Rules:

- 1. Teams of 2-3 work best, but it can also be played individually.
- 2. Correctly match each patient History,
 Exam Findings and X-ray card with a
 Diagnosis and Management Plan to

make a complete set - the most sets WINS!

3. Allow 60-90 minutes per game.



Answer Key:

PATIENT	HISTORY	EXAM FINDINGS	X-RAY	DIAGNOSIS	MANAGEMENT
1	L	Z	К	D	E
2	G	×	S	J	Α
3	Α	E	R	0	J
4	т	Α	B	W	Р
5	S	В	М	F	×
6	J	F	Т	B	G
7	F	D	U	Α	Н
8	U	l I	V	М	F
9	l.	G	E	Z	D
10	E	С	0	N	V
11	B	Н	W	Р	N
12	Μ	W	Z	L	S
13	R	U	N	Н	K
14	Р	К	Н	G	Y
15	×	J	A	С	В



2 y/o female presents with a fall out of bed onto her right side.

She is complaining of a painful right arm. Witnessed by Mum.

PMHx NAD

SHx Lives with parents and an older sibling. No social worker.



No obvious deformity.



Tenderness over the distal radius and ulna on palpation.

Good range of movement passively but not wanting to use.









Buckle splint: 3/52 No sports: 6/52 Fracture clinic, but no formal follow-up. **Community form: fracture** 2-5 years.

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E

3 y/o male went to run out into the road, arm grabbed by parent, dropped to the ground.

Now pain left arm and not using.

PMHx None, usually fit and well.





Arm hanging down by his side.

No swelling or bruising.

No obvious bony deformity.

No obvious pain on palpation.

Cries as soon as elbow flexed.



S X-ray only if history of trauma orhistory is unclear!









Manipulation: hyperpronation method, now full ROM.



14 y/o boy was giving his friend a piggyback during a night out.

Falls over - FOOSH.

PMHx Asthma.

No Allergies.



E Mild Swelling to wrist. Tenderness over wrist - Distal Radius, in particular. Anatomical snuff box/ telescoping. Pain on wrist flexion and extension.











Below elbow backslab.

Fracture Clinic follow-up.



6 y/o girl was at the park with friends & family.



Climbing the monkey bars – slipped and fell onto left elbow.

Pain +++, Swollen +++

No other injuries.

PMHx NAD

No Allergies.



Swelling to left elbow. **Obvious deformity.** Unable to move arm due to pain. No reduced sensation. Moving all fingers & thumb. Skin intact.















Analgesia, plaster, x-ray, surgical repair. Admission required.



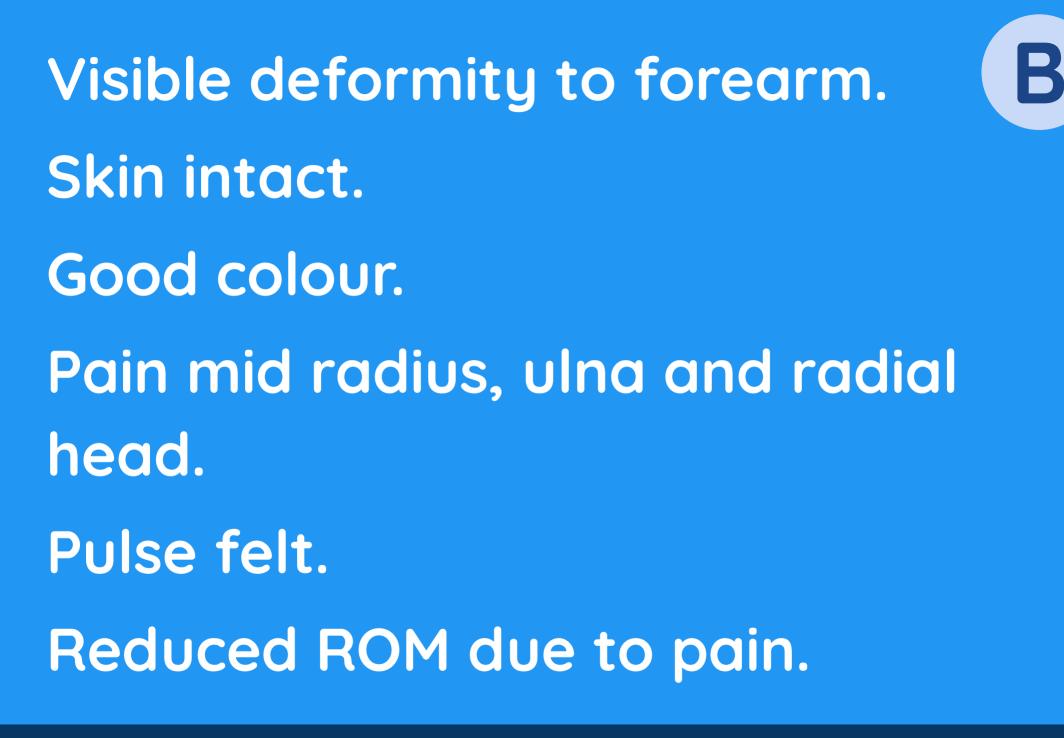
13 y/o boy doing stunts at the skatepark - FOOSH.

