

SPORTS INJURIES IN HAND

Dr S. Kämpfen



EPIDEMIOLOGY

Incidence of hand, finger and wrist injuries in sports :

3% – 9 %

RADIAL-SIDED WRIST PAIN



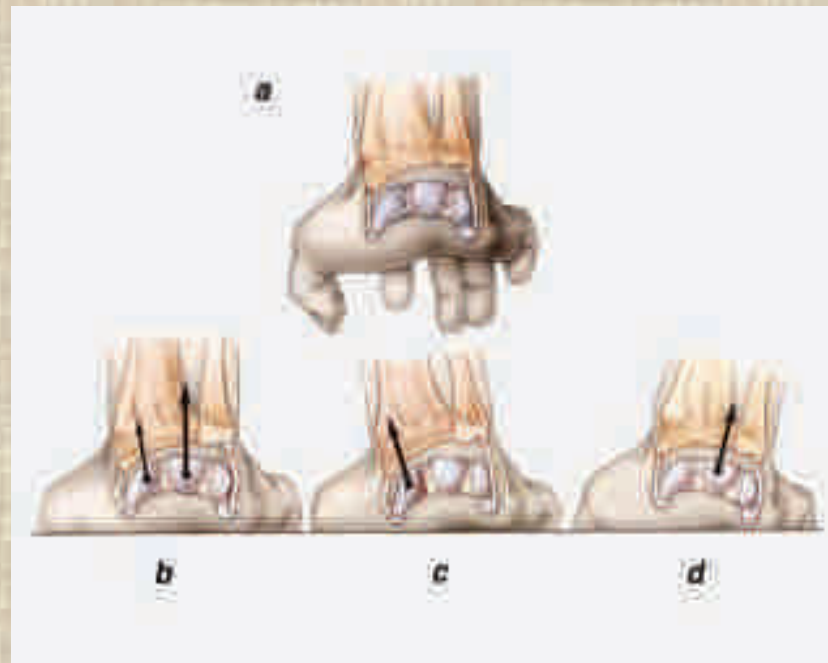
- 1) Distal Radius Fractures
- 2) Scaphoid Fractures
- 3) Rotatory Subluxation of the scaphoid
- 4) Kienbock Disease
- 5) De Quervain Tenosynovitis
- 6) Intersection Syndrome
- 7) Wartenberg Syndrome

RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures

RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



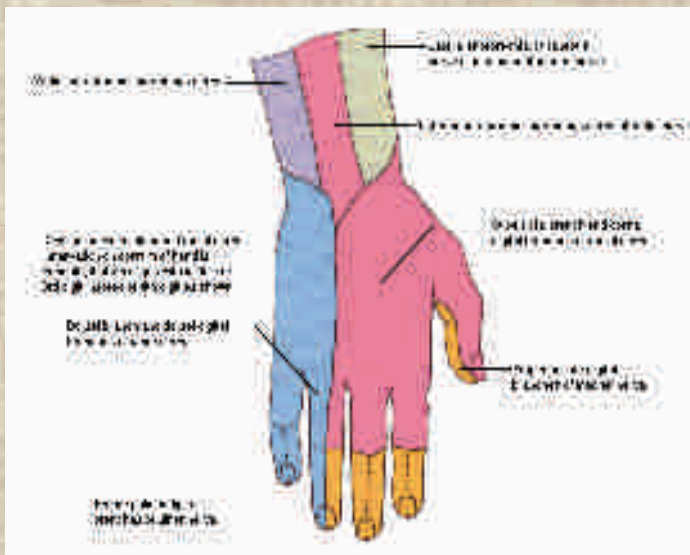
RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



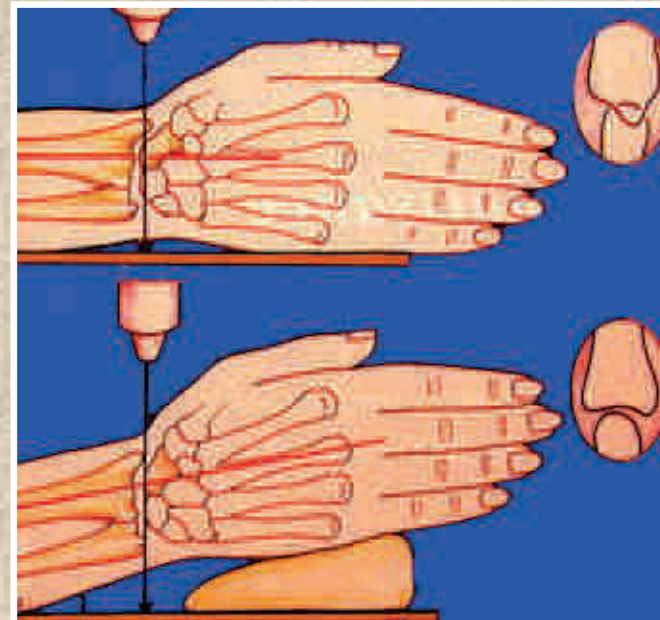
RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures

