

Fig. E-1A

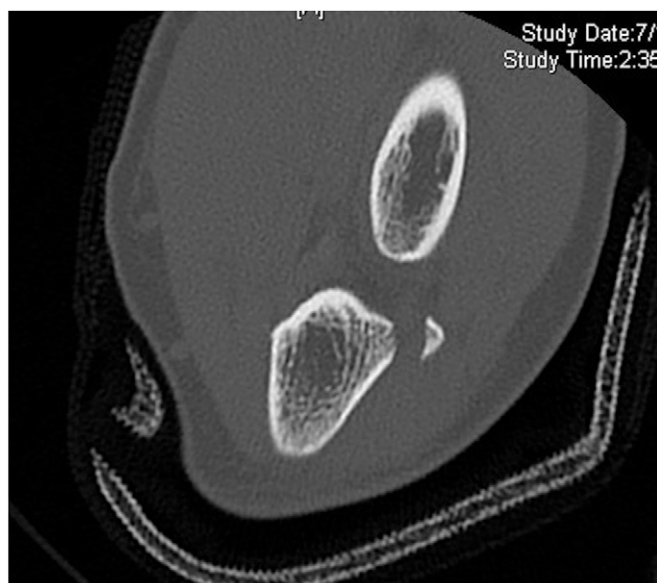


Fig. E-1B

Figs. E-1A, E-1B, and E-1C A patient with a terrible triad injury of the elbow and a displaced crista supinatoris fracture. **Fig. E-1A** Anteroposterior and lateral radiographs showing the unstable terrible triad injury. **Fig. E-1B** An axial CT image visualizes the displaced crista supinatoris fracture.

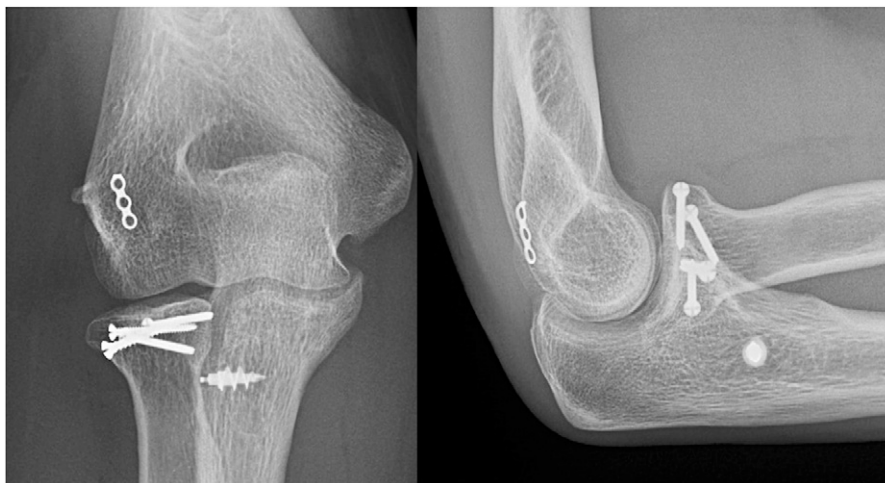


Fig. E-1C

The patient was managed with open reduction and internal fixation of the radial head and suture anchor fixation of the crista fracture. The common extensor tendon origin, which was also partially torn, was secured to the lateral epicondyle via transosseous sutures tied over a minimifragment plate placed on the posterior humeral cortex.

