



When Your Kid Gets Plastered

Life with a broken bone isn't easy, but these genius tricks from moms, dads, and doctors familiar with the saga—from sitting in the emergency room to sitting out Saturday sports—can make it a whole lot better.

by **LESLIE GOLDMAN**

CHANCES ARE GOOD that at some point down the line, your whirling dervish of a child will run too fast or leap too high, then fall too hard and—snap!—break a bone. As many as 64 percent of boys and 40 percent of girls sustain a fracture during childhood. “When kids fall, they reflexively put their hands out to catch themselves, so they’re likely to break their forearm or elbow,” explains Jennifer Ty, M.D., a pediatric orthopedic surgeon at Nemours/Alfred I. duPont Hospital for Children, in Wilmington, Delaware. Forearms are the most common type of break for children ages

10 and under, but 1- to 3-year-olds are also prone to a “toddler’s fracture,” which involves the tibia, or shinbone. “Tripping over a toy or falling while running is usually the culprit,” says Dr. Ty.

Of course, getting diagnosed with a break is just the beginning of the journey. The real challenge is managing the three to six weeks your kiddo will probably be stuck in a cast. We asked doctors and parents who have survived cast life to take us through the full experience—from initial X-rays to the long-awaited “saw off”—and share what they did to help make it less of an ordeal.

Getting the Cast

What to expect Once an X-ray confirms a break, your child may need to wear a splint for a day or two until the swelling goes down. That will buy you time to make an appointment with an orthopedist, who will put on the cast. Some casts can be made with water-resistant fiberglass and a quick-dry lining. “Arm casts that don’t extend over the elbow are the best candidates for these materials,” says Dr. Ty. Most casts are applied while your child is lying down. A stocking is slipped on, followed by several layers of quick-dry



material or cotton, and then fiberglass or plaster. It'll all morph into a protective shell in two to five minutes.

Make it better Help prepare your child for the procedure by reading a book like *Charlie Is Broken!* by Lauren Child or *I Broke My Trunk!* by Mo Willems. Taking a lovey or a paci to the appointment can be comforting, too, says Dr. Ty. Another tactic: Talk up the prospect of picking a funky purple or bright-blue cast, suggests Jennifer Weiss, M.D., a pediatric orthopedist at Kaiser Permanente Los Angeles Medical Center.

If your child has sensory issues and an upper-body fracture, ask about a material called soft-cast casting tape, suggests Dr. Weiss. It can be unraveled later on, so you can avoid the loud buzz of the saw.

The Emotional Fallout

What to expect If your kid is old enough to know what a cast is, she may be crushed by the prospect of, say, missing

out on soccer season. Jackie Fisher's active kids have racked up multiple breaks, and the mom from Kansas City, Missouri, says it's usually during the car ride home when the emotions start to fly. There's sadness and annoyance, but anger prevails. Fisher recalls her daughter saying, "My talent show is this week. Why did this have to happen *now*?"

Make it better It's all about coming up with Plan B. For instance, Fisher's daughter ended up being the emcee of the show instead of dancing in it.

Bathtime

What to expect If your child gets a fiberglass cast with a quick-dry lining, taking a bath or a shower is fine. Still, Dr. Ty says it's best not to immerse the cast daily, especially during humid summer months, to allow it to dry fully inside. If the cast is plaster or doesn't have a water-resistant lining, submersion is off-limits. You may be tempted to buy

a waterproof cover for your child's cast, but Dr. Ty encourages parents to "view it as a splash protector to be worn while draping that arm over the side of the tub." Wet, uncomfy casts are one of the main reasons kids require recasting, she says.

Make it better When her 6-year-old son broke his arm playing soccer, Anupa Chacko-Smit, of Delaware, MacGyvered the cast with washcloths and clear plastic bags made for holding wet umbrellas. "For shower time, I would slip his casted arm into an umbrella bag and tuck a small washcloth around the top edge of the cast to catch any drips that might sneak in," she says. "Then I'd seal off the top of the bag using a hair tie to keep the bag from rolling down." Stash some bags in your purse, too, in case you get caught in the rain.