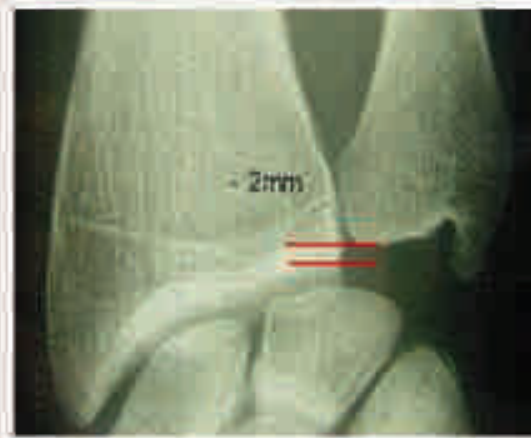


RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



Radial inclination : 22°



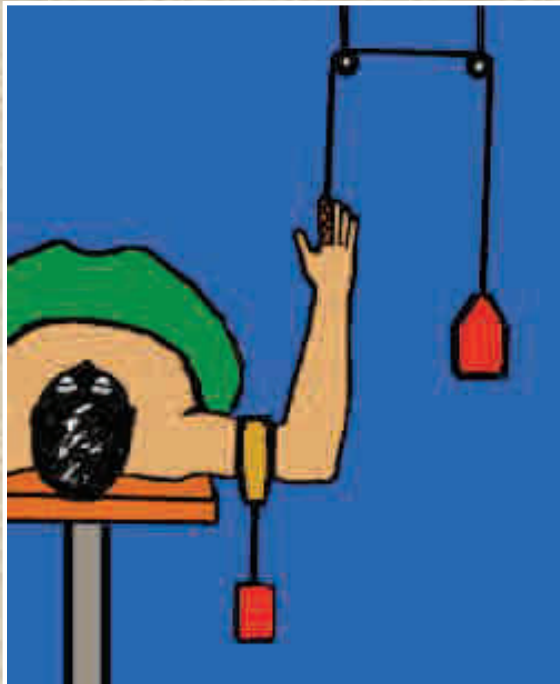
Ulnar variance : - 2 mm



Volar tilt : 11°

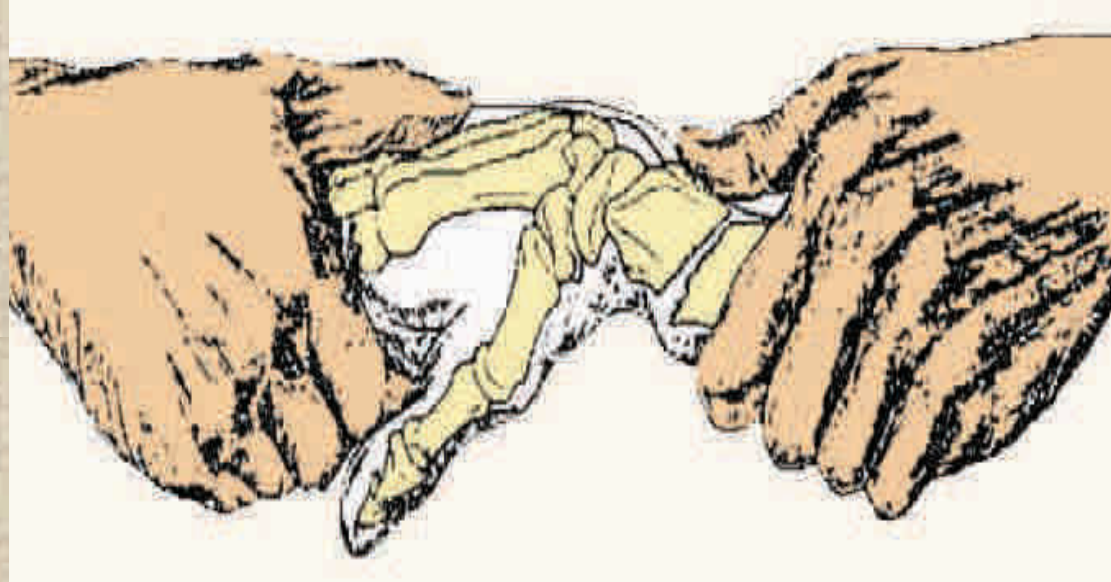
RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



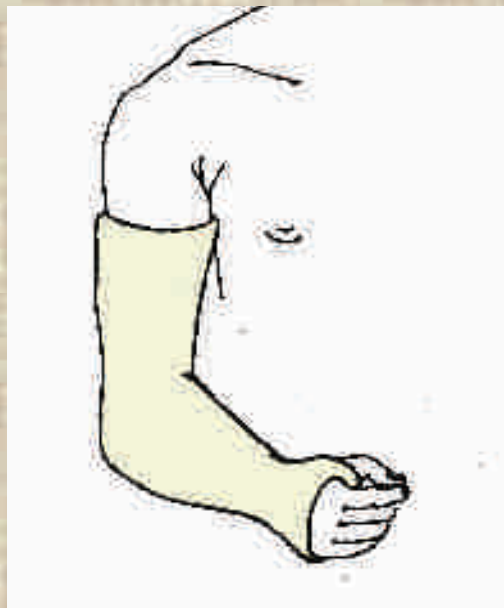
RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



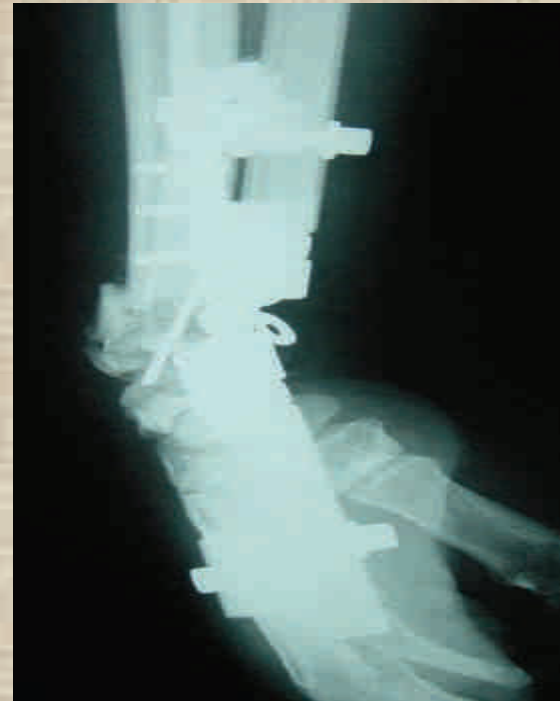
RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures



RADIAL-SIDED WRIST PAIN

1) Distal Radius Fractures

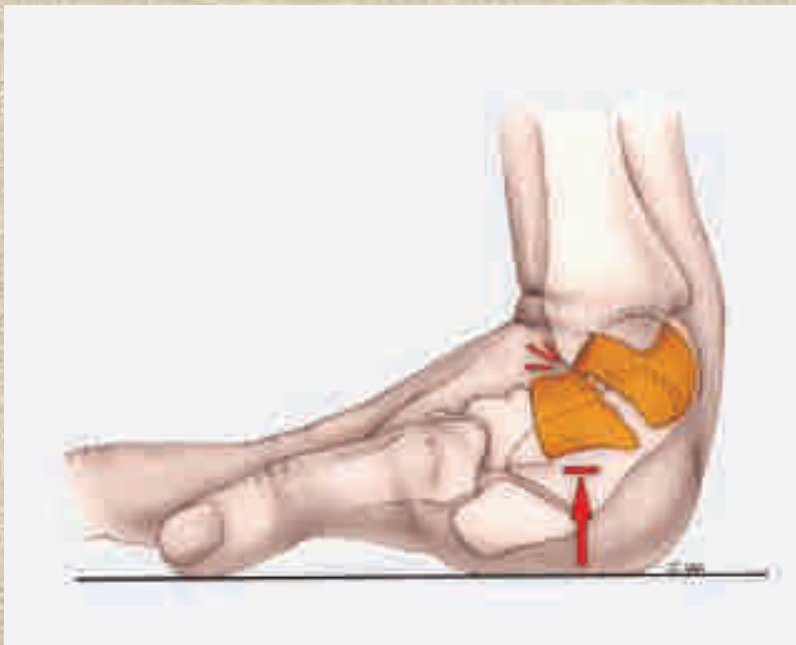


RADIAL-SIDED WRIST PAIN

2) Scaphoid Fractures

RADIAL-SIDED WRIST PAIN

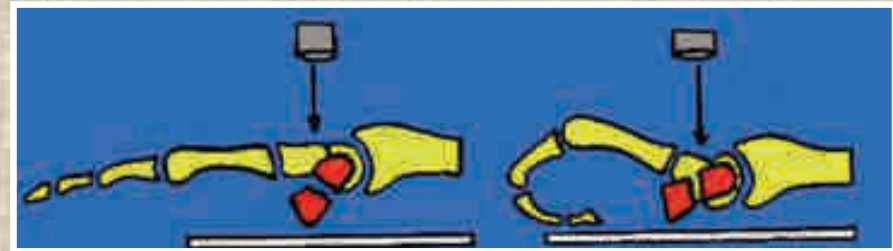
2) Scaphoid Fractures



- **70% of all carpal fractures**
- **Most frequent wrist fracture in the athlete**
- **Hockey, football, boxing, basketball**

RADIAL-SIDED WRIST PAIN

2) Scaphoid Fractures



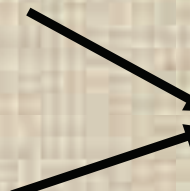
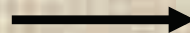
RADIAL-SIDED WRIST PAIN

2) Scaphoid Fractures



RADIAL-SIDED WRIST PAIN

2) Scaphoid Fractures



RADIAL-SIDED WRIST PAIN

2) Scaphoid Fractures



Non-union

RADIAL-SIDED WRIST PAIN

3) Rotatory Subluxation of the scaphoid

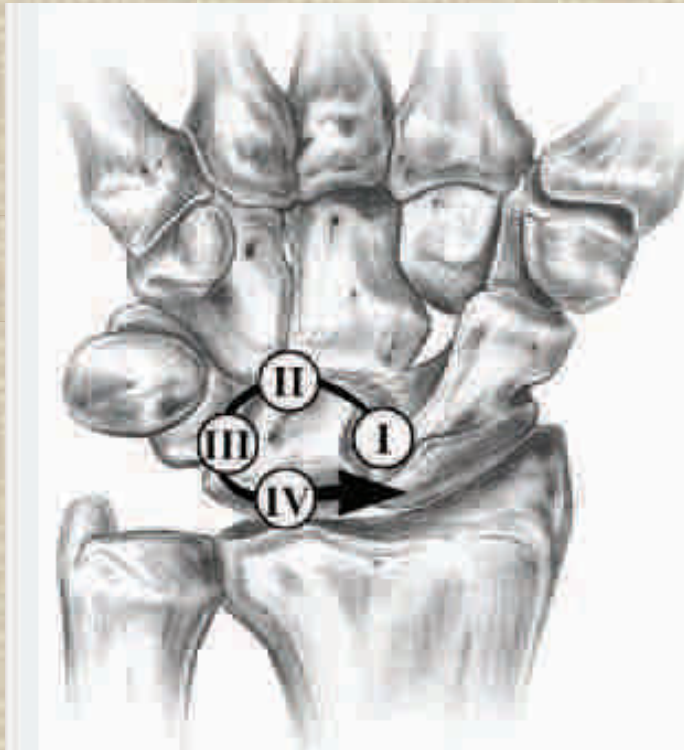


Pathomechanics :

- **Wrist hyperextension**
- **Ulnar deviation**
- **Intracarpal supination**

RADIAL-SIDED WRIST PAIN

3) Rotatory Subluxation of the scaphoid



Mayfield's stages of progressive perilunate instability

RADIAL-SIDED WRIST PAIN

3) Rotatory Subluxation of the scaphoid

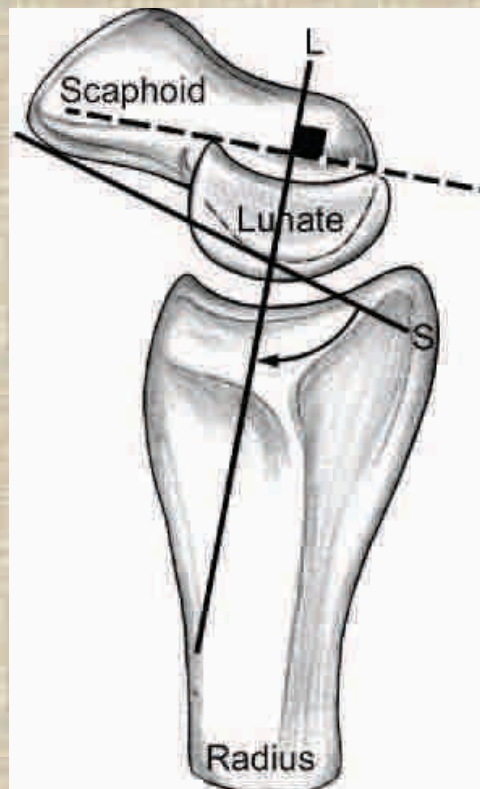


Watson's maneuver :

Pressure applied over scaphoid tubercle while moving the wrist from an ulnar to radial direction. A positive test elicits pain and a palpable clunk or snapping

RADIAL-SIDED WRIST PAIN

3) Rotatory Subluxation of the scaphoid



Measurement of the scapholunate angle
($30 - 60^\circ = \text{normal}$)

