



## Principles of Fractures



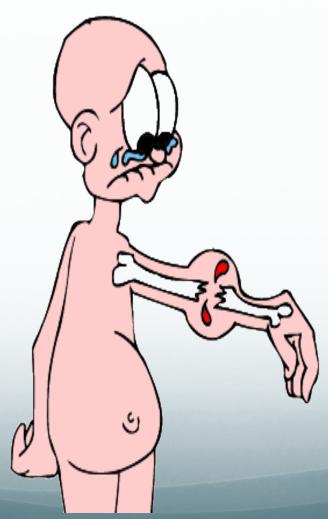
Prof. Mamoun Kremli

## Objectives

- What is a Fracture the soft tissue part
- Fracture types / classification
- Relation between fracture and force
- History and physical exam. In fractures
- Principles of imaging

## What is a fracture?

A fracture is a break in the structural continuity of bone



#### What is a fracture?

- A fracture is a break in the structural
  Discontinuity of bone
  - Always associated with some soft tissue
    injury
    Fibuol is always lateral
- A fracture is a soft tissue injury in which the underlying bone is broken!







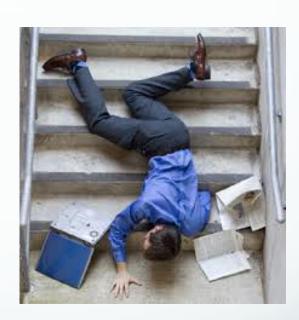
- Mechanism of injury helps expect the
  - Extent and type of bone injury
    - Simple / comminuted / complex
    - Associated fractures/injuries
      - Fall from height on feet
        - fractured calcaneus and lumbar spine
      - Car dashboard injuries
        - fractured patella and hip dislocation
  - Extent of soft tissue injury
  - Suggested treatment and reduction technique
  - Prognosis

• Fall: height, point of impact, twist









- Fall: height, point of impact, twist
- Sport: type, direction of force







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- Road traffic accident (RTA):
  - Car (MVA), motorcycle, pedestrian







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- Heavy object fall:
  - TV, wall, metal, earthquake







- Fall: height, point of impact, twist
- Sport: type, direction of force
- Road traffic accident (RTA):
  - Car (MVA), motorcycle, pedestrian
- Heavy object fall:
  - TV, wall, metal, earthquake
- Assault & firearms / blast





# Mechanism of Injury

- Low energy
- High energy



Need to Differentiate



## Mechanism of Injury

- Low energy
- High energy

Direction of force





## Mechanism of Injury

- Low energy
- High energy

Direction of force



Closed / Open

environment





## Energy dissipated during injury

Kinetic Energy =  $\frac{1}{2}$  MV<sup>2</sup>

If a Simple fall

= 1

Skiing injury = 3-5

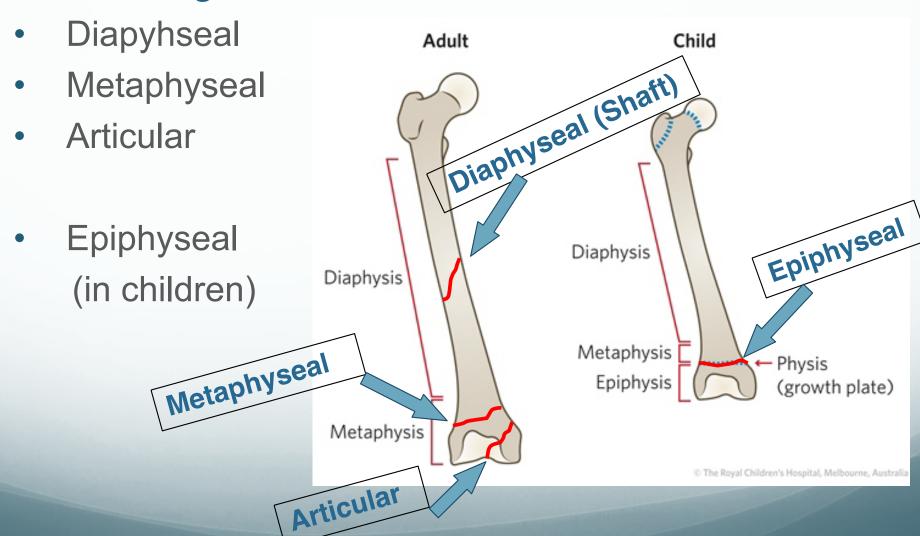
High-velocity gunshot = 20

Car bumper (25 km/hr) = 100





According to site of Fracture:



