

Appendix 1: Studies included for review with operative comparison of conservative intervention.

AUTHOR	TITLE	INCOME LEVEL	POPULATION	CONSERVATIVE INTERVENTION	COMPARISON	RESULTS	AUTHORS CONCLUSION'S
MIRANDA, I ET AL. (2013)	Orthopaedic versus surgical treatment of Gartland type II supracondylar humerus fracture in children	Spain (HIC)	55	Closed Reduction and Cast application (33)	Closed reduction and wire fixation (23)	<p>Baumann's Angle: No statistically significant difference</p> <p>Carrying angle: Conservative group were significantly lower than in the surgical group.</p> <p>Functional evaluation: No significant differences between two groups.</p>	Closed reduction and casting should be considered a valid option for the treatment of type II SCF. Radiological and functional results are as good as those obtained with surgical treatment.
SPENCER, H ET AL. (2012)	Type II supracondylar humerus fractures: can some be treated non-operatively?	USA (HIC)	259	Closed Reduction and Cast application (150)	Closed reduction and wire fixation (109)	No clinically significant results between treatment groups when assessed with rotational deformity, varus malalignment, valgus malalignment and Baumann angle.	Some less severe type II fractures can be treated non-operatively if close follow up is achieved. Fractures with initial rotational deformity, coronal malalignment, and significant extension of the distal fragment are likely to fail a non-operative approach.
PERSIANI, P ET AL. (2012)	Adequacy of treatment, bone remodelling and clinical outcome in paediatric supracondylar humeral fractures	Italy (HIC)	46	Closed Reduction and Cast application (4)	Closed reduction and wire fixation (42)	<p>Flynn's Criteria:</p> <p>Gartland II Excellent (75%) Good (25%) Fair (0%) Poor(0%)</p> <p>Gartland III Excellent (54%) Good (46%) Fair (0%) Poor (0%)</p>	Although not itemised in results discussion states initial operative management of type II fractures leads to a higher chance of satisfactory outcome.
YOUNG, S ET AL. (2010)	Deformity and functional outcome after treatment for supracondylar humerus fractures in Children: a 5- at 10-year follow-up of 139 supracondylar humerus fractures treated by plaster cast, skeletal traction or crossed wire fixation	Norway (HIC)	137	Closed Reduction and Cast application (39) Skeletal Traction (45)	Closed reduction and wire fixation (45) Open reduction and wire fixation (8)	<p>Flynn's Criteria:</p> <p>Casting Excellent (85%) Good (10%) Fair (3%) Poor (3%)</p> <p>Traction Excellent (58%) Good (27%) Fair (11%) Poor (4%)</p> <p>Wire Fixation Excellent (62%) Good (30%) Fair (2%) Poor (7%)</p> <p>ORIF Excellent (63%) Good (25%) Fair (12%) Poor (0%)</p>	Crossed wire fixation has significantly reduced length of hospital stay. No statistically significant increase in the risk of complications could be found with crossed wire fixation compared to skeletal traction.