RADIAL-SIDED WRIST PAIN

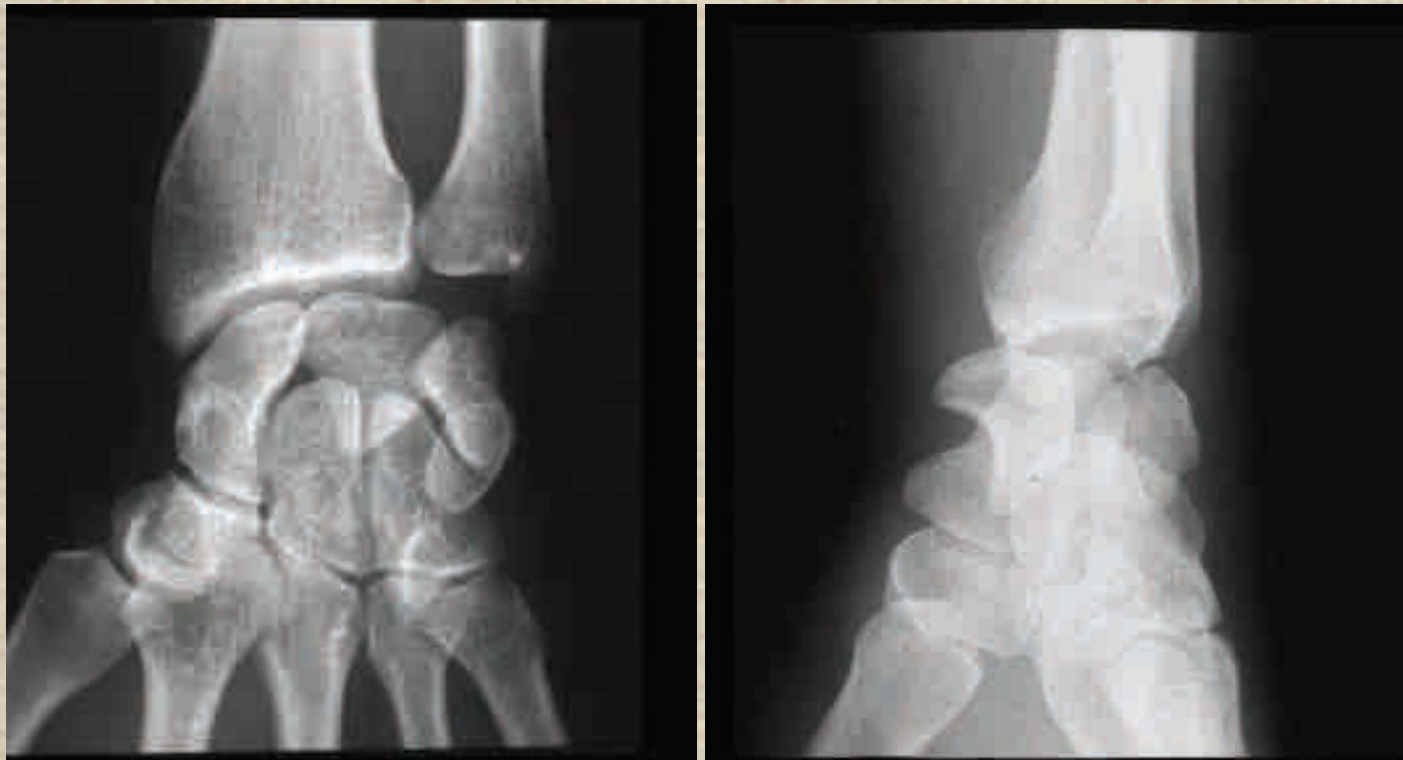
3) Rotatory Subluxation of the scaphoid

Treatment options :

- Acute injuries (< 3 weeks) → open reduction + repair of the ligament**
- Subacute (between 3 weeks and 3 months) → controversial**
- Chronic → Ligamentoplasty, full or partial wrist fusion or proximal row carpectomy**

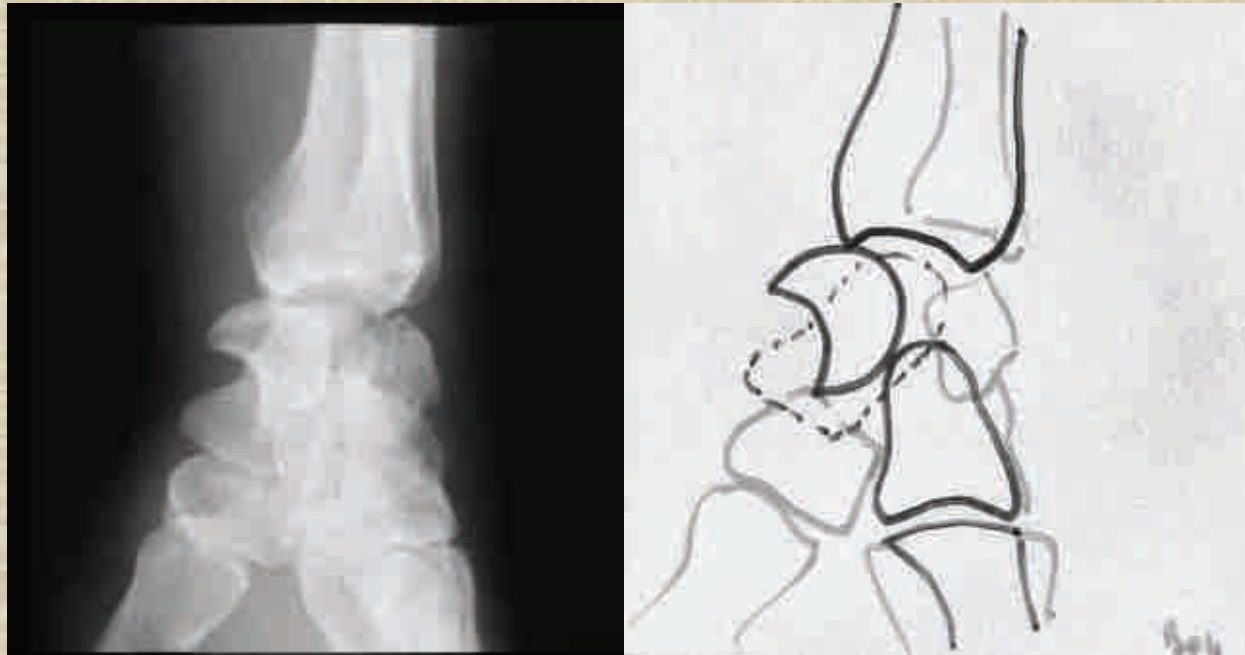
RADIAL-SIDED WRIST PAIN

3) Rotatory Subluxation of the scaphoid ?



