

Forearm fractures (radius and ulna)

Forearm fractures (radius and ulna)

Fractures of the diaphyseal shaft of the radius and ulna are technically , in the anatomical sense of the word, extra-articular. However, the forearm bones work together, being coupled at the proximal and distal radioulnar joints to allow for forearm pronation and supination. Therefore, when considering treatment the principles that apply to intra-articular fractures need to be considered: anatomical reduction and rigid fixation to allow for early joint motion. Most fractures that involve both radius and ulna in adults require open reduction, anatomical alignment and rigid plate fixation. ure, are a little more controversial, as non-operative manage - ment is possible but in this location risks delayed union and non-union, hence treatment depends on patient factors. Oper - ative fixation with pla te and screw fixation is technically simple and allows early predictable return to function. Forearm fractures (radius and ulna)

Fractures of the diaphyseal shaft of the radius and ulna are technically , in the anatomical sense of the word, extra-articular. However, the forearm bones work together, being coupled at the proximal and distal radioulnar joints to allow for forearm pronation and supination. Therefore, when considering treatment the principles that apply to intra-articular fractures need to be considered: anatomical reduction and rigid fixation to allow for early joint motion. Most fractures that involve both radius and ulna in adults require open reduction, anatomical alignment and rigid plate fixation. ure, are a little more controversial, as non-operative manage - ment is possible but in this location risks delayed union and non-union, hence treatment depends on patient factors. Oper - ative fixation with pla te and screw fixation is technically simple and allows early predictable return to function. Forearm fractures (radius and ulna)

Fractures of the diaphyseal shaft of the radius and ulna are technically , in the anatomical sense of the word, extra-articular. However, the forearm bones work together, being coupled at the proximal and distal radioulnar joints to allow for forearm pronation and supination. Therefore, when considering treatment the principles that apply to intra-articular fractures need to be considered: anatomical reduction and rigid fixation to allow for early joint motion. Most fractures that involve both radius and ulna in adults require open reduction, anatomical alignment and rigid plate fixation. ure, are a little more controversial, as non-operative manage - ment is possible but in this location risks delayed union and non-union, hence treatment depends on patient factors. Oper - ative fixation with pla te and screw fixation is technically simple and allows early predictable return to function.