For little kids, doctors have two words: *sponge bath*. It doesn't need to take place in the tub. When Katie Yohe's 4-year-old son broke his tibia on a trampoline, landing him in a crotch-to-toes cast, the mom from McHenry, Illinois, covered their couch with a vinyl tablecloth, topped that with towels, and used a washcloth to clean his body in sections, drying as she went.

Playtime

What to expect Your child's ability to run and play will depend on the type of fracture she has and the cast she got. If it's a leg fracture that can't bear weight, she may be in for the pediatric equivalent of mommy "me time": Netflix, puzzles, and chill. Walking casts are far less limiting. Jodi Heddy's son was running around like a pint-size peg-legged pirate the same day his cast went on. "The doctor told us we'd be surprised at how quickly kids adapt," says Heddy, of Highlands, Colorado.

Arm on the fritz? Plenty of toys can be maneuvered with only one hand, and some kids with an arm cast can be cleared for sports like soccer. Just be aware that while that cast does a nice job of protecting the broken bone inside, it could hit another player or lead to a new injury. One of Dr. Ty's patients chipped his tooth from whacking himself in the face with the cast, and another injured his elbow by falling on the casted arm.

HOW DO I KNOW IT'S BROKEN?

If you see bone protruding from an open wound or an obvious deformity in the limb, or if you or your child heard a snap or a grinding noise during the injury, call 911 or head to the E.R., as surgery or setting the bone may be required. If you're not positive there's a break but your kid is complaining of pain, try an urgent-care center. The injury will be assessed and X-rays will confirm the break.

You will likely be asked a series of questions about the what, where, and how of your child's accident, particularly if he has a broken leg and is not of walking age yet. The clinician needs to rule out abuse, so try not to take it personally. "It's our way of helping children who may not be safe in their home," Kaiser Permanente's Dr. Weiss says.

Make it better Veteran cast dad Craig Persin, of Chicago, suggests you take a few deep breaths and remember that watching TV is hardly the end of the world. “Sanity and comfort are the two most important things, and if your kid ends up binge-watching shows on the iPad, so be it,” he says. If your child has a broken leg, load up on activities like arts and crafts, board games, and books, and invest in a lap desk with cupholders and slots for crayons to make playtime more comfortable. “A beanbag chair was our lifesaver,” adds Yohe. “Sitting in the same position on the sofa made my son too sore, so we got a giant beanbag chair and nestled him in. He napped there and watched TV, and he couldn’t really fall out because it molded around him.”

What My Son’s Fracture Taught Me About Parenting

Whenever someone noticed my 1-year-old’s orthopedic boot, I had two options. I could tell the truth: “We were going down the slide together, which, yes, I know you shouldn’t do, but we did anyway, and his leg got caught. He has a tiny fracture, and he’s in this boot for a month.” Exhausting. Or I could tell a version of the truth. I usually picked option two. “He had a little sliding accident,” I would say. No big deal! That’s how the doctor treated it. Happens all the time; just put this boot on him. Just put this nightmare shoe on him while he writhes around like a zombie human on *The Walking Dead*. No big deal!

But it was a big deal. It was traumatic. I had hurt my son, and now I had my own shame compounded by the shameful ogling of strangers. The grocery store, neighborhood walks, the playground. Everywhere we went, I felt the spotlight-hot glare of judgment. Had I ever made people feel this way? Had my behavior ever forced someone to relive parenting mistakes?

Then there was James. For the first week, he couldn’t figure out the mechanics. He had started walking only a month before, and now he had the added obstacle of a (really very cute) boot. Suddenly, he was crawling again, and it felt like I had crippled him—an ugly word for an ugly feeling. In the movie version of this experience, a sage, grandparently person would approach me somewhere and say,

Getting Dressed

What to expect You may need to get creative, wardrobe-wise, especially in the snowy months. Long, tight-fitting sleeves can catch and tug on a cast, and pants need to be big enough to accommodate the mummified leg as well as the healthy one.