- According to fracture line:
  - Complete (usual)
    - Cortex fractured on both sides





https://orthoinfo.aaos.org

- According to fracture line:
  - Complete (usual)
    - Cortex fractured on both sides
  - Incomplete (in children)
    - Green stick / Torus, Buckle /Deformation







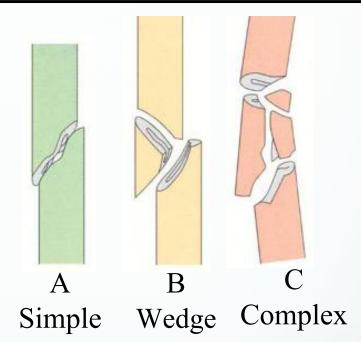
ttps://radiopaedia.org

- According to fracture pattern:
  - Simple
  - Wedge comminuted
  - Complex comminuted
    - Multi-fragmented









- According to fracture pattern:
  - Compressed



http://www.wikiradiography.net

Depressed





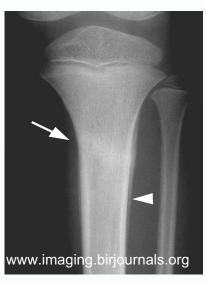
- According to type of injury (force):
  - Ordinary fracture
    - Expected from force of injury
  - Stress fracture
    - Repetitive loading
  - Pathological fracture
    - Force too weak to cause fracture
    - Bone is pathologically weak
  - Avulsion fracture
    - Resisted muscle action, or where ligaments and tendons pull a bone fragment off

#### Stress Fractures

- Bone reacts to repeated loading, may become fatigued & a crack develops
- Fatigue fractures
  - Abnormal stress or torque on a bone that has normal elastic resistance
  - Examples:
    - military recruits, athletes, ballet dancers
- Insufficiency fractures
  - Normal muscular activity stresses a bone that is deficient in mineral or elastic resistance

#### Stress Fractures

- Fatigue fractures
  - Usually Transvers
    - 2<sup>nd</sup> metatarsal
    - Tibia
    - Fibula





- Insufficiency fractures
  - In osteopenia, osteomalacia
    - Neck of femur
    - Ribs
    - Neck of humerus
    - Scapula



## Pathological fractures

- Fractures caused by trivial force on abnormally weak bone. Seen in:
- Local bone disease
  - Osteomyelitis
  - Benign tumors and Bone cysts
  - Malignant tumors and matastasis
- Generalized disease
  - Metabolic: osteoporosis, rikets
  - Congenital: osteogenesis imperfed
  - Others: Paget's disease



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#### Force & Fractures

- Normal bone:
  - Strong force: ordinary fracture
  - Repetitive stress: Stress (fatigue) fracture
- Weak bone (Pathological fracture)
  - Weak (trivial) force: pathological fracture
  - Normal daily activity: Insufficiency fracture

Quality of Bone	Type of Force	Type of Fracture
Normal	Strong	Normal
Normal	Repetitive loading	Stress - fatigue
Abnormal - weak	Normal daily activities	Stress - insufficiency
Abnormal - weak	Trivial injury	Pathological

#### **Avulsion fractures**

 Part of bone separated by forceful sudden resisted muscle action

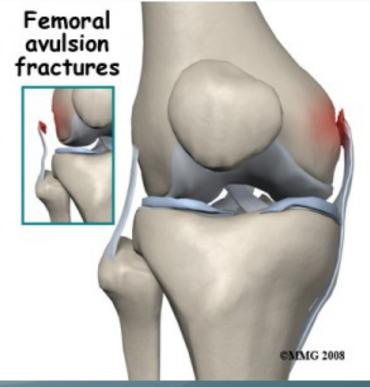
Caused by ligament or tendon pull on bone

