



13, 4, 2000 10

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&lt; &gt;

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가

가

: 1993 1 1997 1

2 10 39 1 가

가 32

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10.2 , 10.6 , 7

6 ,

1

4.3

5.8

6

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가

가

가

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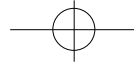
620-5

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**Fig 2.** Skin traction for reduction of fracture.



**Fig 3.** Weight bearing ambulation after application of brace

5.

7 , 2 .

2 , 25lbs  
Bryant 25lbs 2 ,

11,16) 2 10

가 ,  
3,8,9,14,16,19)

2 4

가

10.6 . 10 ,  
20 , 5  
7 , 5 10 10,12)  
6 , 1 .

3.

가

0mm 24mm 3mm

0.92cm , 10mm ,  
6 가 -13, 12, 15,

18mm

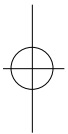
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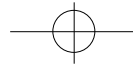
가

27

가 . 10) 12)

5.8 . 5 7.3 31.7 36  
32.4 가  
32.4





가 , 가 . 2 10 7 , 2 , 24.3 32 1. 1.9 2. 3. 가 24 가 5 , 3 4. 1/3 3 1/3 25 , 1/3 4 , 5. 23 , 6 , 3 6. 10.6 , 10.2 , 6 , 1 7. 4.3 5.8 8. 6 가 가 25 Wallace Hoffman<sup>17)</sup> 13 74%가 25 10 , 20 , 5

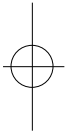
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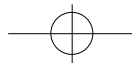
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## Abstract

## Ischial Weight Bearing Brace after Skin Traction for Treatment of Femoral Shaft Fractures in Children

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**Purpose :** Most of the pediatric femoral shaft fractures are treated conservatively such as traction therapy followed by cast fixation. At Konkuk University Hospital, for those pediatric femoral shaft fractures that managed well with skin traction without having to perform bone traction, we utilized skin traction until callus appear on the radiologic studies. At this time, they wore ischial weight bearing braces were and forced on early ambulation with satisfactory result.

**Material and Methods :** The pediatric patients between 2 to 10 years of age with femoral shaft fractures during January 1993 to January 1997 were selected for the study. They were treated with skin traction followed by wearing ischial weight-bearing braces. From the 39 selected cases, we selected 32 cases with 1-year follow-ups. For each case, results from before and after the treatment were studied

**Results :** The average post-therapy angular changes were that the varus angle change was 10.2, anterior 10.6. There were 7 cases of malunion, 6 cases of anterior angle change, 1 case of varus angle change. The average duration of skin traction was 4.3 weeks and initiation of weight-bearing was 5.8 weeks. We observed 6 cases of limb-length discrepancy, but no signs of claudication in any cases.

**Conclusion :** In pediatric femoral shaft fractures, if the alignment is maintained well, then we can utilize skin traction followed by ischial weight-bearing braces, which enables earlier ambulation than the cast fixation. Also skin traction and weight-bearing braces has less complication than the cast fixation.

**Key words :** Femur, Fracture, Conservative treatment