“These things happen. Forgive yourself.”

I had no visitation by an elder with kind eyes, dressed all in white. But I had time. By Week 2, James had learned to walk with the boot. He had stopped thrashing around like a crocodile while I put it on. And I had stopped feeling so embarrassed. It does happen. Of course it happens. They even have a name for it—“toddler’s fracture.”

When we went out, I found that I could face the question more honestly. “We went down the slide, and his leg got caught. The doctor said he can go down smaller slides on his own, but we shouldn’t try to go together.” I wouldn’t say anything ominous like, “Let that be a lesson to you,” but I hoped there was a lesson there all the same. And it turned out, most people were kind: sympathetic to the trauma of it and to James’s hardship without being judgy.

As hard as the ordeal was, it made me a more charitable fellow parent. It made me want to give space for mistakes—my own, and those of people around me. And it made me never want to deal with an orthopedic boot of any size ever again. Fingers crossed on that one.

—Andrew Forrester

Bling That Cast

→ CASTTOO

These stunning designs—fantastical dragons, an underwater mermaid scene, even a Día de los Muertos skull—look just like elaborate tattoos. You apply them with a hair dryer. \$10 and up; casttoo.com



Make it better For Yohe, oversize fleece pants perfectly accommodated her son’s toes-to-crotch cast, but she also fielded advice from friends to try flyaway track-style pants with snaps up the side, or even to buy some cheap pants and cut one leg off to keep the noncasted one protected. For dressier occasions, she bought nice pants two sizes too big.

Chacko-Smit’s son had trouble lifting his arm, so over-the-head shirts were tricky. Instead, his mom relied on zip-up hoodie-style tops she could help him into, one arm at a time. Fisher recommends allowing an extra 20 to 30 minutes in the morning to get dressed, and swore by slide-on shoes. “It’s almost impossible for a child in a straight-leg cast to bend over to tie a shoe on his uncasted foot,” explains Fisher, whose kids have had more than a dozen breaks.

Getting Around

What to expect If you have a baby or a toddler, don’t fret about the cast delaying crawling, walking, or other milestones. Sarah Duncan’s son was still able to climb out of his crib, even with a cast extending from his fingers to above his elbow. “He had just turned 2, and at first, it was sad to hear him say, ‘I can’t do it; I only have one hand!’ but he quickly figured out how to hook it over the crib and swing himself over,” recalls Duncan, of Moline, Illinois. An arm cast also shouldn’t impact little ones in forward- or rear-facing car seats, says Katie Loeb, a child-passenger safety technician and pediatric physical therapist in Claremont, California. For leg casts, rear-facing seats aren’t too bad, either, even if your kid’s legs are long. “Your child’s legs can go wherever they’re comfortable, including hanging over the side or resting on the vehicle’s seat back,” says

Loeb. A leg cast can be a pain for a child in a forward-facing seat. “The cast itself was so heavy, and it was uncomfortable for him to have it just dangling there,” Yohe recalls.

Make it better Try adjusting the car seat to the maximum recline that’s safe for your child’s weight and age (check the manual) to allow more front-to-back space. Or don’t have other passengers sit near your child’s cast so his leg has more room to hang. Yohe managed by placing an inexpensive foam cooler on the floor beneath her son, piling pillows over that, and propping his leg on them. “You want to make certain that any unsecured items in the car are light enough that they won’t hurt any passengers if they become a projectile,” says Loeb. Unsure if your cast kid is riding safely? Search for a special needs child-passenger safety technician at the Safe Kids Worldwide website (cert.safekids.org).

Going No. 1 and No. 2

What to expect Kids with leg casts have a hard time getting on and off the toilet, and wiping and hand-washing are trouble in an arm cast. A 2- to 4-year-old who’s potty trained but suddenly sporting a full leg cast may need a temporary return to diapers, says Yohe. Pull-ups could work for arm-casted kids, but they can split open on the side if you attempt to force them on over a leg cast.