BARBAR, I ET AL. (2009)	Management of supracondylar fracture of the humerus in children by close reduction and immobilization of the elbow in extension and supination	Pakistan (MIC)	70	Closed reduction and cast application (64)	Open reduction and internal fixation (6) <i>only once closed reduction had failed</i>	Flynn's Criteria: Excellent (50%) Good (21%) Fair (6%) Poor (9%)	Extension method of closed reduction is a safe method and gives better cosmetic results in uncomplicated type III fractured, when compared with fixation in flexion
COLARIS, J ET AL. (2008)	Supracondylar Fractures of the Humerus in Children. Comparison of Results in Two Treatment Periods	Holland (HIC)	82	Closed reduction and cast application (37)	Closed reduction and wire fixation (22) Open Reduction and Wire Fixation (23)	Re-reduction was required in 14/33 patients of whom 29 were managed conservatively (period 1). Period 2 2/49 children required re-reduction of whom 8 were managed conservatively.	A more active policy toward open reduction and K-wire fixation results in less need for secondary intervention, with comparable functional and cosmetic outcome
DHARMADEV AN, S ET AL (2005)	Management of displaced supracondylar fracture of the humerus in children	India (MIC)	90	Closed reduction and cast application (27)	Closed reduction and wire fixation (63) <i>Only once closed reduction had failed</i>	Flynn's Criteria: Casting Excellent (50%) Good (50%) Fair (0%) Poor (0%) Closed Reduction and Pinning Excellent (24%) Good (38%) Fair (24%) Poor (14%)	Closed reduction still remains an option in developing nations, where access to image intensifier is limited. If initially unsuccessful, the delay to operative intervention does not affect outcome.
PARIKH, S ET AL. (2004)	Displaced type II extension supracondylar humerus fractures: do they all need pinning?	USA (HIC)	25	Closed Reduction and Cast application (20)	Closed reduction and wire fixation (5)	Flynn's Criteria: Casting Excellent (45%) Good (35%) Fair (10%) Poor (10%) Pinning Excellent (40%) Good (40%) Fair (20%) Poor (0%)	Closed reduction and cast application is a viable initial treatment for Gartland type II injuries who will reliably return for follow up radiographs
VUCKOV, S ET AL. (2001)	Treatment of supracondylar humerus fractures in children: minimal possible duration of immobilization	Croatia (HIC)	56	Closed reduction and cast application (10)	Closed reduction and wire fixation (46)	Flynn's Criteria: Casting Excellent (80%) Good (20%) Fair (0%) Poor (0%) Wire Fixation Excellent (76%) Good (17%) Fair (4%) Poor (2%)	Authors favour surgical management as this avoids subsequent displacement of the injury.
O'HARA, L ET AL. (2000)	Displaced supracondylar fractures of the humerus in children	UK (HIC)	71	Closed Reduction and Cast application (33)	Closed reduction and wire fixation (24) Open reduction and wire fixation (14)	Gartland IIA Excellent (29) Gartland type IIB and III 7 required reoperation (unsatisfactory) closed reduction without K-wire stabilisation lead to unsatisfactory result in 5/8 patients.	Closed or open reduction of type-IIB and type-III fractures must be supplemented with stabilisation by K-wires. The indication for open reduction was failure of closed manipulation.

KENNEDY, J ET AL. (2000)	Evaluation of the role of pin fixation versus collar and cuff immobilisation in supracondylar fractures of the humerus in children	Ireland (HIC)	84	Collar and cuff (41)	Closed Reduction and wire fixation (32) Open Reduction and wire fixation (5)	Flynn's Criteria: Collar and Cuff Excellent/Good (95%) Fair (0%) Poor (5%) Closed/Open Reduction with wire fixation Excellent/Good (86%) Fair (0%) Poor (14%)	There is a role for operative treatment following the initial failure of reduction of non-operative management. However, collar and cuff provides a safe and effective method of treating displaced supracondylar fractures.
ABABNEH, M ET AL. (1998)	The treatment of displaced supracondylar fractures of the humerus in children	Jordan (MIC)	135	Closed reduction and cast application (45)	Closed reduction and wire fixation (37) Open reduction internal fixation (53)	Flynn's Criteria: Casting Excellent (36%) Good (24%) Fair (9%) Poor (31%) Closed Reduction and Pinning Excellent (76%) Good (11%) Fair (5%) Poor (8%) Open Reduction and pinning Excellent (55%) Good (19%) Fair (4%) Poor (22%)	Best results achieved by closed reduction and wire fixation (as judged by the highest incidence of excellent results). Closed reduction with cast should only be considered in grade 1 injuries
HADLOW, A ET AL. (1996)	A selective treatment approach to supracondylar fracture of the humerus in children.	New Zealand (HIC)	79	Closed reduction and cast application (55) Skeletal Traction (12)	Closed reduction and wire fixation (7) Open reduction and internal fixation (5)	Definitive Management: Closed reduction and cast Excellent (55%) Good (25%) Fair (7%) Poor 7 (13%). Closed reduction and wire fixation Excellent (71%) Good (29%) Traction Excellent (50%) Good (25%) Fair (17%) Poor (8%) ORIF Excellent (60%) Good (40%)	Authors support initial management with closed reduction and casting, with a change in treatment modality in the event of failure. This delay does not cause adverse outcomes.
TURRA, S ET AL. (1995)	Supracondylar fractures of the humerus in children. A comparison between non-surgical treatment and minimum synthesis	Italy (HIC)	66	Skeletal Traction (33)	Skeletal Traction and wire fixation (33)	Lagrange and Rigault Criteria: Traction alone Excellent (55%) Good (30%) Fair (15%) Poor (0%) Traction and wire fixation Excellent (64%) Good (8%) Fair (12%) Poor (0%)	Following cost benefit analysis, stabilisation with K-wires is the favourable method. However the two methods produce equivalent clinical outcomes.