RADIAL-SIDED WRIST PAIN

3) Perilunate dislocation



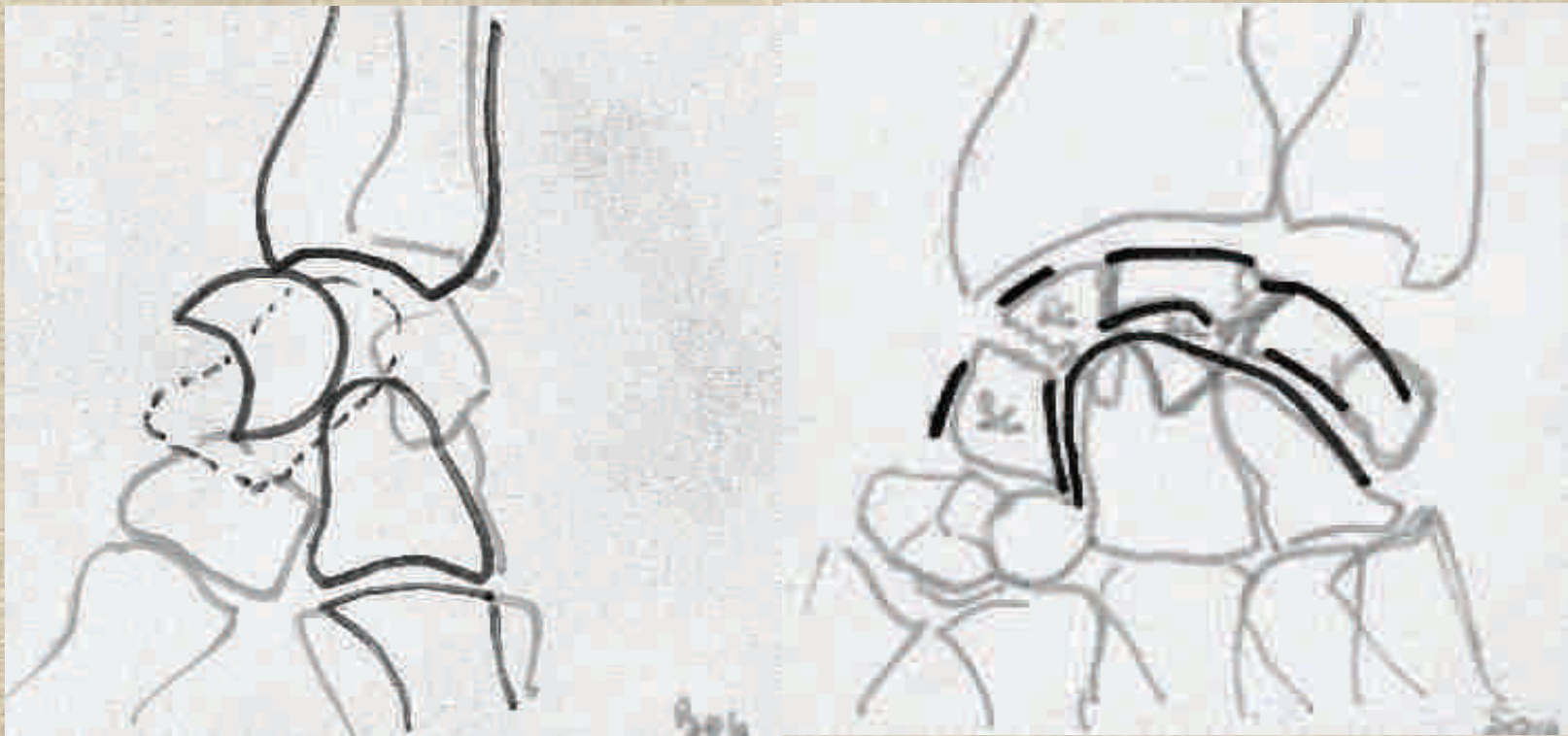
RADIAL-SIDED WRIST PAIN

3) Trans scapho perilunate fracture dislocation



RADIAL-SIDED WRIST PAIN

3) Trans scapho perilunate fracture dislocation



RADIAL-SIDED WRIST PAIN

3) Trans scapho perilunate fracture dislocation



RADIAL-SIDED WRIST PAIN

4) Kienbock Disease

- Avascular necrosis of the lunate**
- Etiology (controversial) : trauma, poor blood supply**
- Active individual between 20 and 25 years**
- Examination : swelling, tenderness, ↓ ROM, ↓ strength**

RADIAL-SIDED WRIST PAIN

4) Kienbock Disease



TABLE 1. STAGING OF KIENBOCK'S DISEASE

Stage 0	Normal x-ray with abnormal magnetic resonance imaging
Stage I	Lunate fracture without density or shape change
Stage II	Increased lunate density without significant change in lunate size or shape and relationship of the bones is not changed. Significant fracture lines may be noted.
Stage IIIa	Lunate collapse without carpal collapse
Stage IIIb	Stable carpal collapse
Stage IV	Extensive osteoarthritic changes

* Amadio FC, Hanchen AB, Emquist TH. The genesis of Kienbock's disease: a simulation of a case by magnetic resonance imaging. *J Hand Surg [Am]*. 1987;10(6):1044-1049.

