

Priority Topic: FRACTURES

July 2018

Key Features:

1. In a patient with multiple injuries, [stabilize the patient](#) (e.g., airway, breathing, and circulation, and life-threatening injuries) before dealing with any fractures.

See also: [Priority Topic Trauma](#)

2. When examining patients with a fracture, [assess neurovascular status](#) and [examine the joint above and below](#) the injury.

What you should study:

- ✓ [Neurovascular Exam - Royal Children's Hospital Melbourne](#)
- ✓ **REMEMBER to examine the joint ABOVE and BELOW always!**
[EM Cases Episode 1: Occult Fractures and Dislocations](#) **the podcast addresses this point with illustrative cases**

Priority Topic: FRACTURES

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3. In patients with [suspected fractures](#) that are prone to have [normal X-ray findings](#) (e.g., scaphoid fractures in wrist injuries, elbow fracture, growth plate fracture in children, stress fractures), [manage according to your clinical suspicion](#), even if X-ray is negative.

What you should study: know your **SALTER-HARRIS** classification

- ✓ [Stress Fractures AAFP 2011](#)
- ✓ [Scaphoid Fractures AAFP 2004](#)
- ✓ [EM Cases Episode 1: Occult Fractures and Dislocations](#)
- ✓ [Radiographic evaluation of common paediatric elbow injuries](#)
- ✓ [Radiographically occult and subtle fractures 2013](#)

4. In [assessing elderly patients](#) with an acute change in mobility (i.e., those who can no longer walk) and [equivocal X-ray findings](#) (e.g., no obvious fracture), [investigate appropriately](#) (e.g., with bone scans, computed tomography) before excluding a fracture.

What you should study:

- ✓ [EM Cases Episode 1: Occult Fractures and Dislocations](#) **First case on hip pain**
- ✓ [Evaluation of the Patient with Hip Pain AAFP 2014](#) ***not specific to elderly.**

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5. Identify and manage limb injuries that require urgent immobilization and/or reduction in a timely manner.

What you should study: *these articles don't cover closed reduction.

- ✓ Splints and Casts - Indications and Methods AAFP 2009
- ✓ Principles of Casting and Splinting AAFP 2009

6. In assessing patients with suspected fractures, provide analgesia that is timely (i.e., before X-rays) and adequate (e.g., narcotic) analgesia.

What you should study:

- ✓ Decreasing time to pain relief BMJ 2016

7. In patients presenting with a fracture, look for and diagnose high-risk complications (e.g., an open fracture, unstable cervical spine, compartment syndrome).

What you should study:

- ✓ Open Fracture Guidelines BOA 2017
- ✓ Unstable C-spine Fractures YouTube video
- ✓ Compartment Syndrome Review 2014

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8. Use [clinical decision rules](#) (e.g., Ottawa ankle rules, C-spine rules, and knee rules) to [guide the use of X-ray examinations](#) .

What you should study: memorize these!

- ✓ [Ottawa Ankle Rules](#)
- ✓ [Ottawa Knee Rules](#)
- ✓ [Canadian C-Spine Rule](#)

Note: These key features do not include technical and or psychomotor skills such as casting, reduction of dislocations, etc. See Procedural Skills.

Some other useful resources:

- ✓ [EM Cases Digest 1: MSK & Trauma 2015](#)
- ✓ [Foot fractures AAFP 2016](#)
- ✓ [Hip Fracture AAFP 2014](#)