Part of bone avulsed – bone weaker than

tendon/ligament







#### Direct

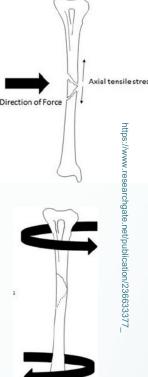
- Mild force: transverse / Severe force: comminution
- Soft tissue more injured

#### Indirect

- Pattern of fracture depends on force direction
- Less soft tissue injury

#### Penetrating

- Missiles
  - Low velocity < 300 m/s damage along the tract</li>
    - Comminution
  - High velocity: >300m/s sever comminution
    - Comminution with wide soft tissue damage





## Force & fracture pattern

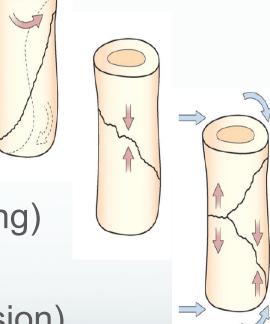
Fracture pattern suggests mechanism of force

Spiral: (twisting)

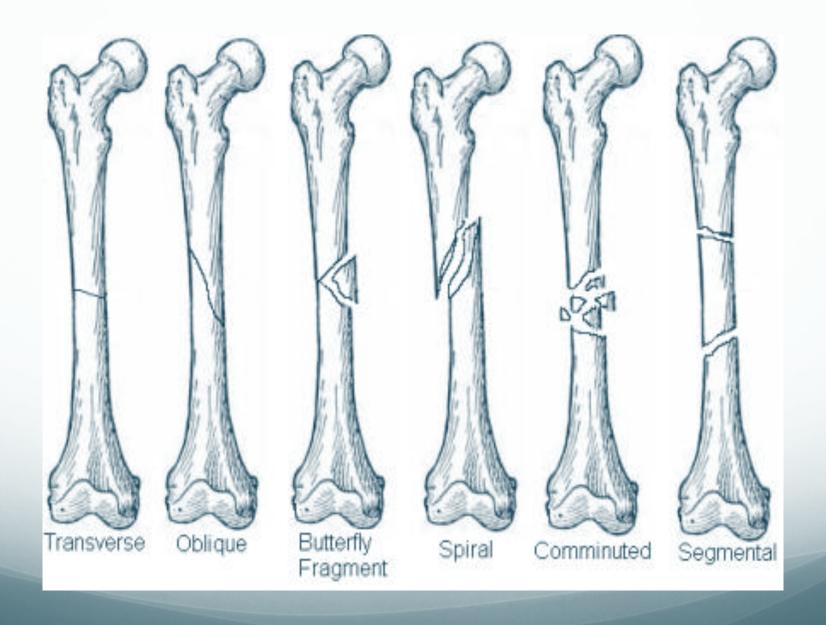
Short oblique: (compression)



Transverse: (angulation) (avulsion)



## Force & fracture pattern



## Coffee Break

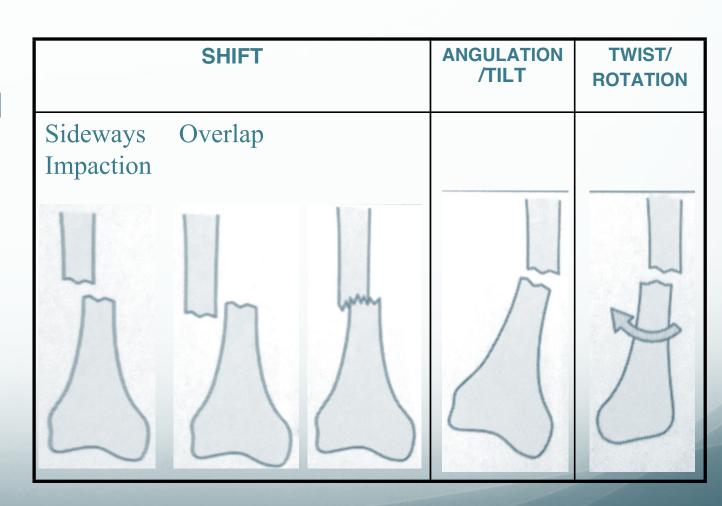


- Described as: Position of distal in relation to proximal
  - Un-displaced
  - Displaced

