

Table 1 The Treatment of Pediatric Diaphyseal Femur Fractures (PDFF) Clinical Practice Guideline Recommendations

Recommendation	Level of Evidence	Grade of Recommendation
1. We recommend that children younger than 36 months with a diaphyseal femur fracture be evaluated for child abuse.	II	A
2. Treatment with a Pavlik harness or a spica cast are options for infants 6 months and younger with a diaphyseal femur fracture.	IV	C
3. We suggest early spica casting or traction with delayed spica casting for children age 6 months to 5 years with a diaphyseal femur fracture with less than 2 cm of shortening.	II	B
4. We are unable to recommend for or against early spica casting for children age 6 months to 5 years with a diaphyseal femur fracture with greater than 2 cm of shortening.	V	Inconclusive
5. We are unable to recommend for or against patient weight as a criterion for the use of spica casting in children age 6 months to 5 years with a diaphyseal femur fracture.	V	Inconclusive
6. When using the spica cast in children 6 months to 5 years of age, altering the treatment plan is an option if the fracture shortens greater than 2 cm.	V	C
7. We are unable to recommend for or against using any specific degree of angulation or rotation as a criterion for altering the treatment plan when using the spica cast in children 6 months to 5 years of age.	V	Inconclusive
8. It is an option for physicians to use flexible intramedullary nailing to treat children age 5 to 11 years diagnosed with diaphyseal femur fractures.	III	C
9. Rigid trochanteric entry nailing, submuscular plating, and flexible intramedullary nailing are treatment options for children age 11 years to skeletal maturity diagnosed with diaphyseal femur fractures, but piriformis or near piriformis entry rigid nailing are not treatment options.	IV	C
10. We are unable to recommend for or against removal of surgical implants from asymptomatic patients after treatment of diaphyseal femur fractures.	IV	Inconclusive
11. We are unable to recommend for or against outpatient physical therapy to improve function after treatment of pediatric diaphyseal femur fractures.	V	Inconclusive
12. Regional pain management is an option for patient comfort perioperatively.	IV	C
13. We are unable to recommend for or against the use of locked versus non-locked plates for fixation of pediatric femur fractures.	IV	Inconclusive
14. Waterproof cast liners for spica casts are an option for use in children diagnosed with pediatric diaphyseal femur fractures.	III	C

Note: This summary does not contain rationales that explain how and why these recommendations were developed, nor does it contain the evidence supporting these recommendations. All readers of this summary are strongly urged to consult the full guideline and evidence report for this information. We are confident that those who read the full guideline and evidence report will also see that the recommendations were developed using systematic evidence-based processes designed to combat bias, enhance transparency, and promote reproducibility. This summary of recommendations is not intended to stand alone.