Tibia Fracture, Toddler Fracture and Cozen’s Fracture

What is a tibia fracture?
The tibia and fibula are the two long bones of the leg. A tibia fracture is a break or crack in the tibia (shin bone). It is a common injury, especially in active children. For children younger than 3, the fracture in the bone can be very small, and it is common for this fracture to not show up on an x-ray taken right after or within a few days of the injury.

A Cozen’s fracture occurs at the top of the tibia close to the knee. A toddler’s fracture occurs closer to the middle of the bone, and can often be difficult to see in x-rays.

What causes a tibia fracture?
This injury often happens as a result of a fall or a hit to the leg, but it can also occur when a young child gets their leg trapped underneath their body, for example, while going down a slide with an adult. This can bend the bone, and sometimes the bone cracks.

How is this injury treated?
Treatment depends on the location of the fracture, your child’s age and the results of an x-ray. We will likely put your child in a cast or an Aircast® boot. The goal is to protect your child’s leg to allow the bone to heal.

Will my child be in pain?
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. Always talk with your provider about allergies your child may have before giving over-the-counter medication.

If your child is not in a cast, you can ice the area (15 minutes on, 15 minutes off) to help reduce swelling. A bag of frozen peas or a plastic bag with ice works well. Be careful with chemical ice packs, as they can get very cold very quickly and cause frostbite. Also, the chemicals inside the packs can be harmful if the pack breaks.

Can my child walk in a cast or boot?
Your child will be able to walk or bear weight in their cast or boot if the injury is stable and the bone is strong enough. Walking helps stimulate bone growth and can help your child recover. Your child should not bear weight on the injured leg until your provider says it is OK to do so.

Can my child be active?
Your child should not participate in impact activities like running, or activities where there is a risk of falling or getting a direct blow to the leg. This includes activities like:
- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing

How long will my child be out of sports?
We assess each patient and make recommendations based on the fracture type, how well it’s healing, and the potential injury risks of the sport your child plays. Your child probably will be out of sports and playground activities for four to six weeks, or a little longer if your child has a Cozen’s fracture.
Will my child need physical therapy or treatments after casting?
Most patients do not need physical therapy. Your child will likely regain full strength and range of motion within two to three weeks with normal use of their leg after coming out of a cast or boot.

When should I follow up?
Your child should come back to the clinic in three weeks for a check-up and/or x-ray. At this appointment, we will decide if your child can stop wearing the cast or boot and talk about when it is safe to return to activities. If your child has a cast, they may wear a boot for a week or two after the cast comes off.

If your child has a Cozen’s fracture, you will probably have another follow-up visit several weeks after the cast or boot comes off. Sometimes the tibia grows asymmetrically for a time after this injury. If this does happen, we will monitor it closely, but it usually resolves on its own without needing treatment.

When should I contact the office?
Call us if your child has:
• pain that increases quickly and without warning
• swelling with no new fall or injury
• new redness and warmth around the elbow with new fevers, chills or nausea (feeling sick)
• pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
• numbness and inability to wiggle toes

These could be signs of a different problem, and we may direct you to take your child to our clinic or the emergency department.