Described as: Position of distal in relation to proximal

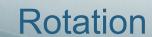
- Un-displaced
- Shift
  - Sideways
  - Shortening
  - Distraction
- Angulation
  - In all planes

Rotation



Described as: Position of distal in relation to proximal

- Un-displaced
- Shift
  - Medial / Lateral
  - Anterior / Posterior
  - Shortening (overlap)
  - Distraction
- Angulation
  - In all planes

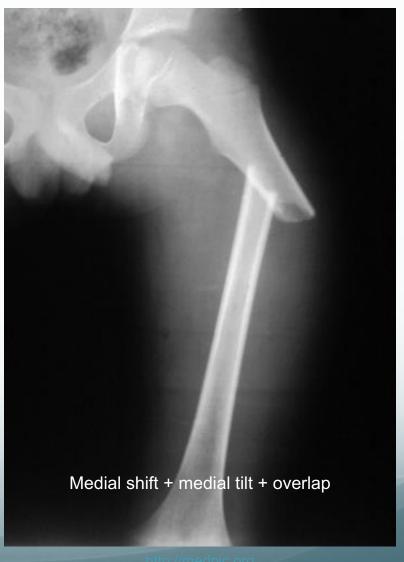






Described as: Position of distal in relation to proximal

- **Un-displaced**
- Shift
  - Medial / Lateral
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  - Shortening (overlap)
  - Distraction
- Angulation
  - In all planes
- Rotation



## Fracture Diagnosis

- History
- Clinical features
- Imaging: Radiology (x-Ray)

## Trauma History

- Mechanism of injury
  - Date, time, type, method of impact, ...
- Consciousness
- Function of injured part
- Open wound / bleeding
- Other injuries
- Anti-Tetanus status (if skin breached)

#### Approach - history

- Details of injury
  - Mechanism, force, bleeding, consciousness, ...
- Details of facture
  - Deformity, pain, loss of function, ...
- Other medical problems
- Anti-tetanus status if open injuries
- Careful:
  - Fractures are not always at the site of impact
  - Some fractures do not need severe force

Shall be discussed separately

#### **Clinical Features**

- History of Trauma
- Symptoms and signs:
  - 1. Pain
  - 2. Swelling
  - 3. Deformity
  - 4. Loss of function
  - 5. Localised bony tenderness
  - 6. Loss of motion
  - 7. Abnormal movement
  - 8. Crepitus



- General medical condition
  - Should be evaluated to exclude
    - Shock
    - Brain injury
    - Other problems
- Vital signs
  - Should be observed and followed up

- Look:
  - Adequate exposure
  - General on patient
  - Local:
    - Swelling, deformity, bruises, color, ...
    - Special attention is to be paid to wounds

#### Feel:

- Localized bone Tenderness
- Pulse distal to injury capillary refill
- Sensory and motor deficits
- Compartment syndrome
- Temperature and crepitus on movement

#### Move:

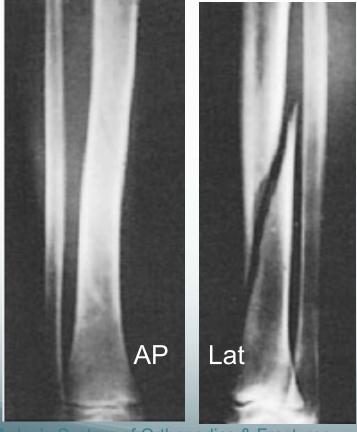
- With care
  - make sure not to cause more pain or injury
- Crepitus & abnormal movement indicates a fracture
- Joints distal to the affected area

- Examination of the viscera
  - Liver and spleen in rib fractures
  - Urinary bladder and urethra in pelvic fractures
  - Neurological examination in head and spinal injury

### Investigations - Imaging

- X-rays:
  - Low of 2s
    - Two views: AP and Lateral special views
    - Two joints: Above and Below
    - Two sides: Right and Left
    - Two occasions
    - Two injuries
    - Two Doctors!
  - Special views:
    - Obliques, Tunnel view, skyline, stress views,
    - functional flexion/extension, traction films
    - Arthrography:
      - Shows intra-articular structures
        - Functional in hip

