

Wrist & Hand injuries



Wrist and hand injuries are extremely common in the athlete and if diagnosed early and treated appropriately, can allow early return to sport. Usually, fractures are clinically obvious, and if treatment occurs early, good results can be expected. The exception to this rule is the scaphoid fracture.

Injuries to the ligaments and tendons are less dramatic in their presentation and symptoms, and many are diagnosed late, making treatment difficult.

Wrist Injuries

The wrist injuries which are difficult to diagnose are the scaphoid fracture as mentioned above and carpal (wrist) instabilities. In a carpal instability, the patient often complains of a 'click' in the wrist, but plain x-rays are normal. Early medical referral to an Upper Limb Orthopaedic specialist and assessment are essential to achieve a good result in these major injuries. Wrist arthroscopy may be needed.

Hand Injuries

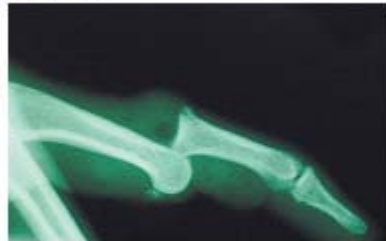


Figure 1.
Dislocation of the proximal interphalangeal joint.
Early x-ray and adequate reduction is essential.



Figure 2.
Demonstrates posture of the hand following rupture
of the long flexor tendon to the ring finger.

Hand Injuries

Dislocation of the proximal inter-phalangeal joints are extremely common (*Refer to figure 1 above*), and often reduced on the field by the medical doctor. This should not be done by a sports trainer or a non qualified sportsperson). Reduction on the field and strapping of the finger is appropriate, HOWEVER, all such injuries MUST BE X-RAYED within 48 hours to avoid missing dislocations which may not have reduced anatomically, due to interposed soft tissue or associated fracture. If diagnosed in the first few days, treatment may be possible by further reduction and splintage, but at times, operative intervention is required.

If diagnosed late, adequate reduction and a good result cannot be guaranteed and can result in a permanently stiff finger. In the thumb, rupture of the ulna collateral ligament is common with tenderness and swelling around the base of the thumb, and instability of pinch grip. Ruptures of the long flexor tendons (*Refer to figure 2 above*) to the fingers occur, particularly in sports such as football and rugby in which there is grabbing and clutching of one's opponent. The athlete grabs the opponent's Guernsey and as the opponent frees himself, the finger is suddenly extended. Surgery is necessary early for all acute ruptures of the long flexors to the finger.

Wakefield Sports Clinic

Crows – 36ERS – United – Thunderbirds – Olympic & Commonwealth Games Teams
270 Wakefield St, Adelaide 8232 5833 www.wakefieldsports.com.au