

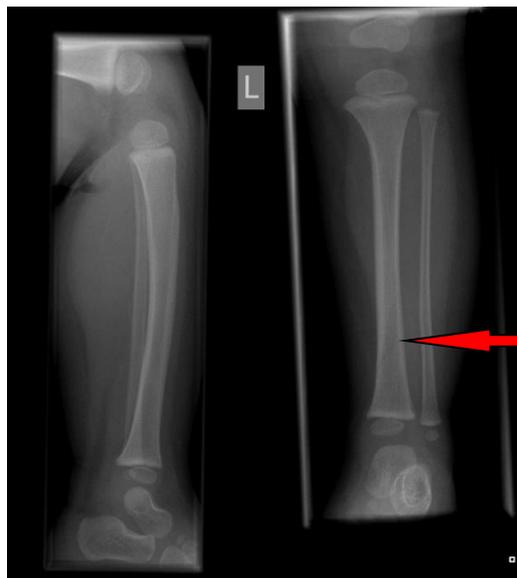
## Toddler's fracture

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### Background

- **Undisplaced** fracture of DISTAL tibial shaft with intact fibula in mobile young children, typically < 3 years.
- Mechanism may involve minor trauma such as a simple fall or twisting of the leg, or may not be remembered or witnessed.
- Research shows Toddler fractures are almost never associated with inflicted injuries, but **keep an open mind**.
- Often presents with limping or refusal to weight bear (see [‘the limping child’ guideline](#)).



Faint hairline fracture visible on AP view

### Assessment

Examination may be almost normal so it is important to **look for non-verbal clues**.

- **Look** for swelling, redness, bruising – commonly there is none.
- **Feel** for heat or bony tenderness over the anterior tibia.  
Be aware the child may cry throughout the examination and make localisation of tenderness difficult.
- **Move** leg through all movements at hip, knee and ankle joints. Full range of motion should be possible but may be painful.

The ‘tibial twist’ or rotational stress test may elicit pain.

## Imaging

Request standard AP and lateral views of the tibia and fibula.

Toddler's fractures are often not apparent on initial imaging or may only show a faint hairline fracture. Repeat images at 7 – 10 days will usually show evidence of periosteal reaction or callous formation.



Periosteal reaction visible at fracture site 7 – 10 days after first x-ray

## Management

Toddler's fractures are very stable fractures with healing complete by 4 weeks.

**Treatment is therefore supportive.**

Discuss pros and cons of immobilisation with parents and provide **information leaflet**:

PROS – pain relief (particularly if child is in pain from movement and handling).

CONS – heavy cast; child will be in a cast for 3 – 4 weeks; immobilised children take longer to mobilise once cast is off.

