



Fig. E-1

Anteroposterior and lateral radiographs of the elbow showing a type-II supracondylar fracture of the humerus that was treated with splint immobilization without any attempted reduction.



Fig. E-2

The lateral humerocapitellar angle (LHCA) is the angle formed by the intersection of the line along the axis of the humeral shaft and the line perpendicular to the physeal line of the lateral condyle (**Fig. E-2A**). When skeletal maturity was reached, a modified lateral humerocapitellar angle was used (**Fig. E-2B**). The circle of the lateral condyle was drawn, and two points were determined where the circle reached the metaphysis anteriorly and posteriorly. A line was drawn linking these two points. Instead of the line perpendicular to the physeal line of the lateral condyle, we used the perpendicular to this new line.



Fig. E-3

A fourteen-year-old boy, who had sustained a type-II supracondylar fracture of the right elbow that was treated with a splint without reduction when he was eight years old, showed a mild hyperextension and a mild cubitus varus deformity with a clinical carrying angle  $16^\circ$  lower than the contralateral side on clinical examination. The patient did not complain of any pain. Instability maneuvers were negative. The MEPS was 100 points, and the QuickDASH score was 4.5 points. The result was classified as unsatisfactory because of the cubitus varus deformity.

TABLE E-1 Demographic Data

Characteristic	Finding
Age at the time of fracture* (yr)	5.5 ± 2.6
<4 yr (n = 13)	2.8 ± 0.65
4 to 8 yr (n = 26)	5.85 ± 1.1
>8 yr (n = 7)	9.6 ± 1.8
Age at the time of follow-up* (yr)	12.1 ± 3.8
Duration of follow-up according to age at time of fracture* (yr)	6.6 ± 2.8
<4 yr (n = 13)	6.9 ± 2.7
4 to 8 yr (n = 26)	6.3 ± 2.8
>8 yr (n = 7)	7.4 ± 3.1
Sex (M:F)	1.2:1
Side	
L:R	1.5:1
Nondominant:dominant side	1.7:1

\*The values are given as the mean and the standard deviation.