UPPER LIMB QUEENSLAND

24/7 Hand, Wrist, Elbow + Shoulder Trauma Service

ULQ

Scaphoid Fracture Management

MOI: Fall on outstretched hand

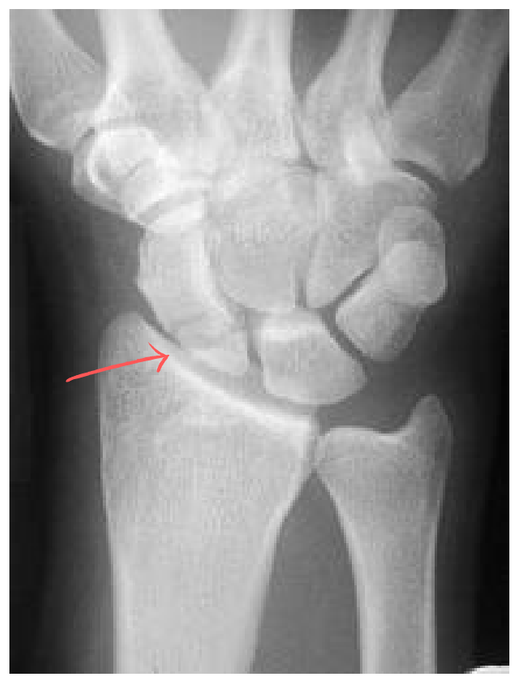
Differential Diagnosis: Wrist "sprain"

Management: short arm, circumferential, wrist immobilisation +/- thumb MPJ

Refer to ULQ specialist for review

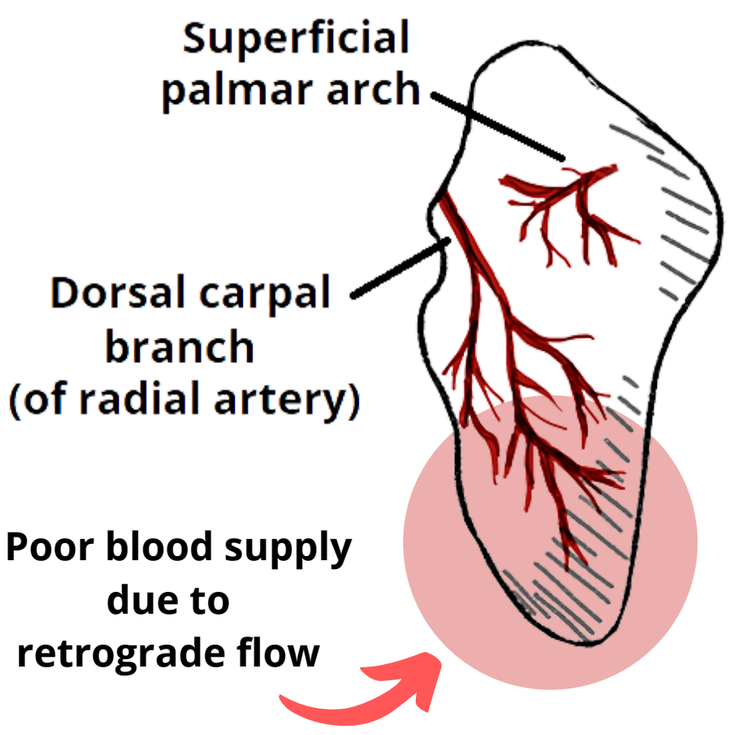
Diagnosis:

- tenderness with snuff box and/or volar scaphoid palpation
- pain with axial loading
- may or may not have pain with range of movement
- oedema through the wrist, specifically radial wrist
- X-ray imagining - scaphoid fracture may not present on the initial x-ray
    - *if you suspect an acute scaphoid fracture but it does not show on x-ray, a second x-ray 10-14 days post-injury is recommended. A ULQ specialist can facilitate this*
- MRI can be a cost effective way to diagnose scaphoid fractures and save patients from being immobilised unnecessarily for 10-14 days



Vascular Supply

- Primarily through the radial artery
    - dorsal carpal branch (80%) - *supplies the entire proximal pole via retrograde flow*
    - superficial palmar arch (20%) - *supplies the distal tuberosity*
- The limited blood supply through the proximal scaphoid increases the risk of poor fracture healing



Text/Whatsapp/Call: **0478 299 993** Fax: **07 3811 6423** Email: **ulq@ulq.com.au**

