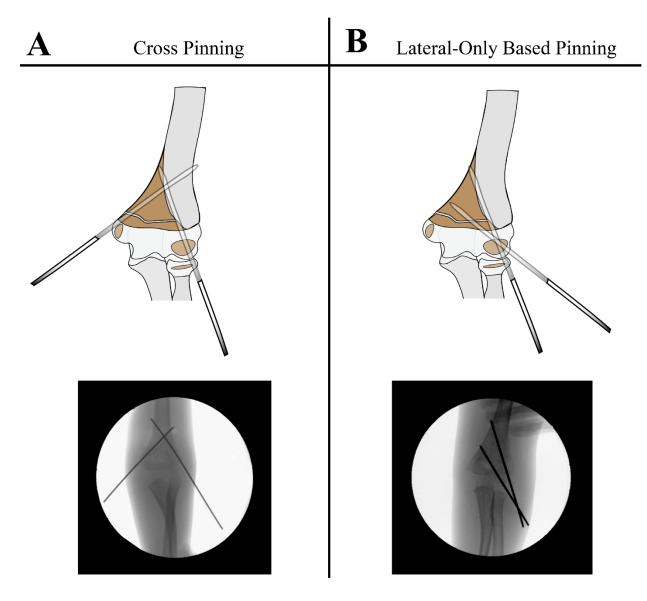
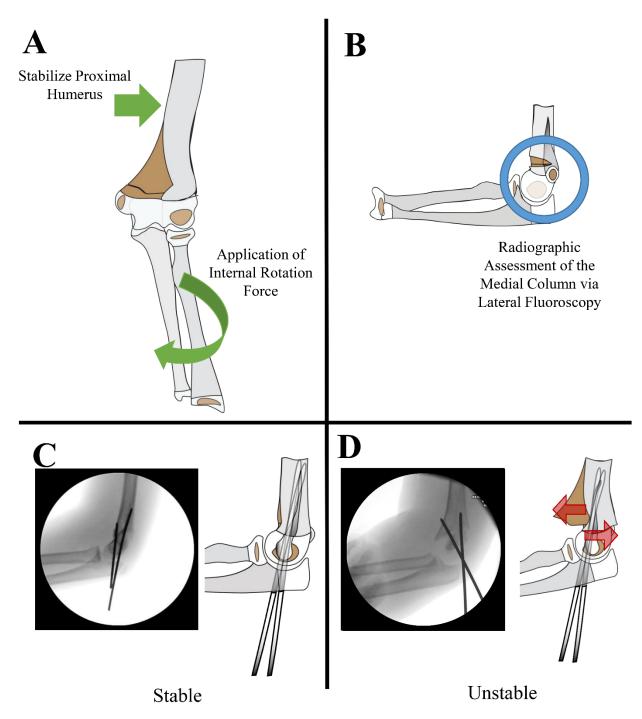
The following content was supplied by the authors as supporting material and has not been copy-edited or verified by JBJS.

Supplemental Table 1. 2013 Data		
Total Cases	169	
	n	(%)
Compartment Syndrome	0	0.0%
Loss of Fixation	1	0.6%
Avascular Necrosis	0	0.0%
Malunion	0	0.0%
Pin Tract Infection	4	2.4%
Deep Infection	2	1.2%
All-Cause Reoperation	4	2.4%
Volkmann's Contracture	0	0.0%
Iatrogenic Nerve Injuries	0	0.0%



Supplemental Figure 1. Cross Pinning (A) versus Lateral Pinning (B) of supracondylar humerus fracture.



Supplemental Figure 2. The Internal Rotation Stress Test Application and Assessment. A) The IRST is completed by stabilizing the proximal humeral shaft and applying an internal rotation force by holding at the forearm or wrist. B) A lateral fluoroscopic image is taken to assess the stability of the medial column. C) A negative, or stable, test will show no translation of the fracture fragment relative to the proximal

humerus at the medial column. D) a positive, or unstable, test will show posterior/rotational translation (red arrows) of the fracture fragment relative to the proximal humeral shaft at the medial column.