Deformity to arm.

Brought to ED by parent.













Vontecelo Feelore **Dislocation of Radial** Head (# prox 1/3 ulna)



Above elbow backslab.



Refer to Orthopaedics. Admission.



12 y/o girl fell off her bike coming down a hill at speed – FOOSH.

Deformity - homemade sling and taken to ED by Dad.





Deformity to forearm distal end. Pink. NVD - reduced sensation to thumb and index finger. Skin intact. Cool with minimal pulse.

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F





Gele7272 Free Rures **Radius fracture with** dislocation of Distal Radioulnar Joint (pulseless)





Cannula, plaster, x-ray, oxygen. HDU for Ketamine sedation. **Refer to Orthopaedics for** immediate manipulation. **Ongoing orthopaedic review.**



2 y/o boy standing in high chair.

Leant forward, fell out onto hard floor.

Fell onto shoulder. Now not using, pain on moving.

PMHx Nil.







Pain, cries when mum picks him up under his armpits.

Visible bump mid clavicle.

Visible bruising.

No tenting of the skin.











Broad arm sling.

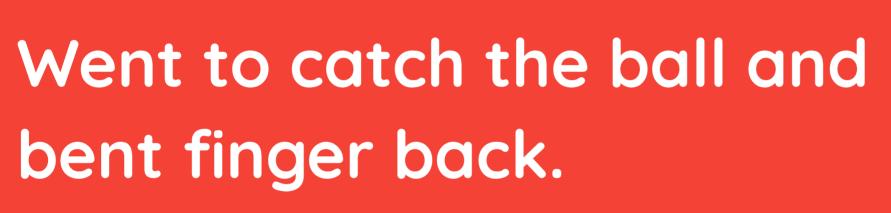
Clavicle pathway: no formal follow-up in under 13's.

Details sent to Fracture Clinic.

Community form: fracture 2-5 years.



12 y/o male playing basketball.