- Plain x-ray: (law of twos)
  - Two views: AP and Lateral







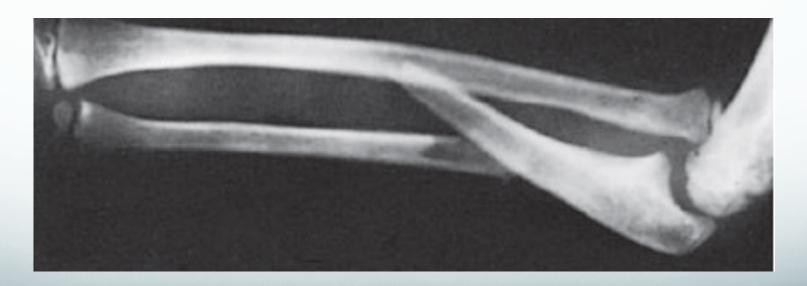


- Plain x-ray: (law of twos)
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- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint below
    - To show other injuries



- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint below
    - To show other injuries
    - To assess rotation

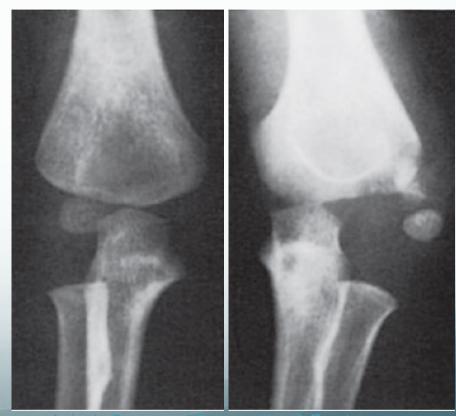
Hip AP view

(in the same x-ray)

Knee lateral view

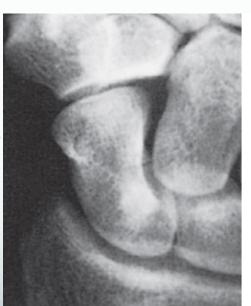


- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint below
  - Two limbs: for comparison
    - more in children to compare epiphysis



Apley's System of Orthopedics & Fractures

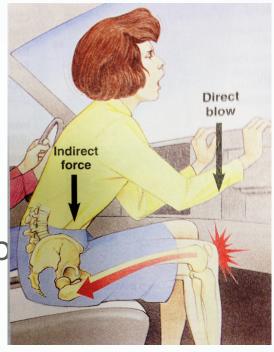
- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint below
  - Two limbs: for comparison
  - Two occasions
    - e.g. stress fractures
    - e.g. scaphoid fracture





Apley's System of Orthopedics & Fractures

- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint belo
  - Two limbs: for comparison
  - Two occasions
  - Two injuries
    - e.g. patellar fracture and hip injury
    - e.g. calcaneal fractures & spine injuries





- Plain x-ray: (law of twos)
  - Two views: AP and Lateral
  - Two joints: joint above and joint below
  - Two limbs: for comparison
  - Two occasions
  - Two injuries
  - .....and two Doctors!!



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- Plain x-ray: (law of twos)
- Special views:
  - Ankle mortis
  - Calcaneal view
  - Scaphoid views
  - Shoulder dislocation: axial view
  - Acetabular fractures: 45° tilt views
  - Stress views
  - Traction views
  - Functional flexion/extension (spine)

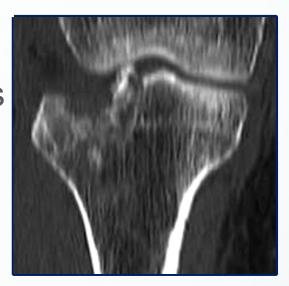




https://radiopaedia.org

#### CT Scan:

- In complex and ntra-articular fractures
- In spine
- In pelvic and acetabular fractures
- In calcaneal fractures









ww.learningradiology.com

#### Summary

- What is a Fracture the soft tissue part
- Fracture types classification
- Relation between fracture and force
- Principles of imaging Law of "Two"s