RADIAL-SIDED WRIST PAIN

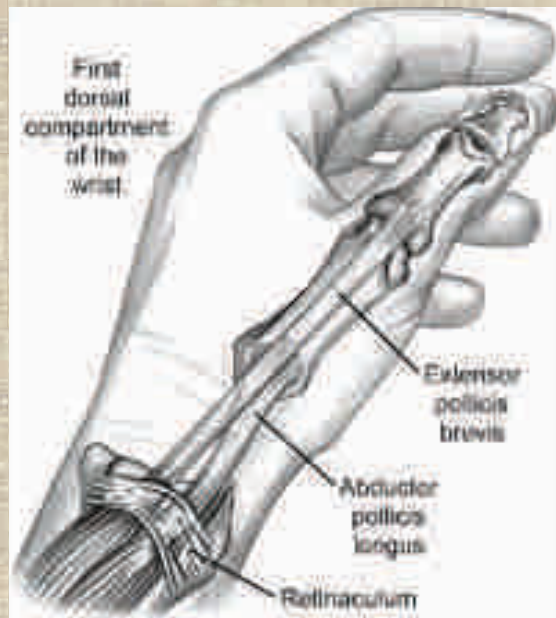
4) Kienbock Disease

Treatment :

- **Ulna minus → radial shortening procedure**
- **Ulna positive / neutral wrist → revascularization, STT fusion, capitate shortening**
- **Arthritic changes / carpal collapse → PRC or radiocarpal fusion**

RADIAL-SIDED WRIST PAIN

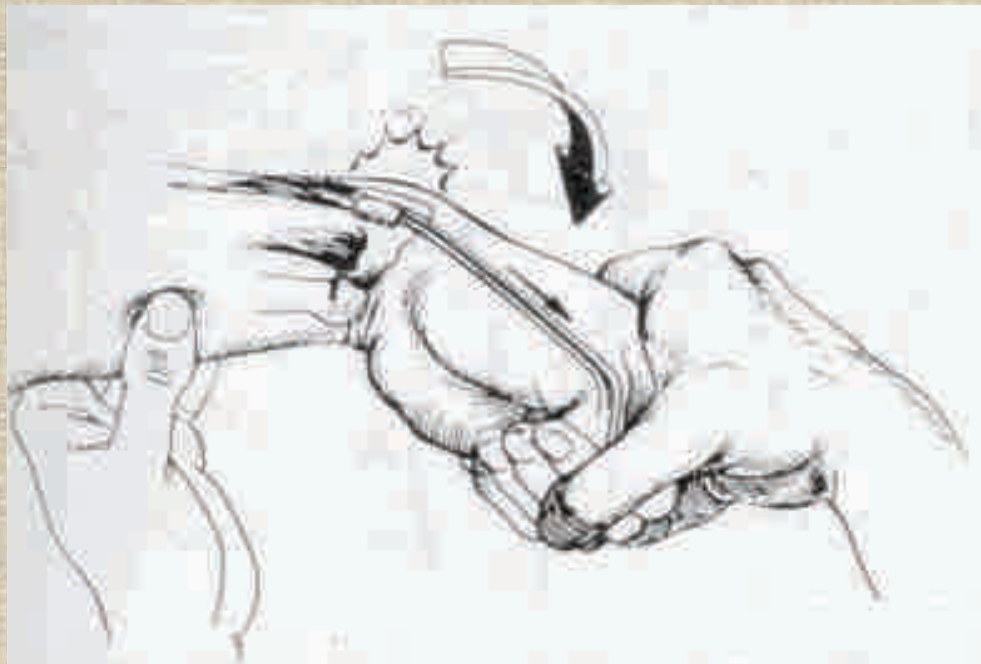
5) De Quervain Tenosynovitis



- **Most common form of tenosynovitis reported in the athlete**
- **Most often racquet sport**
- **Repetitive ulnar deviation**

RADIAL-SIDED WRIST PAIN

5) De Quervain Tenosynovitis



Finkelstein test

RADIAL-SIDED WRIST PAIN

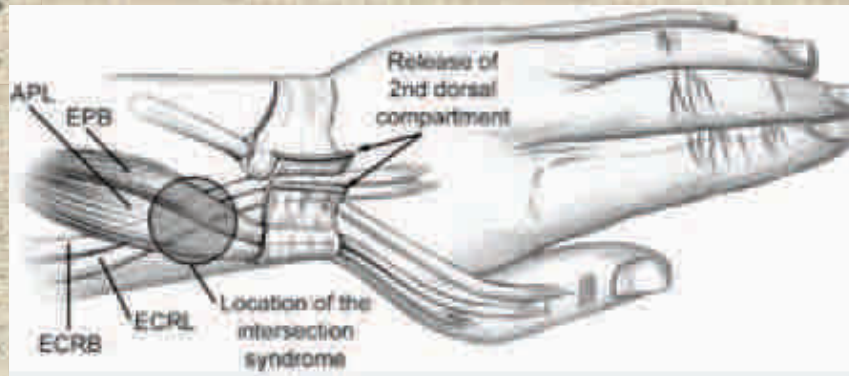
5) De Quervain Tenosynovitis

Treatment :

- **Splinting and steroid injection (80% successful)**
- **Operative decompression**

RADIAL-SIDED WRIST PAIN

6) Intersection Syndrome



- Repetitive wrist flexion and extension against resistance
- Rowing, weight lifting, gymnastics

RADIAL-SIDED WRIST PAIN

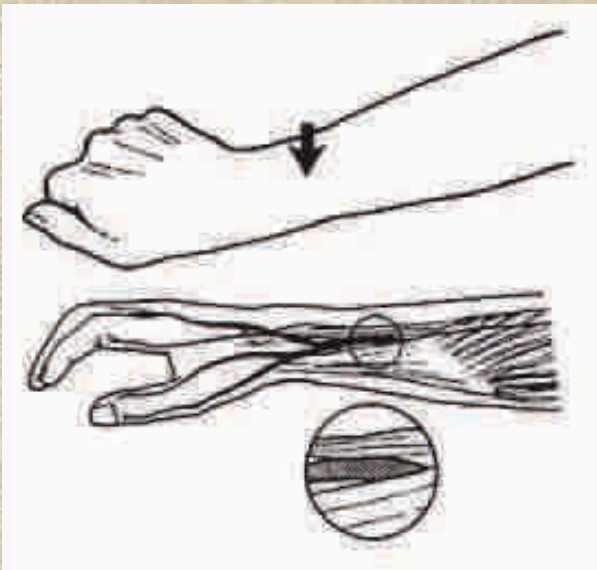
6) Intersection Syndrome

Treatment :

- **Nonoperative treatment is usually successful**
- **Splinting, NSAID and steroid injection**
- **Surgical exploration and debridement**