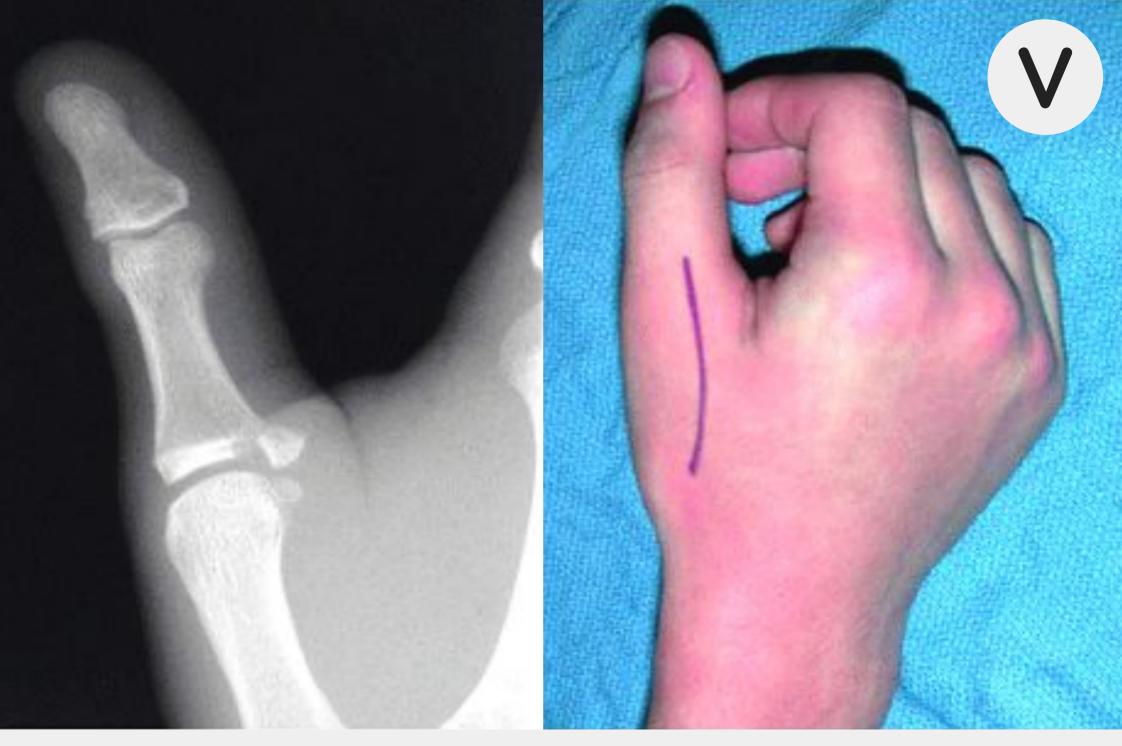
Now swollen and painful.





Swollen mid phalanx. Bruised palmar aspect. Skin intact. No rotation or usual cascade. Reduced flexion due to swelling. No mallet.







Gamekeeper's Thumb or Salter Harrs II





Thumb spica/splint. Fracture Clinic referral.

No sports. Analgesia as needed.



6 y/o female, fell off her bike, skidded across grass – FOOSH.

Pain and swelling, crying ++ Usually fit and well. No allergies.



Swelling and deformity to mid-distal forearm. Warm and pink. Skin intact. Doesn't want to move. Crying ++

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G





Greenstick



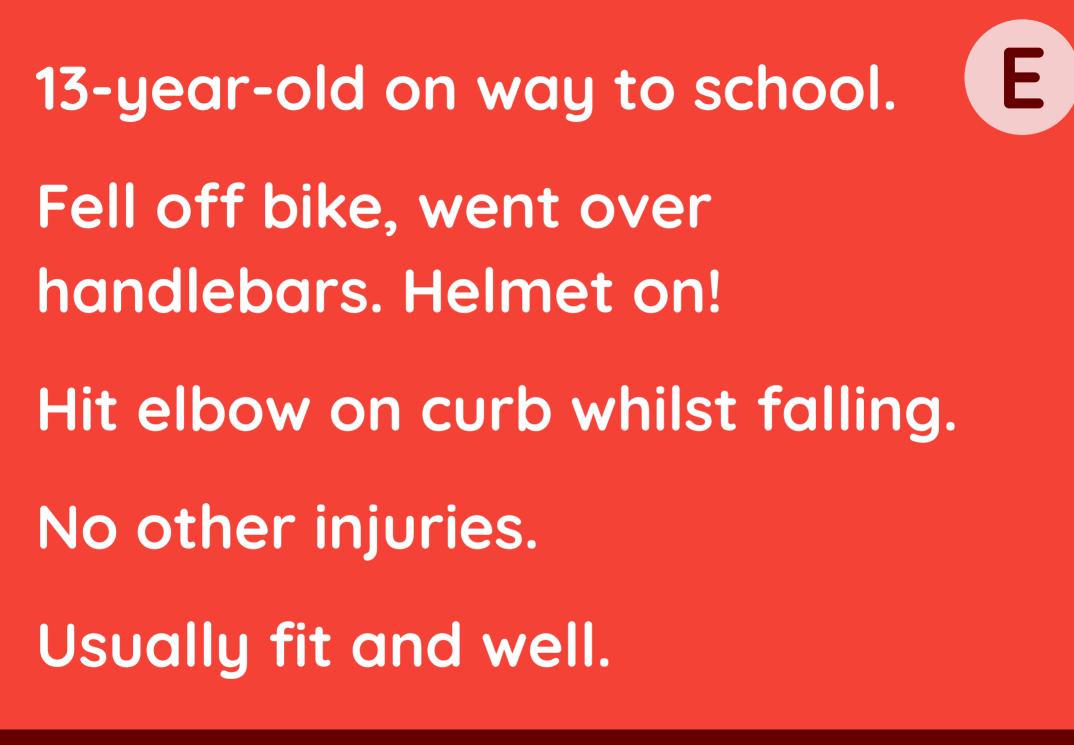
Backslab.

