

Fracture	Clavicle	Shoulder SNOH or GT	Radial Head or neck	Distal Radius	Other carpals (triquetrum, hamate)
REFER TO EMERGENCY: Signs of neurovascular compromise, open fractures, gross angulation or displacement, fractures requiring reduction under sedation, high velocity injuries					
Also refer to Emergency.....	Any skin tenting or medial third #	All GT fractures	Olecranon or coronoid # Elbow dislocations	Impacted and/or dorsally angulated # Die-punch #	Scapholunate widening
What type of fracture is suitable for management in primary care?	Middle third only No skin tenting <2cm overlap between fragments	NONE Send SNOH # to fracture clinic	Minimal displacement Angulation <10° Step <2mm	Minimally displaced No scapholunate widening	Minimally displaced
REFER TO FRACTURE CLINIC IF ABOVE CRITERIA NOT MET, OR HIGH CLINICAL CONCERN					
Splint required	Broad arm sling 4/52 Off for hygiene and sleep (if supported by pillow)	SNOH: C&C elbow at 90° 6/52 GT: Broad arm sling 6/52 Off for hygiene	Broad arm sling for 3/7 then PRN Off for hygiene and sleep	Wrist splint or backslab 5/52 and then PRN	Backslab or removeable splint 5/52
Weightbearing status	COTWB 6/52	0-3/52 NWB 3-6/52 COTWB 6-12/52 <5kg	COTWB 6/52	COTWB 6/52	COTWB 5/52
Re x-ray required*	Not routinely	1/52	1/52	1/52	Not routinely
Return to driving	6/52	6-12/52 when cleared by GP/Physio	6/52	6/52	5/52
Return to work/activity (Sedentary when comfortable)	Laborer: 6/52 or as comfortable	Laborer: 3-4/12	Laborer: 6/52	Laborer: 6-8/52 or as comfortable	Laborer: 6/52

NWB: Non-weight bearing; **COTWB:** 'Cup of tea' weight bearing; **WBAT:** weight bearing as tolerated (no restrictions) **GT:** Greater tuberosity; **SNOH:** Surgical neck of humerus

*The purpose of repeat x-ray is to check for a change in position of the fracture. With any worsening of position an urgent fracture clinic referral should be arranged.
Please note fracture healing stage is not reliably assessed on plain radiographs and they should not be arranged solely for this purpose.

Fracture	Ankle Weber A	Ankle or midfoot avulsions	Metatarsal	Base 5th Metatarsal	Toe phalanx
REFER TO EMERGENCY: Signs of neurovascular compromise, open fractures, gross angulation or displacement, fractures requiring reduction under sedation, high velocity injuries					
Also refer to emergency...	Medial or posterior malleolus involvement Signs of talar widening	Other midfoot fractures (eg cuboid); Lisfranc injuries Syndesmosis (antr) tenderness	Skin compromise >2 MT # Crush injury/potential compartment syndrome	Skin compromise Displacement >5mm Recurrence of #	Hallux fractures with displacement
What type of fracture is suitable for management in primary care?	Undisplaced (<2mm)	ALL (isolated)	Minimally displaced <3 MT # present Lisfranc injury excluded	ALL minimally displaced # including Jones #	ALL (reduce deformity if required)
REFER TO FRACTURE CLINIC IF ABOVE CRITERIA NOT MET, OR HIGH CLINICAL CONCERN					
Splint required	Camboot 6/52 Off for hygiene and sleep	Camboot PRN for 3/52 Off for hygiene and sleep	Camboot 4/52 or up to 6-8/52 PRN Off for hygiene and sleep	Camboot 4/52 Up to 6-8/52 PRN Off for hygiene and sleep	Wide front shoe (eg Darko) PRN 4/52; Buddy strap PRN 4/52 Shoe off for hygiene and sleep
Weightbearing status	WBAT	WBAT	WBAT	WBAT	WBAT
Re x-ray required*	Not routinely	Not routinely	Not routinely	Not routinely	Not routinely
Return to driving	Auto L ASAP Auto R/Manual 8/52 (and boot weaned)	Auto L ASAP Auto R/Manual 8/52 (and boot weaned)	Auto L ASAP Auto R/Manual 8/52 (and boot weaned)	Auto L ASAP Auto R/Manual 4/52 (and boot weaned)	As tolerated
Return to work/activity (Sedentary when comfortable)	Laborer: 6/52	When comfortable	Laborer: 8/52 On feet all day: 4/52	Laborer: 4/52 Running: 12/52	Laborer: 3-4/52

WBAT: weight bearing as tolerated (no restrictions, crutches PRN)

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