Clinical Information:
Radial neck fractures are more commonly seen in children, whereas radial head fractures are more common in adults.

Clinical examination may reveal swelling, pain and bruising, although there may be few clinical signs. More specific assessment can be made by applying direct pressure over the radial head, whilst rotating the forearm in both directions.

The important radiological assessment is to determine the degree of angulation or displacement of the fractured segment.
Please be aware of ossification centres in children when interpreting x rays

Important note: The following cases need to be referred to Emergency:
- Open fractures
- Neurovascular compromise
- Any fracture with displaced segment(s), associated dislocation or subluxation
- Concern about the growth plate in children

GP Management:

Radial neck fractures
- Up to 30 degrees angulation in children under 8 years
- Up to 20 degrees angulation in children under 12 years
- Up to 10 degrees angulation in children over 12 years and in adults

Radial head fractures
- Hairline / Non-displaced fractures.

Clinical Management:
- Tubigrip and Broad Arm Sling for 3-4 weeks.
- Repeat X-ray at 1 week and 2 weeks post injury to confirm no further displacement.
- Mobilise as tolerated.
- Physiotherapy referral for ROM exercises

Fracture Clinic Referral:
- Radial head fractures with displacement of 2mm or more