If displaced, repeat x-ray post-plaster.

Refer to Fracture Clinic.

Analgesia, no sports.





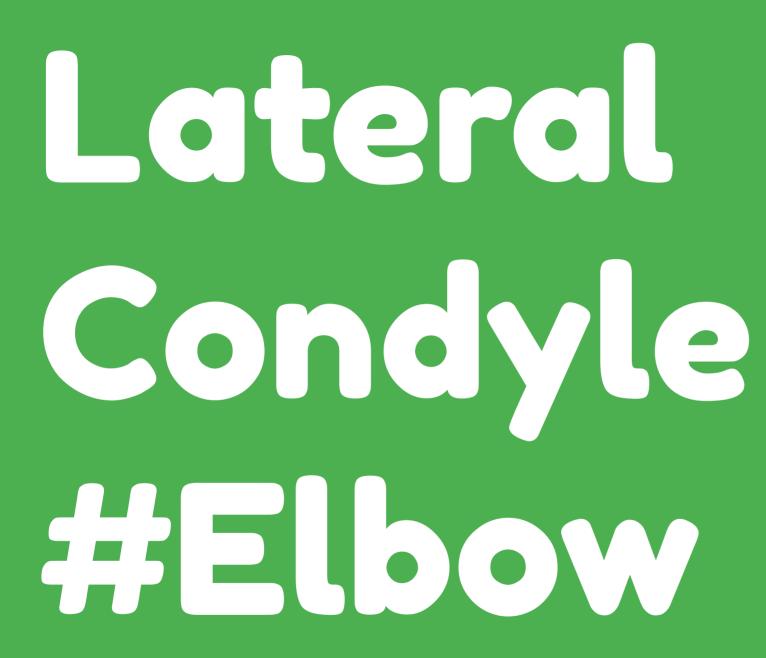


Shaken, pale and in pain. Reduced ROM to elbow + Can pronate. Normal wrist flexion and extension. Reduced power. Pulse present.













Analgesia. Broad arm sling, collar and cuff. **Plaster if pain not** managed and displaced. Fracture Clinic referral.



6 y/o girl, fell off balance beam during PE at school. Approx 1 ft. Landed on floor, hitting elbow on beam on the way down. Pain ++ Parent called to pick up as very upset. Analgesia given pre ED, usually well, no allergies.



No injury to see. Will not fully flex or extend elbow. No swelling, no bruising. No NVD. Pink and warm.





