to help relieve any on-going discomfort, if needed. They will need to avoid sporting activities for a total of six weeks from the date of their injury and should only take part in sport once they are pain free.

EMERGENCY DEPARTMENT

Care of the Splint

With active lifestyles, splints can quickly become dirty. We recommend removing the metal support in the splint and then hand-washing the fabric as regularly as needed, leaving it to air dry. If you would like a second splint, you can purchase similar ones from chemists or online.

Important Information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner. Your comments We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Experience Team – Tel: 0300 131 4500 Ext: 734731 or by email at: esh-tr.patientexperience@nhs.net

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department. Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.	
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Reference

The following clinicians have been consulted and agreed this patient information: Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet: URGENT CARE

Next review date: December 2027

Responsible clinician/author: Emergency Department Consultants

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