

Toddler's Fracture

***Information for
children, parents and carers***



**Emergency Department
Royal Aberdeen Children's Hospital**

What is a toddler's fracture?

The term toddler's fracture describes a non-displaced fracture (a break or crack) that occurs in a bone called the tibia, the main shin bone in the lower leg. Non-displaced means that their bones remain in the correct place and have not moved.

This injury usually occurs in children who are between 9 months and 3 years of age.

What are the causes of a toddler's fracture?

This type of injury is usually caused by a simple fall or stumble, or a minor twisting injury of the leg.

Sometimes the injury or start of symptoms have not been witnessed by an adult, but there has been a sudden change in your child's ability to walk or bear weight.

What are the symptoms and signs?

Your child may have complained of pain in the affected shin bone and stopped walking or is now walking with a limp.

It is often difficult for young children to describe what has happened and where it is sore. Often they appear irritable and refuse to bear weight on their leg.

Usually, the child's affected leg looks normal. Visible changes in the lower leg, such as bruising or swelling are not common with a toddler's fracture.

What will the X-ray show?

Your child has had an X-ray of the lower leg. This may have shown a non-displaced (hair-line) fracture of the tibia, but in two-thirds of children, the X-rays of children with a toddler's fracture are completely normal, and the diagnosis is made by the doctor and nurses after examining your child.

Is a toddler's fracture serious?

The lining of the bone is intact around all toddler's fractures (whether visible on X-ray or not). Therefore, all these injuries heal rapidly and the outcomes are excellent with full recovery, usually within a month, but sometimes faster.

What is the treatment?

These injuries heal well no matter what treatment is given.

Give regular pain relief medicines such as paracetamol and/or ibuprofen. Paracetamol can be given every 4 to 6 hours (no more than 4 times in 24 hours). Ibuprofen can be given every 6 to 8 hours (no more than 3 times in 24 hours). Do not exceed the prescribed dose on the bottle.

We would recommend that you give your child these medicines regularly for at least 72 hours and then as required if there is ongoing discomfort.

Does my child need a cast?

The doctors and nurses will discuss with you if your child needs a cast.

There is no right answer to this question. For example, a cast may provide an extra degree of comfort but cannot be allowed to get wet and therefore bathing is not possible.

Some parents will prefer to carry or push their child more during the recovery phase and choose not to have a cast. In other cases, immobilising the leg in a cast may be the best option for the child.

The cast does not reduce time to full healing and walking normally. Each decision is individual to the child and the parents or guardians.

What will happen now?

Your child will be discharged from the Emergency Department.

There is no routine need for your child to be seen again in the Emergency Department.

Whether your child has had a cast or not, they may limp and not walk normally until about one month from the time of injury.

What happens during recovery and long-term?

The pain usually settles within a week but during recovery your child's limp and discomfort may be more pronounced on days when they have done a bit more activity the day before.

When your child has been symptom free for 72 hours they can resume normal activities.

There are no long term problems with a toddler's fracture and all children heal well.

Usually your child will return to full mobility within one month. If your child is still limping at this stage, please make an appointment with your GP for review.

What happens if my child is in a cast?

Before we discharge you from the care of the Emergency Department, we will give you instructions about the removal of your child's cast. Some casts can be removed at home but others need to be removed in the Plaster Room in the Children's Hospital. We will give you an appointment for the Plaster Room if your child needs one.

If there is any problem with your child's cast (for example it gets wet), please contact the Plaster Room by phone during weekday working hours on the number below. If the problem occurs at the weekend then please phone the Emergency Department for advice.

What should I look out for?

While your child has been diagnosed with a toddler's fracture, it is important to look out for any signs that could suggest something more serious.

If your child develops any of the below:

- 1. Pain in the hip or leg that is waking them at night despite oral pain relief.**
- 2. There is increasing pain, especially at rest (lying down and not moving) or mobility is getting significantly worse.**
- 3. A fever more than 38°C or is otherwise generally unwell.**
- 4. An obvious swelling on any part of the hip or leg.**

Please seek urgent medical advice or bring your child back to the Emergency Department.

Contact numbers

If you have any concerns or if your child still has significant pain after 4 weeks, contact us on the number below. We'll then arrange an appointment to review their progress.

Emergency Department
Royal Aberdeen Children's Hospital
Westburn Road
Aberdeen AB25 2ZG

 01224 552041

Plaster Room
Open Monday to Friday 9am to 4pm

 01224 552900

**This leaflet is also available in large print.
Other formats and languages can be
supplied on request. Please call Quality
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Ask for leaflet 2141.**

Feedback from the public helped us to develop this leaflet.
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Royal Aberdeen Children's Hospital
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