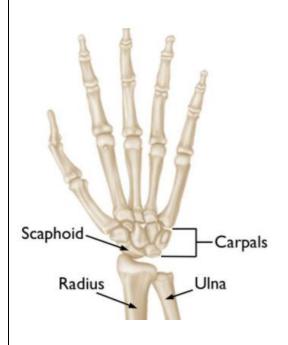
WRIST and HAND SOFT TISSUE COMMOM INJURIES AND DYSFUNCTION

Injury /condition
Fractures (distal radius & ulna / scaphoid)



Description

Distal radius /ulna and scaphoid fractures almost always are the result of a fall onto an outstretched hand. They can also occur during sports activities or car accidents..

A distal radius fracture can occur along with a fracture of the distal ulna or be **isolated**- no other fractures are involved. Distal **radius** fractures are the most common orthopaedic injury.

Risk factors:

Osteoporosis

Most common in older population, higher in females

Symptoms:

- Wrist pain
- Wrist swelling
- Wrist deformity
- Motion in forearm and hand limited by pain
- Tence forearm compartment

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Distal <u>ulna</u> fracture mostly occurs along the length of the bone and usually seen in younger people involved in sports.

Symptoms:

The same as with distal radius fracture

Numbness or weakness in the fingers or wrist – rear

Scaphoid fracture

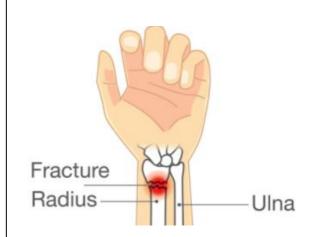
Symptoms:

- Pain and/or swelling along the thumb side of the wrist within days following a fall.
- No visible deformity and no difficulty with motion Management and recovery:
- A&E
- Radius
 - Full recovery takes about a year.
 - Some stiffness can remain for about 2 years or even permanently
- <u>Ulna</u>

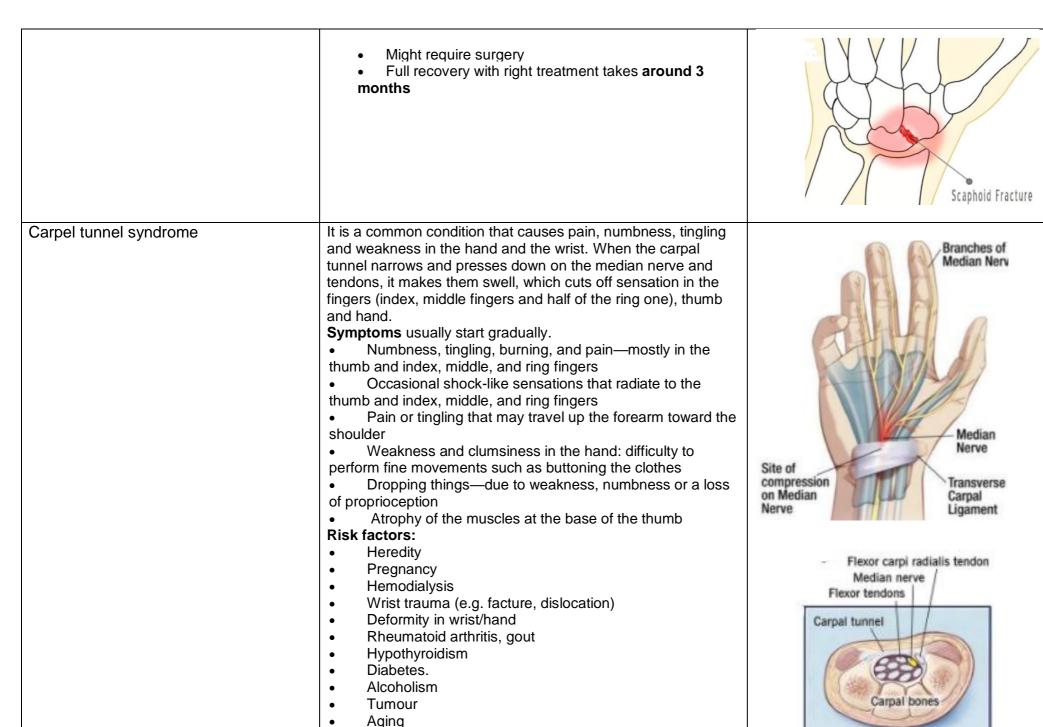
Full recovery takes about 3-6 months

- Scaphoid
 - Delaying treatment can cause further problems









Amyloid deposits (abnormal protein).

More common in women

Causes: Repetitive movements in finger and wrist: High-force (hammering). Long-term use. Extreme wrist motions. Vibration. Management and recovery: Non-surgical treatments - for less severe cases Change the environment to decrease symptoms Corticosteroid injection Surgical treatments - positive outcomes Mallet finger(drop, hammer, or baseball The deformity produced by inability to extend the distal interphalangeal (DIP) joint, which can be a result of avulsion finger) fractures or distal extensor tendon ruptures. Symptoms: Finger deformity: the fingertip droops, it is impossible to straighten on its own. Painful, swollen or bruised finger Problems with the finger nail: blood beneath it, it can be detached from beneath the skin fold at the base it. Causes: Hard blow to the tendon when unvielding object (like a ball) strikes the tip of a finger or thumb and forces it to bend further than it is intended(e.g. during playing sports-rugby) Forceful bending of the fingertip occurs Accident crushing a finger in a door Management and recovery: Wearing a splint on the finger to keep it straight If the tendon is not torn, it takes from 4 to 6 weeks to heal with correct treatment Fracture and Tendon Disruption at DIP Joint De Quervain's disease- de Quervain De Quervain's tendinitis is a painful swelling (inflammation) of tendinitis or de Quervain's tenosynovitis the tendons at the bace of the thumb. When the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) tendons become swollen with repeated movements, become constricted in a tight tunnel, creating pressure on nerves, which leads to pain and numbness.

Symptoms:

- Pain gradual or sudden
- Pain or tenderness over the wrist joint, at the base of the thumb, which may radiate to the forearm.
- Other symptoms include:
- Pain increase with movement of hand, thumb or wrist
- Pain progressing from ache to a a sharp pain with any movement in the affected area
- Numbness along the back of the thumb and index finger
- Swelling at the base of the thumb
- "Snapping" or "catch" sensations with the thumb movement
- "Squeaking" with movement

Causes:

- Overuse.
- A direct blow to the thumb.
- Repetitive grasping.
- Inflammatory conditions (arthritis)
- Often, the exact cause is unknown

Risk factors:

- Activities –jobs, hobbies, sports, etc,-that require sidewise motion of the wrist, while gripping with the thumb:
 - Lifting the children.
 - Gardening.
 - Racquet sports (tennis, racquetball).
 - Skiing.
 - Using a hammer.
- Previous injuries, scar tissue
- Pregnancy hormonal changes

Management and recovery:

- Avoiding activities that are causing pain and swelling.
- Using splints to prevent movement (24-hours-a-day for 4-6 weeks)
- Applying ice to reduce swelling
- Anti-inflammatory medication
- Steroid injection(s)
- Physiotherapy
- Surgery may be recommended.
- With correct treatment symptoms improve within 4-6 weeks.