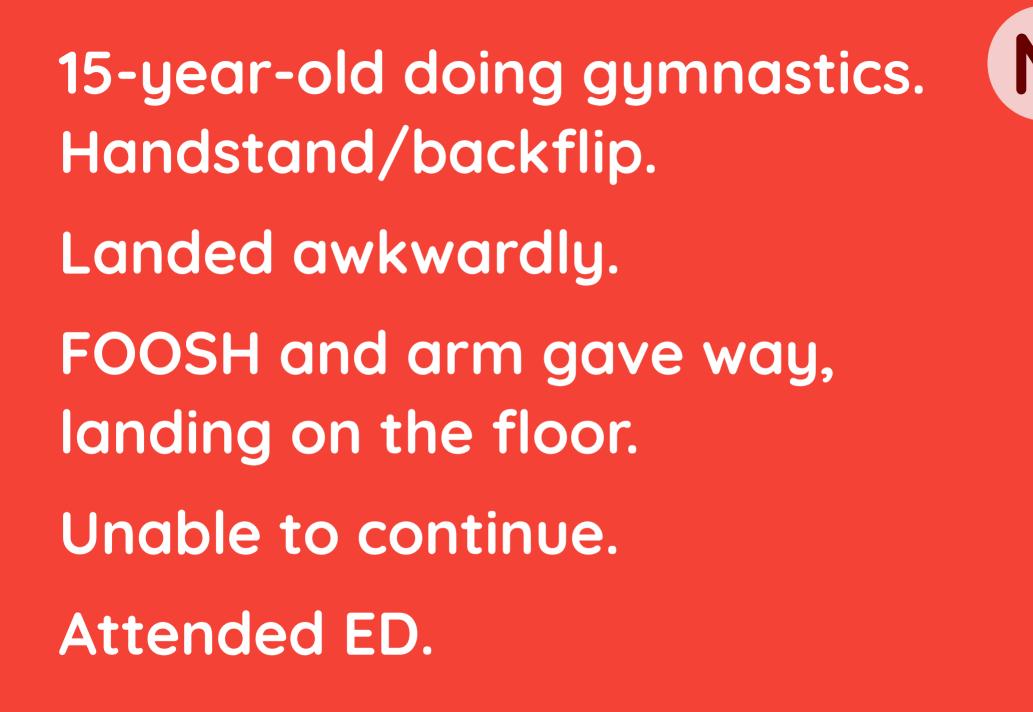


Posterior -Ve

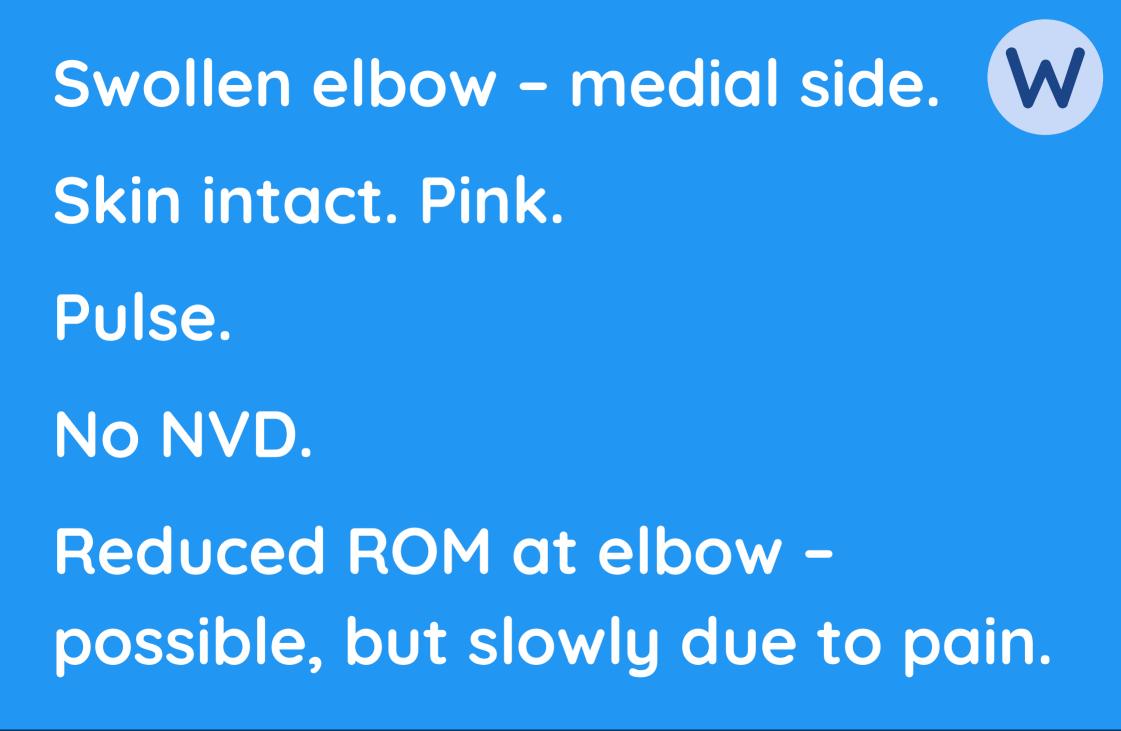


May not see the fracture. Analgesia, no sports. BAS. **Fracture Clinic for** follow-up.















Condyle



Analgesia.

Broad arm sling, collar and cuff.