RADIAL-SIDED WRIST PAIN

7) Wartenberg Syndrome



- **Pain, numbness and tingling (dorsoradial aspect of the hand and thumb)**
- **↑ symptoms during wrist flexion and ulnar deviation**

RADIAL-SIDED WRIST PAIN

7) Wartenberg Syndrome

Treatment :

- **Nonoperative management : rest, ice, splinting**
- **Surgical decompression of the nerve**
- **Early motion to prevent adhesions**

ULNAR WRIST PAIN



- 1) TFCC Tears
- 2) Ulnar impaction Syndrome
- 3) Hamate Fractures
- 4) Lunotriquetral Instability
- 5) Extensor carpi ulnaris (ECU) tendonitis
- 6) Pisotriquetral arthrosis

ULNAR WRIST PAIN

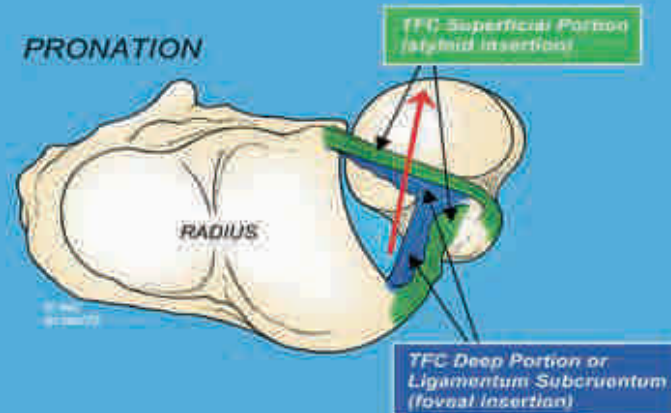
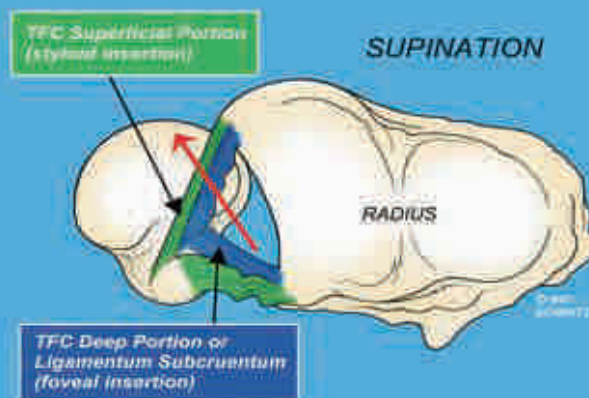
1) TFCC Tears



- **Fall on an outstretched, pronated hand**
- **Popping with forearm rotation**

ULNAR WRIST PAIN

1) TFCC Tears



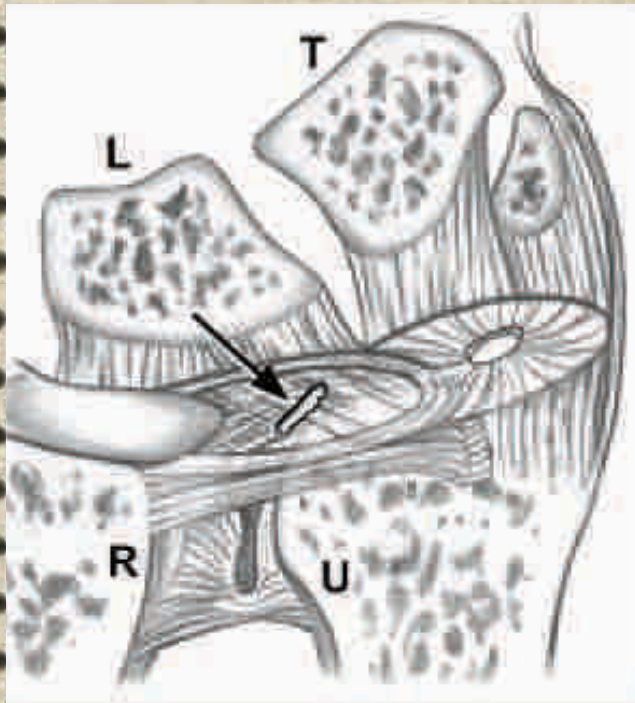
ULNAR WRIST PAIN

1) TFCC Tears

- **PA and lateral view (ulnar variance)**
- **MRI with arthrography**
- **Arthroscopy**

ULNAR WRIST PAIN

1) TFCC Tears



- **Most common of the traumatic tears in athletes are central tears (Palmer 1A)**

ULNAR WRIST PAIN

1) TFCC Tears

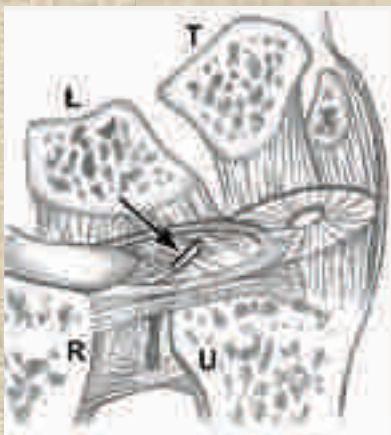


**Arthroscopic
debridement**

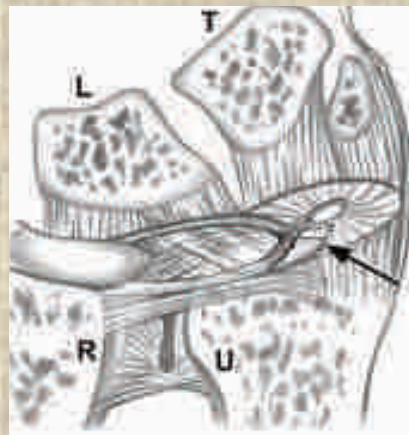
ULNAR WRIST PAIN

1) TFCC Tears

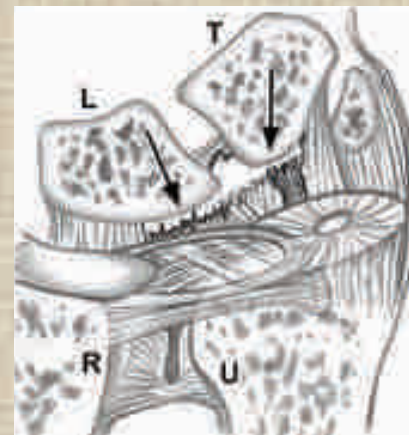
Palmer class	Treatment
1A	Arthroscopic debridement
1B	Arthroscopic repair
1C	Open repair
1D	Arthroscopic repair



