

## Alternative technique for open reduction and fixation of displaced pediatric medial epicondyle fractures: author response to letter to the editor

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We would like to thank Drs. Raj and Kothari for their comments. We are in agreement that the true position of the arm in this technique is “mid prone,” rather than full pronation. Our experience is that, in this position, even if not fully prone, very little, if any, tension is required to reduce the fragment, and, certainly, the amount of tension is less than that required when trying to reduce the fracture in the supine position. In this position, we postulate that the valgus movement assists in reduction; however, we agree that this is theoretical. We also agree that there is no objective evidence that this is superior, as stated in the final sentence of the discussion: “Finally, there is no difference

in objective outcomes regarding this technique and its advantage is in the feel/ease of fracture reduction.” Ultimately, the goal of the manuscript is to offer an alternate surgical option for medial epicondyle fractures, and we believe that, in this case, whether a surgeon chooses to use this technique should be by feel or preference. For the co-authors, we have all found that prone positioning has made the procedure easier for us.

**Conflict of interest** The authors have no conflicts of interest to disclose related to this manuscript.

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