Orthopaedic Connection

Radial Head Fracture

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Transforming patient information into patient understanding.

The “radial head” has nothing to do with your skull – it is a structure in the elbow! So it really is an elbow fracture not a skull fracture.

No one ever died from a radial head fracture. Orthopaedic Surgeons are happy to leave skull fractures to Neurosurgery. Actually though the skull is one of the few bony areas of the body that we do not treat.

What Is It?
The radial head (and neck) are structures that sit at the top of the forearm bone called the radius. The radial head articulates with the elbow in bending and straightening, but also in rotation of the hand and forearm.

How Do You Break It?
When someone falls with the elbow straight and lands on the hand, force can be sent to the elbow breaking the radial head and/or neck. There are 3 patterns of fracture that may occur.

Pain results making it difficult to do much with the elbow. Swelling occurs, but bruising usually is not a factor. Bleeding into the elbow joint is part of the swelling.

Associated fractures in the forearm or wrist can occur, but are rare.

Exam and Tests
If the fracture is not severe some motion may be possible in the elbow. Typically thought the elbow resists movement, is very tender and swollen.

Those are good reasons to have the elbow evaluated and x-rayed sooner than later. Neglected fractures of the radial head and neck are hard to treat.

Plain x-rays of the elbow in 3 views are standard. Sometimes a CT scan is also done, but not routinely.

What Else?
Other injuries to be considered instead of radial head fracture are:

- Fracture of the lower humerus
- Fracture of posterior tip of the elbow (olecranon)
- Elbow dislocation
- Contusion of soft tissue with bleeding into the elbow joint

Treatment
1. Simple Radial Head/Neck fractures

ER personnel usually put you in a sling and tell you to call my office! When you come, I prefer to use a splint for at least a week to make you more comfortable. A repeat x-ray is done and the splint may even stay on another week. Early range of motion is important, but hard to do with too much pain.

2. Mildly displaced fractures

If the fracture is more than simple and slightly displaced, it also can be treated conservatively if there is no block to gentle movement. These injuries are also splinted for 1 – 2 weeks.
3. Complicated fractures
   If x-rays show that the fracture is in pieces, an operation is often required. This can consist of small screws, pins, or even a plate and screws. If there are too many pieces (comminuted) a prosthesis is used to replace the radial head.

Rehabilitation
   The more simple fractures can be managed by exercises taught by the Orthopaedic Surgeon. When the fractures are more complicated Occupational/Physical Therapy will be prescribed until function can be restored. This can extend over several weeks.

   My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website
   I hope what you have read has raised questions. No problem! Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles. Check it out and be amazed what you can learn. Good health. Good life. All the best to you. Be well.

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