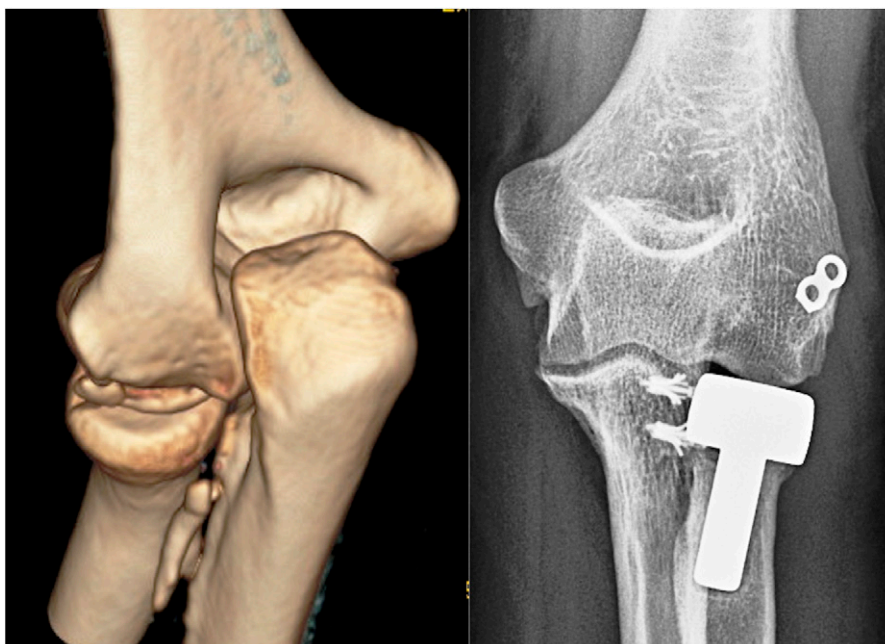


Fig. E-2

A three-dimensional CT scan of a patient with a comminuted unstable radial head fracture associated with elbow instability and a displaced crista supinatoris fracture who was managed with metallic radial head arthroplasty and suture anchor fixation of the crista fracture (left). The radiograph (right) shows the securing of the common extensor tendon origin, which was also partially torn, to the lateral epicondyle via transosseous sutures tied over a minimifragment plate placed on the posterior humeral cortex.



Fig. E-3A



Fig. E-3B

Figs. E-3A through E-3D A patient who sustained a radial head fracture and a displaced crista supinatoris fracture in a fall from a standing height. **Figs. E-3A and E-3B** Anteroposterior and lateral radiographs of the elbow, depicting a minimally displaced radial head fracture and a displaced crista supinatoris fracture that is difficult to visualize (asterisk).



Fig. E-3C

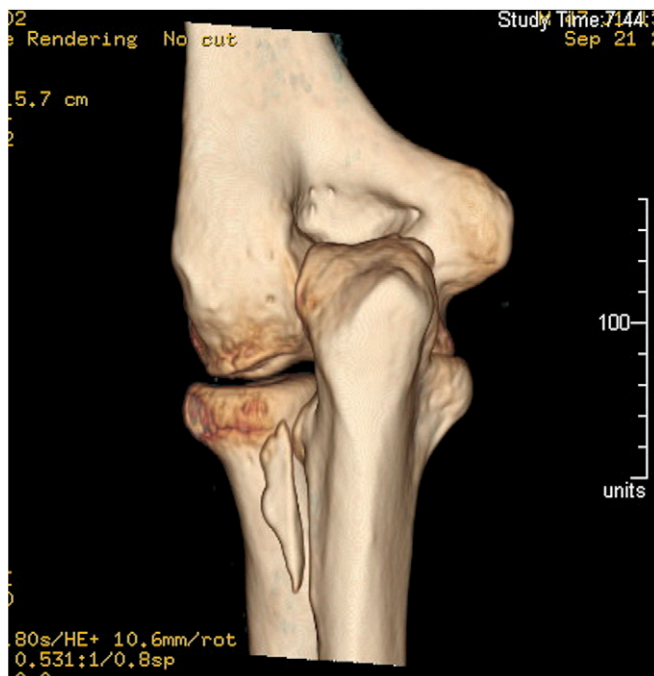


Fig. E-3D

Fig. E-3C An external oblique radiographic view of the elbow appropriately visualizes the crista fracture (asterisk). **Fig. E-3D** A three-dimensional CT scan also shows the crista fracture.