Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PAEDIATRICS

Pulled elbow
fixed in seconds, and not your fault

Pulled elbow happens when a young child's arm is pulled and a ligament slips over the end of the radius bone. The child stops using the arm and holds it slightly bent by their side. It is common, harmless, and corrected in a few seconds — usually with the child playing again within minutes.

Go to an emergency department instead if there is

- **obvious deformity, swelling or bruising** of the arm
- a history of a **fall, a direct blow or a twisting injury**
- **pain over the collarbone, upper arm or wrist** rather than the elbow
- **numbness, tingling, or a cold or pale hand**
- **fever, or the child seems unwell**
- a child **over five**, in whom pulled elbow is uncommon

Swelling, bruising or a history of a fall points to a fracture rather than a pulled elbow, and needs an X-ray before anyone manipulates the arm. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

How it happens

- a sudden pull on an outstretched arm — lifting a child by the hands, swinging them, or a tug as they pull away
- a child being pulled up by one arm from the floor or out of a car seat
- occasionally a roll or a minor tumble
- commonest between **one and four years old**, and rare after five as the ligament tightens

You have not injured your child

Parents often feel awful, particularly when it happened while they were playing or helping the child up. This is one of the most common minor injuries in toddlers, it happens to careful parents constantly, no lasting damage is done, and nobody will judge you. It is worth saying clearly because the guilt is usually worse than the injury.

What you will see

- the child **suddenly stops using the arm**, holding it close to the body, slightly bent, palm facing backwards
- crying at the moment it happens, then often settling — children are frequently not in obvious pain afterwards, just unwilling to move the arm
- **no swelling, no bruising, no deformity**
- they will use the other hand for everything, and resist you moving the affected arm
- they can usually still move the fingers and wrist normally

What we do

After examining the arm and shoulder to make sure nothing else is injured, the elbow is corrected with a quick, specific movement — either rotating the forearm palm-up while bending the elbow, or rotating it palm-down. There is often a small click. It takes a few seconds and is briefly uncomfortable.

- Most children start using the arm again **within 5 to 30 minutes**.
- Occasionally a second attempt is needed, or a different technique.
- **X-rays are not usually required** where the history is typical and there is no swelling or bruising.
- If the arm is still not being used after 30 minutes or so, imaging is arranged to exclude a fracture.
- No sling, splint or follow-up is normally needed afterwards.

Do not try to fix it yourself

It is tempting to look up the manoeuvre and try it at home. Please do not. If there is an undiagnosed fracture — and a fracture can look very similar in a distressed toddler — manipulating the arm can displace it and turn a simple injury into one needing an operation. It takes minutes to have the arm examined properly first.

Preventing it happening again

- Once it has happened, it is **more likely to happen again** until the child is around five.
- **Lift under the armpits** or around the chest, never by the hands or forearms.
- Avoid swinging a child by the arms, however much they enjoy it.
- Take extra care when a toddler pulls away suddenly in the street — hold the upper arm or use reins.
- Tell grandparents, childminders and nursery, who may not know.

Why come to us. This is a distressing few hours for a family and a five-minute problem to fix. We see children seven days a week, 9am–7pm, usually the same day — without the wait of an emergency department, which is a long time to sit with an inconsolable toddler. We examine the whole arm first to make sure nothing else is injured, correct it, and arrange X-ray through our CQC-registered partners in the small number of cases where the picture is not typical.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Paediatrics** · **Urgent Care** · **Orthopaedic** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-204

This leaflet is based on current NHS and NICE CKS guidance on pulled elbow (radial head subluxation). It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.