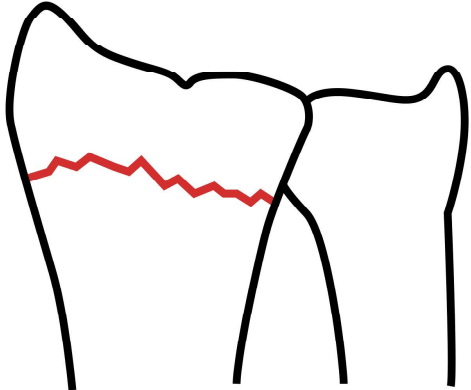
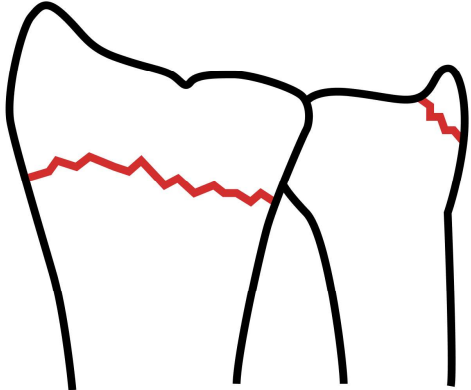
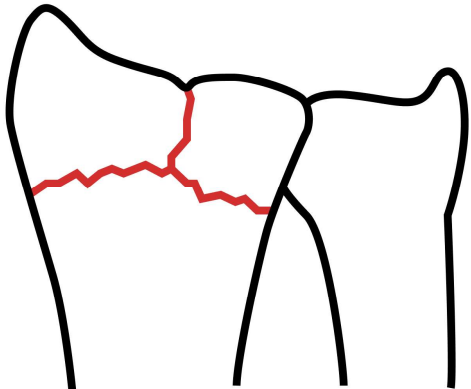
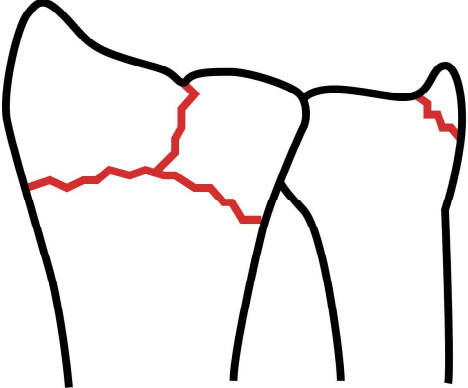
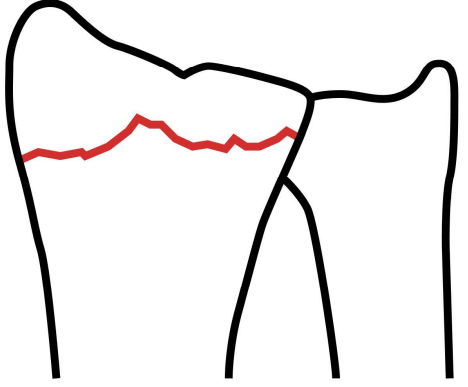
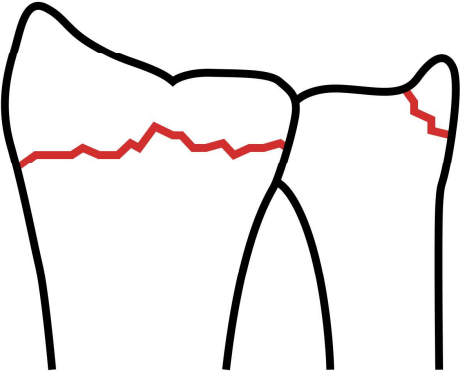
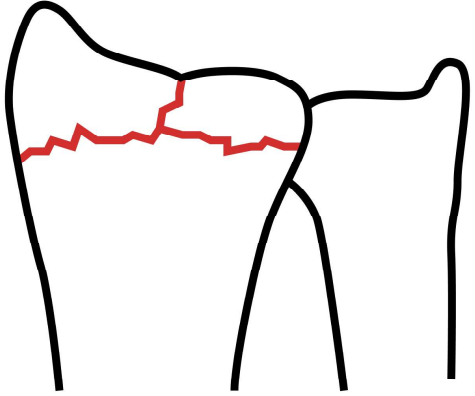
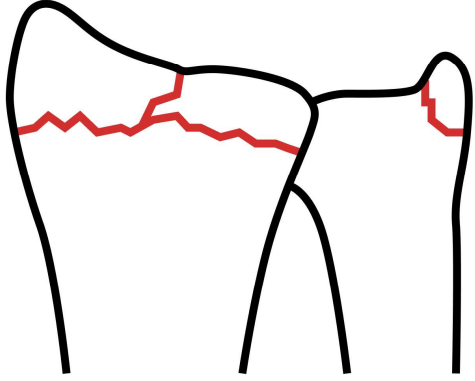


Frykman Classification

Type	Radius	Ulna	Image
Type I	Extra-articular fracture of the distal radius	No ulnar fracture	 A schematic diagram of the distal radius and ulna. A red jagged line indicates a fracture of the distal radius, located entirely outside the articular surface. The ulna is shown without any fracture lines.
Type II	Extra-articular fracture of the distal radius	Associated ulnar styloid fracture	 A schematic diagram of the distal radius and ulna. A red jagged line indicates a fracture of the distal radius, located outside the articular surface. A second red jagged line indicates a fracture of the ulnar styloid process.
Type III	Intra-articular fracture of the radiocarpal joint	No ulnar fracture	 A schematic diagram of the distal radius and ulna. A red jagged line indicates a fracture of the distal radius that extends into the radiocarpal joint. The ulna is shown without any fracture lines.

Type	Radius	Ulna	Image
Type IV	Intra-articular fracture of the radiocarpal joint	Associated ulnar styloid fracture	
Type V	Intra-articular fracture of the distal radioulnar joint	No ulnar fracture	
Type VI	Intra-articular fracture of the distal radioulnar joint	Associated ulnar styloid fracture	

Type	Radius	Ulna	Image
Type VII	Fracture involving both the radiocarpal and distal radioulnar joints	No ulnar fracture	
Type VIII	Fracture involving both the radiocarpal and distal radioulnar joints	Associated ulnar styloid fracture	

Additional notes

Double-check the classification, especially Types III and IV where the intra-articular involvement can be tricky to spot.

Look closely for ulnar styloid fractures in Types II, IV, VI, and VIII. Easy to miss on initial read.

Ensure high-quality lateral and AP views. Poor image quality leads to misclassification.

Communicate clearly with ortho about the specific type. They need precise info for treatment planning. Keep an eye on healing progress in follow-ups, especially for intra-articular fractures (Types III, IV, V, VI, VII, VIII). Potential for complications.

Properly document all findings and classifications in the patient's record. Helps in consistent follow-ups and future references.

Stay updated with the latest radiology practices and classifications. Attend workshops and training sessions regularly.

Help each other out when unsure about a fracture type. A second opinion can prevent mistakes.

Frykman, G. (1967). Fracture of the distal radius including sequelae—shoulder-hand-finger syndrome, disturbance in the distal radio-ulnar joint and impairment of nerve function: A clinical and experimental study. *Acta Orthopaedica Scandinavica*, 38(sup108), 1–61. <https://doi.org/10.3109/ort.1967.38.suppl-108.01>

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