Sideline Evaluation and Management of Common Acute Wrist Injuries

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1. Sideline Evaluation and Decision Making Parameters - WRIST
   a. History/Injury mechanism
   b. Inspection
      i. Deformity
      ii. Soft tissue condition
   c. Pain with grip loading – “Hand Shake Test”
   d. Physical examination by Zone (Radial, Central, Ulnar)
      i. Tenderness
      ii. Provocative tests
      iii. Contralateral comparison
   e. Imaging

2. Radial-Sided Injuries
   a. Scaphoid Fracture
      i. Pain with longitudinal compression
      ii. Fracture tenderness
         1. Waist: + snuffbox tenderness
         2. Distal pole: + volar tenderness
         3. Proximal pole: + dorsal/radial tenderness
      iii. RTP often possible with external immobilization (varies with fracture severity/sport & position / level etc.)
   b. Trapezial Fracture

3. Central Injuries
   a. Distal Radius Fracture
   b. Perilunate Injuries
      i. Scapholunate (SL) Ligament Disruption
         1. + Scaphoid Shift Test (pain & instability)
         2. SL interval tenderness
         3. RTP often possible with external immobilization (varies with fracture severity/sport & position / level etc.)
      ii. Lunotriquetral (LT) Ligament Disruption
      iii. Ulnocarpal Ligament Disruption
   c. Dorsal Soft Tissue Contusion/Synovitis – common

4. Ulnar-Sided Injuries
   a. Triangular Fibrocartilage Complex (TFCC) Disruption
      i. Foveal Sign/Tenderness
      ii. + TFCC Stress Test
      iii. – Finger Abduction Test
      iv. Rapid RTP with external support ... modified if:
         1. DRUJ instability (peripheral destabilizing TFCC tear)
         2. ECU subluxation (may be isolated)
         3. Distal ulna boney tenderness
   b. Reverse Perilunate Injuries
      i. Lunotriquetral (LT) Ligament Disruption
      ii. Ulnocarpal Ligament Disruption
   c. Dorsal Triquetral Fracture/Bone Contusion