GRANT, H et al. (1993)	A long-term follow-up study of children with supracondylar fractures of the humerus	UK (HIC)	78	Closed Reduction and Cast application (62)	Closed reduction and wire fixation (6)	Overall, 31/35 patients with major displacement achieved a satisfactory result following conservative management. Individual results not outlined.	Numbers in the paper are too small to compare operative with conservative intervention.
ARNALA et al. (1991)	Supracondylar fractures of the humerus in children	Finland (HIC)	52	Closed Reduction and Cast application (15) Skeletal Traction (17)	Open reduction and wire fixation (20)	Authors own classification: Casting Excellent (53%) Good (33%) Poor (14%) Traction Excellent (41%) Good (29%) Poor (29%) Open reduction Excellent (60%) Good (35%) Poor (5%)	There was no statistical difference between the late outcomes for each treatment group.
CELIKER, O et al. (1990)	Supracondylar fractures of the humerus in children: analysis of the results in 142 patients	Turkey (MIC)	142	Closed reduction and cast application (62) Skeletal traction (20)	Open reduction and wire fixation (60)	Flynn's Criteria: Casting Excellent (56%) Good (19%) Fair (13%) Poor (11%) Traction Excellent (70%) Good (30%) Fair (0%) Poor (0%) Open Reduction and pinning Excellent (38%) Good (22%) Fair (8%) Poor (32%)	Closed reduction and cast application is the treatment of choice for minimally displaced injuries. However, following delayed presentation, neurovascular insufficiency ORIF is superior. Overhead traction provides the best overall results but the prolonged length of hospital stay makes it less favourable.
SUTTON, W et al. (1990)	Displaced Supracondylar Humeral Fractures in Children: A comparison of results and costs in patients treated by skeletal traction versus percutaneous pinning	USA (HIC)	65	Skeletal Traction (17)	Closed reduction and wire fixation (48)	Authors own classification: Traction <i>Functional</i> Excellent (58%) Good (18%) Fair (18%) Poor (7%). <i>Cosmetic</i> : Excellent (86%) Good (0%) Fair (7%) Poor (7%) Wire Fixation <i>Functional</i> Excellent (66%) Good (22%) Fair (2%) Poor (10%) <i>Cosmetic</i> Excellent (72%) Good (12%) Fair (9%) Poor (7%)	Both traction and pinning are safe and equally effective. However, the economic advantages of pinning make it the preferred method of treatment unless soft tissue swelling or other reasons contraindicate its use.

PIRONE, A et al. (1988)	Management of displaced extension-type supracondylar fractures of the humerus in children	Canada (HIC)	230	Closed Reduction and Cast application (101) Skeletal Traction (24)	Closed reduction and wire fixation (96) Open reduction and internal fixation (9)	Flynn's Criteria: Casting Excellent (50%) Good (27%) Fair (3%) Poor (20%) Traction Excellent (67%) Good (21%) Fair (4%) Poor (8%) Wire Fixation Excellent (78%) Good (16%) Fair (1%) Poor (5%) ORIF Excellent (67%) Good (11%) Poor (22%)	Traction remains a safe and reliable option for the initial treatment and is recommended if the equipment and expertise that are required for K wire fixation are unavailable. Plaster should be reserved for Undisplaced fractures only.
VAHVANEN, V et al. (1987)	Supracondylar fracture of the humerus in children. A long-term follow-up study of 107 cases	Finland (HIC)	107	Closed Reduction and Cast application (35) Skin Traction (58) Immobilised without reduction (7)	Open reduction and wire fixation (7)	Authors own classification: Casting Good (77%) Fair (9%) Poor (14%) Traction Good (86%) Fair (9%) Poor (5%) <i>Other outcomes not listed</i>	The majority of SCF in children can be treated successfully with closed reduction and plaster cast. If severe posterior displacement then traction is a viable option. However, absence of peripheral pulse following reduction warrants surgical exploration.
WALLOE, A et al. (1985)	Supracondylar fracture of the humerus in children: review of closed and open reduction leading to a proposal for treatment	Sweden (HIC)	70	Closed Reduction and Cast application (21) Traction (3) Cast application only (21)	Open reduction and internal fixation (25)	Authors own classification: Operative Good (76%) Reduced mobility (24%) Closed reduction (casting and traction) Good (79%) Reduced mobility (21%) Casting only Good (86%) Reduced mobility (86%) Reduced mobility (14%)	Displaced injuries should be reduced and treated in plaster for 3-4 weeks or overhead traction for 10-14 days then plaster for 1-2 weeks.
PRIETTO, C (1979)	Supracondylar fractures of the humerus: a comparative study of Dunlop's traction versus percutaneous pinning	USA (HIC)	47	Skeletal Traction (27)	Closed reduction and wire fixation (20)	Traction: Average flexion loss, 10 degrees. Average loss of 9.4 degrees of carrying angle Wire Fixation Average flexion loss 4.75 degrees Average loss of 3.5 degrees of carrying angle	Lower costs and better outcomes seen in pin fixation when compared to those of Dunlops traction.