POP if displaced. Refer to Fracture Clinic.



15-year-old boy climbing on a flat roof.

Slipped and fell through floor support onto elbow, approx 5ft. Pain ++ elbow.

No other injuries. ADHD.



Swollen ++ elbow. Reduced elbow dimples. Skin intact. Good colour. Pulse. Unable to flex or extend elbow. Moving fingers. Pain just at the elbow.











Broad arm sling, POP if displaced.

May required Surgery. Analgesia PO/IN/INH. Refer to Fracture Clinic.



14-year-old male, had P an argument with mum.

Punched a wall.

Usually fit and well.

Under CAMHS.





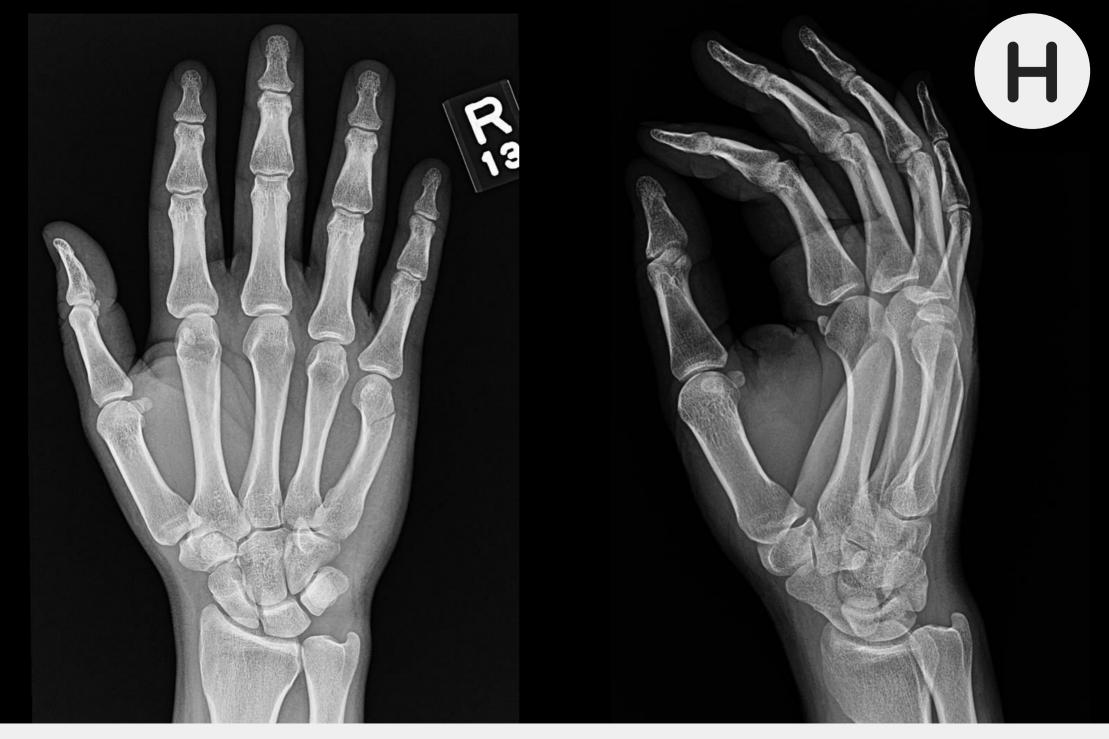


Pain mid-distal 4th and 5th Metacarpal.

Skin intact. Bruised.

Full ROM to fingers - no mallet. Usual cascade, no rotation.











Orthopaedics/Plastics: Y ?manipulate & plaster after discussion with appropriate specialty.

Otherwise – neighbour strap, volar plaster, high arm sling.

School nurse referral – anger management!



14-year-old female, recurrent dislocations to shoulder.



Popped out and cant get back in has already tried.

At home.

Usually fit and well.

 PMHx
 Ehlers-Danlos syndrome.



Anterior swelling **J** to shoulder.

Skin intact.

In pain ++







Shoulder



Analgesia - PO/INH/IN. **Relocate ASAP.** +/- Ketamine sedation as needed. Repeat x-ray, broad arm sling.

Fracture Clinic for referral. Physiotherapy.