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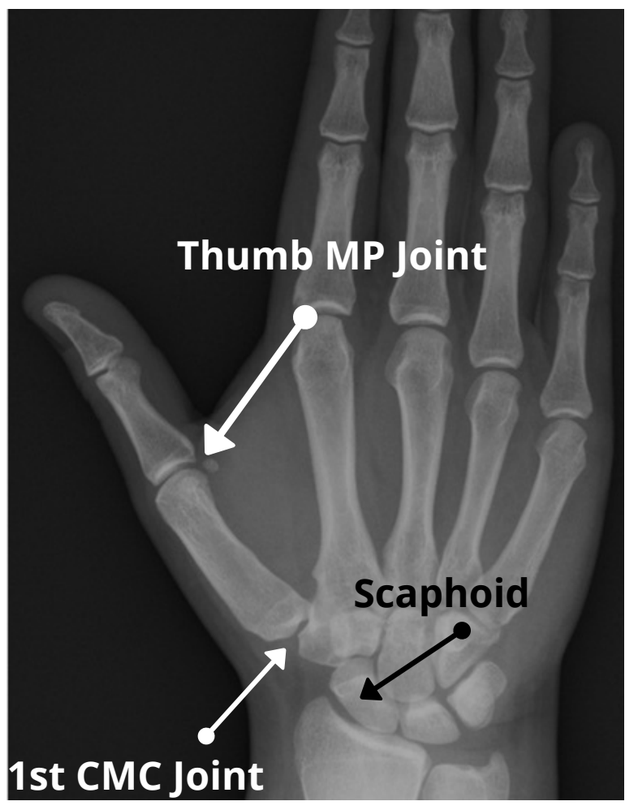
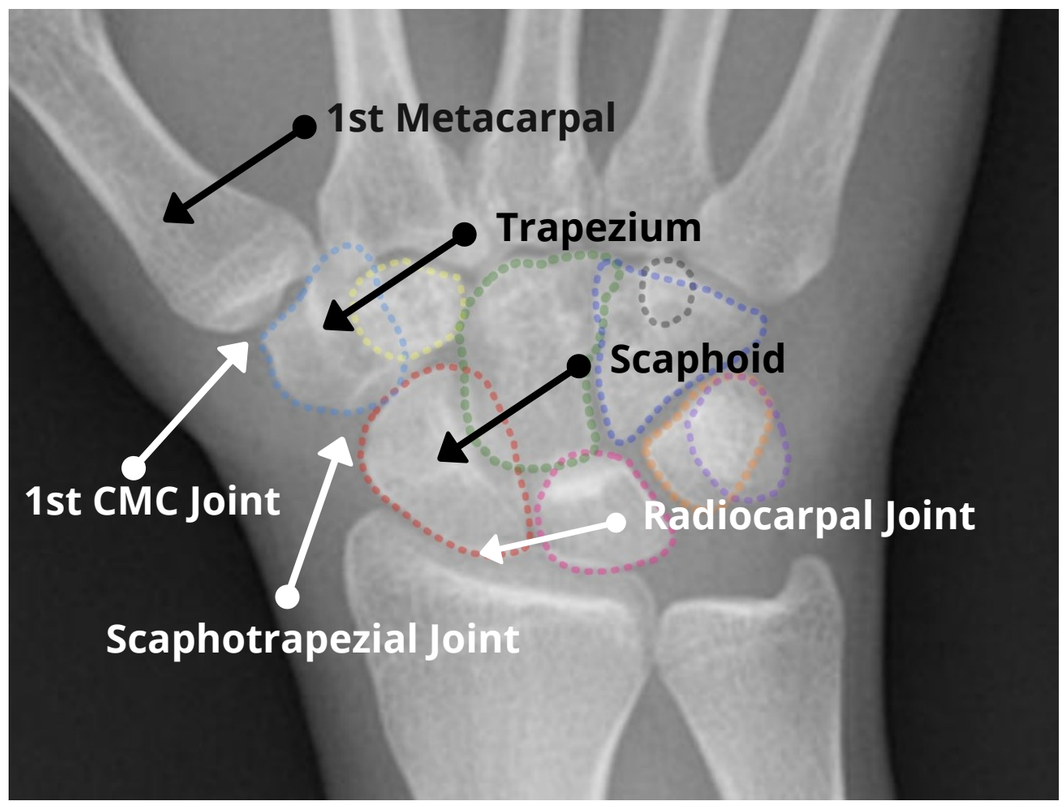
Immobilisation: Thumb or no thumb?





Current literature suggests that **thumb MP joint** range of movement does not impact scaphoid fractures

Immobilisation of Scaphoid Fractures

- Short arm, circumferential, wrist immobilisation orthosis
- Wrist in slight extension (approx. 20°)
- The 1st MP joint does not need to be included (thumb MP joint), but may be included for pain management or for active patients
- Finger MCPJ's free to allow full range of movement
- Advise patient no heavy lifting, gripping, pushing or pulling

Ensure the hole for the thumb is not too big otherwise it may not support the radiocarpal joint of the wrist

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