BENDER et al. (1978)	Results of treatment of supracondylar fractures of the humerus in children with special reference to the cause and prevention of cubitus varus	Holland (HIC)	53	Skeletal Traction (30) Closed reduction and cast application (15)	Open reduction and wire fixation (8)	Authors own classification: <i>Functional Casting</i> Good (87%) Fair (13%) Bad (0%) <i>Traction</i> Good (90%) Fair (3%) Bad (7%) <i>Open reduction</i> Good (100%) Fair (0%) Bad (0%) <i>Anatomical Casting</i> Good (40%) Fair (13%) Bad (47%) <i>Traction</i> Good (70%) Fair (17%) Bad (13%) <i>Open reduction</i> Good (75%) Fair (25%) Bad (0%)	Closed reduction and cast application resulted in cubitus varus in almost 50% of cases. Displaced injuries should be treated with wire fixation, however with no rotational displacement traction is adequate.
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Appendix 2: Studies included for review analysing casting as conservative intervention for displaced supracondylar fractures

AUTHOR	TITLE	INCOME LEVEL	POPULATION	CONSERVATIVE INTERVENTION	COMPARISON	RESULTS	AUTHORS CONCLUSION'S
SINGH, C ET AL. (2015)	A prospective study of supracondylar fractures of the humerus in children treated by closed reduction	India (MIC)	50	Closed Reduction and Cast application (50)	N/A	Flynn's Criteria: Excellent (40%) Good (42%) Fair (12%) Poor (6%)	Closed reduction and immobilisation still remain an option in a developing country such as India where imaging availability remains a problem.
CAMUS, T ET AL. (2011)	Extension type II paediatric supracondylar humerus fractures: a radiographic outcomes study of closed reduction and cast immobilization	Canada (HIC)	155	Closed reduction and cast application (155)	N/A	Mean Humero capitellar angle 23.77 degrees (Normal = 35-45) Mean Baumann's angle 79.40 (Normal = 70-80)	Inconclusive, such injuries are currently preferentially treated operatively, but the results of such patients are unknown. However not all fractures achieved anatomical alignment at final follow up.
FITZGIBBON S, P ET AL. (2011)	Predictors of failure of non-operative treatment for type-2 supracondylar humerus fractures	USA (HIC)	61	Closed reduction and cast application (61)	N/A	49 (80%) successfully managed with non-operative treatment 12 (20%) required operative intervention. The degree of fracture extension was significantly related to the failure of cast treatment	Despite adequate reduction some fractures will lose reduction and require delayed pinning. Degree of extension relative to the distal fragment may help to predict the likelihood of failure.

