

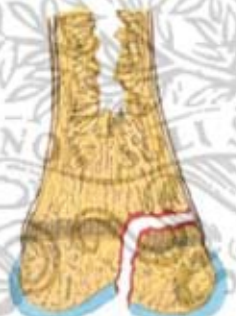
Injury to Growth Plate (Salter-Harris Classification, Rang Modification)



Type I. Complete separation of epiphysis from shaft through calcified cartilage (growth zone) of growth plate. No bone actually fractured; periosteum may remain intact. Most common in newborns and young children.



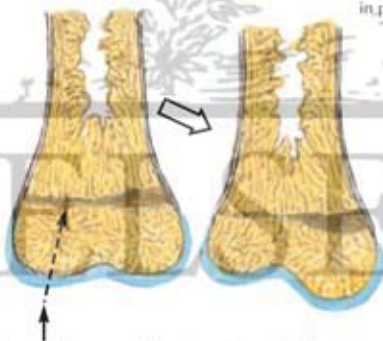
Type II. Most common. Line of separation extends partially across deep layer of growth plate and extends through metaphysis, leaving triangular portion of metaphysis attached to epiphyseal fragment.



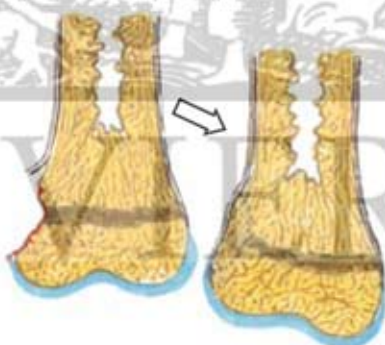
Type III. Uncommon. Intra-articular fracture through epiphysis, across deep zone of growth plate to periphery. Open reduction and fixation often necessary.



Type IV. Fracture line extends from articular surface through epiphysis, growth plate, and metaphysis. If fractured segment not perfectly realigned with open reduction, osseous bridge across growth plate may occur, resulting in partial growth arrest and joint angulation.



Type V. Severe crushing force transmitted across epiphysis to portion of growth plate by abduction or adduction stress or axial load. Minimal or no displacement makes radiographic diagnosis difficult; growth plate may nevertheless be damaged, resulting in partial growth arrest or shortening and angular deformity.



Type VI. Portion of growth plate sheared or cut off. Raw surface heals by forming bone bridge across growth plate, limiting growth on injured side and resulting in angular deformity.