Make it better Kids ages 6 to 10 should be able to manage with a little help. Both of Fisher’s kids fractured a leg in elementary school, and she had them practice getting up and down from a chair to prep for toilet time. She also encouraged them to hold on to a nearby sink or use an accessible restroom with a grab bar for a boost.

Kids with casts on their dominant hand should wipe with the uninjured hand to avoid contaminating the cast with bacteria. But if it has a waterproof quick-drying liner, they can wash their hands as usual. Otherwise, use hand sanitizer and antibacterial wipes to clean fingers because young children attempting to wash only their fingertips (the parts sticking out of the cast) usually results in the cast getting wet. If poop accidentally gets on the cast, call your doc; a recasting may be in order.



4 WAYS TO “SCRATCH”

A CAST ITCH

Using a coffee stir stick might seem like a harmless way to scratch the skin under a cast, but sticking anything in there—even a cotton swab—can cause a sore to develop and lead to an infection. Better tactics:

①

Gently tap the outside of the cast. Some people say it can quell the itch.

②

Aim a blow-dryer at the itchy spot, using the coolest setting.

③

If the itching is truly unbearable, give your child Benadryl. Just be forewarned that it can make some kids drowsy and other kids hyper.

④

Try this Jedi mind trick from Dr. Ty: Gently scratch the itchy spot on the opposite, noncasted limb. Sometimes it works!

Bedtime

What to expect Many kids can sleep normally in a cast. Dr. Weiss notes that discomfort may worsen at night because “it’s quiet and their mind isn’t occupied.” But rest is more crucial than ever: “Sleep triggers the release of chemical substances that support tissue growth and healing,” says *Parents* advisor Judith Owens, M.D., director of Sleep Medicine at Boston Children’s Hospital. **Make it better** If your child’s fingers or toes seem swollen, elevate the cast. Chacko-Smit propped her son’s arm on a breastfeeding pillow! Casts can get tangled in blankets, so cover it with something smooth.

The “Saw Off”

What to expect It’s the day you’ve been waiting for—hooray! It involves an electric saw ... say what? After the procedure, your kid’s skin may be flaky, dry, or clumpy; there may be excess hair; and the limb itself might have atrophied.

Make it better If your child is nervous about the process, explain that the saw’s blade isn’t sharp. It has a rounded edge that vibrates from side to side. “It will break through hard materials like fiberglass, but it won’t hurt skin or even tear through the cotton lining,” Dr. Ty says. Prep your child by showing him a YouTube video of a child happily getting decasted. You could also ask the technician to show how the cast saw is safe. For younger children, Dr. Ty suggests rebranding the saw as a “tickle machine” to make it seem less intimidating. Some offices offer earmuff-style noise protectors, or you could bring your child’s headphones.

A few warm baths and some gentle scrubbing should restore your child’s skin. Yohe coated her son’s leg in CeraVe Moisturizing Cream, topping it with a sock to relieve dryness. Excess hair should fall out, and muscle atrophy should resolve within a couple of months.

The Final Recovery

What to expect Young kids who were already walking before the break may have a temporary post-cast limp. The doctor may prescribe a short bout of physical therapy to get them back on track. After the cast came off Fisher’s 7-year-old son’s leg, he ran with a hitch for a while. “It was noticeable when he played baseball,” she says, “but with physical therapy, he was back to his full stride after about four months.”

Make it better It’s common for kids to feel nervous about diving back into normal activities. “It usually takes as long as the cast was on to regain their confidence with it off,” Dr. Weiss says. When Fisher’s son was hesitant to go back to basketball after another nasty break, she told him it was normal to feel reluctant and encouraged him to go at his own pace. Also, play up the benefit of gear like bike helmets or shin guards. That extra layer of protection may be all they need to get back in the swing again. ✖