KHAN, M ET AL. (2005)	Comparison of percutaneous pinning with casting in supracondylar humeral fractures in children	Pakistan (MIC)	20	Closed Reduction and Cast application (20)	N/A	Flynn's Criteria: Excellent (20%) Good (40%) Fair(10%) Poor (30%)	Closed reduction and wire fixation provides superior results when compared to reduction and casting.
SHOAB, M ET AL. (2003)	Outcome of closed reduction and casting in displaced supracondylar fracture of humerus in children	Pakistan (MIC)	25	Closed Reduction and Cast application (25)	N/A	Flynn's Criteria: Excellent (16%) Good (44%) Fair (12%) Poor (28%)	Good results can be obtained with reduction and casting with Gartland II fractures however Gartland III have a poor outcome.
CHEN, R ET AL. (2001)	Supracondylar extension fracture of the humerus in children.	China (MIC)	95	Closed reduction and cast application with the elbow in flexion (46) and in extension (49)	N/A	HSS Elbow Score: In Flexion 78 points Extension 91 points. Statistically significant higher incidence of cubitus varus when immobilised in flexion	Incidence of cubitus varus was significantly lower in those immobilised in extension (0%) compared with flexion (60.9%)
WILLIAMS O N, D ET AL. (1993)	Treatment of selected extension supracondylar fractures of the humerus by manipulation and strapping in flexion	Australia (HIC)	43	Elastic strapping with collar and cuff (43)	N/A	Flynn's Criteria: Excellent (65%) Good (19%) Fair (5%) Poor (12%)	Manipulation and strapping in flexion is suitable for approximately 60% of children with isolated displaced SCF. Pin fixation is indicated if unstable or significant swelling/circulatory compromise. Traction is indicated if severe swelling.
DOWD, G & HOPCROFT, P (1979)	Varus deformity in supracondylar fractures of the humerus in children.	UK (HIC)	79	Closed Reduction and Collar and Cuff (51) or Thomas's arm splint (5).	N/A	31/57 developed loss of carrying angle of <5° Of which 13 developed cubitus varus deformity (27%)	Acknowledges not the remit of paper to analyse the methods but accepts collar and cuff to be an adequate form of treatment in the majority of cases. When medial tilt or rotation remain after reduction the authors propose fixation by K-wires as to reduce the incidence of cubitus varus
EID, A (1978)	Reduction of displaced supracondylar fracture of the humerus in children by manipulation in flexion	Qatar (HIC)	61	Closed Reduction and Cast application (61)	N/A	Authors own classification: <i>Clinically</i> Excellent(74%) Good (18%) Poor (8%) <i>Radiologically</i> Excellent (66%) Good (20%) Poor (14%)	A collar and cuff with the elbow in the flexed position provides an efficient and easy means of fixation of the reduced supracondylar fracture

Appendix 3: Studies included for review analysing traction as conservative intervention for displaced supracondylar fractures

AUTHOR	TITLE	INCOME LEVEL	POPULATION	CONSERVATIVE INTERVENTION	COMPARISON	RESULTS	AUTHORS CONCLUSION'S
SADIQ, M ET AL. (2007)	Management of Grade III supracondylar fracture of the humerus by straight-arm lateral traction	UK (HIC)	20	Skin Traction (20)	N/A	No cases of cubitus varus, no residual deformity or loss of function. No episodes of re-operation.	Traction is safe and effective way of treating displaced grade 3 SCF of the humerus. This method is also particularly useful in areas where access to specialised facilities is difficult
MATSUZAKI, K ET AL. (2004)	Treatment of supracondylar fracture of the humerus in children by skeletal traction in a brace	Japan (HIC)	193	Skeletal Traction with Brace (193)	N/A	Flynn's Criteria: Excellent (92%) Good (5.5%) Fair (2%) Poor (0.5%)	Method of using a brace in the management of displaced SCF obtained satisfactory results
GADGIL, A ET AL. (2003)	Elevated, straight arm traction for supracondylar fractures of the humerus in children	UK (HIC)	112	Straight arm traction (112)	N/A	Flynn's Criteria: Excellent 71 (63%) Good 33(29%) Fair 5(4.4%) Poor 3 (2.6%)	Outcomes of straight arm traction are comparable to those of open reduction and K wire fixation. Although they do result in prolonged hospital stays and increase in cost.
HARWANT, S ET AL. (2000)	The efficacy of side arm traction in the reduction of supracondylar fracture humerus in children	Malaysia (UMIC)	56	Side arm traction (56)	N/A	Mean Baumann angle (75-80) Boys 74.2 Girls 75.9 Late presenters 72.2	Traction is efficacious in reducing the SCF in childhood. This is still the case following delayed presentation (2 days)
BADHE, N & HOWARD, P (1998)	Olecranon screw traction for displaced supracondylar fractures of the humerus in children	UK (HIC)	26	Skeletal Traction (26)	N/A	2 patients required subsequent operative management. Flynn's Criteria: Excellent 20 (91%) Good 2 (9%). Cubitus varus occurred in 2 patients (9%)	Olecranon screw traction is safe, simple and non-invasive. However, check X-rays must be performed to ensure reduction is maintained. Results compare favourably to other methods of treatment
RODRIGUEZ, M (1992)	Supracondylar fractures of the humerus in children: treatment by overhead skeletal traction	Spain (HIC)	120	Skeletal Traction (120)	N/A	Flynn's Criteria: Excellent (56%) Good (34%) Fair (4%) Poor (6%)	Functional outcomes following traction compare favourably to operative treatment.

URLUS, MET AL. (1991)	Conservative treatment of displaced supracondylar fractures of the extension type in children	Belgium (HIC)	33	Skin Traction (33)	N/A	Flynn's Criteria: Excellent (67%) Good (27%) Fair (3%) Poor (3%) Patient Evaluation No complaints (91%) Slight complaints (9%)	Treatment of severely displaced supracondylar fractures with skin traction is safe, simple and well tolerated.
WORLOCK, P ET AL. (1987)	Severely displaced supracondylar fractures of the humerus in children: A simple method of treatment	UK (HIC)	27	Skeletal Traction (27)	N/A	Mitchell and Adams Criteria: Excellent (81%) Good (19%) Unsatisfactory (0%)	Skeletal traction is a simple and safe way of treating severely displaced supracondylar fractures in children.
BERGHAUSEN, T ET AL. (1986)	The severely displaced paediatric supracondylar fracture of humerus treated by skeletal traction with olecranon pin	USA (HIC)	10	Skeletal Traction (10)	N/A	Flynn's Criteria: Excellent (80%) Good (20%) Fair (0%) Poor (0%)	Displaced supracondylar fractures can be treated safe and effectively by skeletal traction.
JEFFERISS, C (1977)	Straight lateral traction in selected supracondylar fractures of the humerus in children	UK (HIC)	26	Skin Traction (26)	N/A	No measurable difference in range of pronation or supination, carrying angle,	Skin traction is both an efficient and practical method of treatment for severely displaced supracondylar fractures
DODGE, S (1972)	Displaced supracondylar fractures of the humerus in children: treatment by Dunlops traction	USA (HIC)	48	Skeletal Traction (48)	N/A	Outcome as per Mitchell and Adams Classification Excellent 38 (80%) Good 9 (18%) Unsatisfactory 1 (2%)	Dunlop's traction allows appropriate reduction and correction of any deformity. No patient underwent subsequent operative intervention following traction.

Appendix 4: Studies included for review comparing both traction and casting as interventions for displaced supracondylar fractures

AUTHOR	TITLE	INCOME LEVEL	POPULATION	CONSERVATIVE INTERVENTION	COMPARISON	RESULTS	AUTHORS CONCLUSION'S
IPPOLITO, E ET AL (1986)	Supracondylar Fractures of the Humerus in Children - Analysis at maturity of fifty-three patients treated conservatively	Italy (HIC)	53	Skeletal Traction (32) Closed reduction and casting (21)	N/A	Author's own criteria: Traction Good (78%) Fair (9%) Poor (13%) Casting Good (81%) Fair (5%) Poor (14%)	In displaced supracondylar fractures of the humerus in children, conservative treatment by overhead skeletal traction yields very good results.
PIGGOT, J ET AL (1986)	Supracondylar Fractures of the Humerus in Children: Treatment by straight lateral traction	Ireland (HIC)	205	Skin Traction (98) Closed reduction and casting (107)	N/A	Flynn's Criteria: Collar and Cuff Excellent (60%) Good (22%) Fair (7%) Poor (10%) Traction Excellent (65%) Good (20%) Fair (6%) Poor (8%)	In the presence of gross displacement associated with severe swelling or neurovascular deficit there is no place for casting, such injuries will require traction.
HAGEN, R (1964)	Skin-Traction treatment of Supracondylar Fractures of the Humerus in Children - A ten year review	Norway (HIC)	70	Skin Traction (26) Closed Reduction and Casting (44)	N/A	Holmberg Criteria: Skin Traction Ideal (85%) Good (15%) Unsatisfactory (0%) Casting Ideal (84%) Good (9%) Unsatisfactory (7%)	In all compound and comminuted fractures and cases with vascular compromise skin traction is the treatment of choice