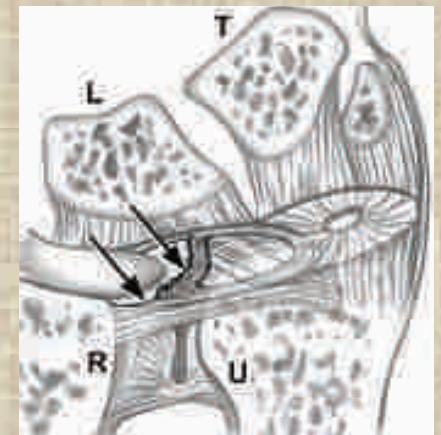
1A



1B



1C



1D

ULNAR WRIST PAIN



2) Ulnar impaction Syndrome

Fraying of the articular disc but no perforation → 2A

2A + chondromalacia of the ulnar head, lunate, and triquetrum → 2B

2B + perforation of the TFC in the center of the disc → 2C

2C + lunotriquetral tear → 2D

2D + degenerative arthritis of the ulnocarpal joint and distal radioulnar joint → 2E

2A	Conservative care
2B	Conservative care/arthroscopic wafer procedure
2C	Arthroscopic wafer procedure
2D	Arthroscopic wafer procedure
2E	Ulnar shortening
2E	Ulnar shortening/intercarpal fusion
2E	Ulnar resection, Saupe-Kaplan

LT, Lunotriquetral

ULNAR WRIST PAIN



2) Ulnar impaction Syndrome

Arthroscopic wafer procedure



ULNAR WRIST PAIN



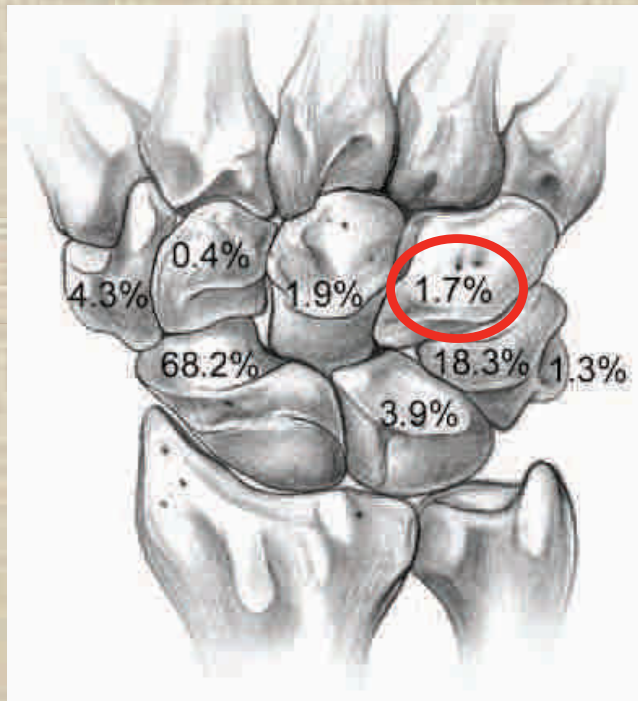
2) Ulnar impaction Syndrome



ulnar-shortening procedure

ULNAR WRIST PAIN

3) Hamate Fractures



**Small proportion of
all carpal fractures**

ULNAR WRIST PAIN

3) Hamate Fractures



Distribution :

Golf 33 %

Baseball 9.5 %

Tennis 4.8 %

Weightlifting 4.8 %

Diving 4.8 %

ULNAR WRIST PAIN

3) Hamate Fractures

- **Pain in the hypothenar eminence aggravated by grasp**
- **Loss of grip strength**
- **Dorsal wrist pain**
- **Ulnar nerve paresthesias**
- **Rx : PA, lateral, carpal tunnel view**
- **Ct scan**

ULNAR WRIST PAIN

3) Hamate Fractures

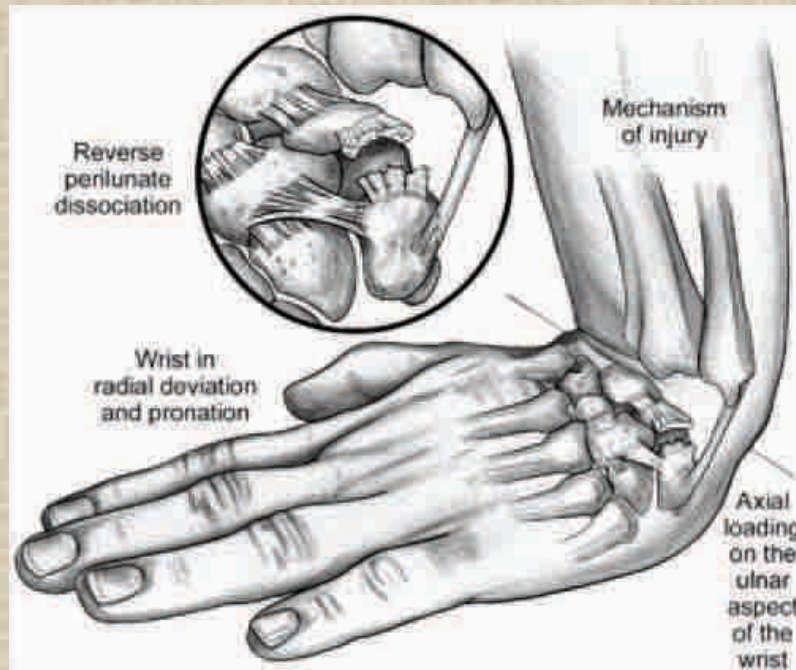
Treatment :

**If nondisplaced and without neurologic symptoms : cast immobilization
(Back to sporting activities : fracture union)**

**Otherwise : Excision of the hook of the hamate
(Back to sporting activities : 3 weeks)**

ULNAR WRIST PAIN

4) Lunotriquetral Instability

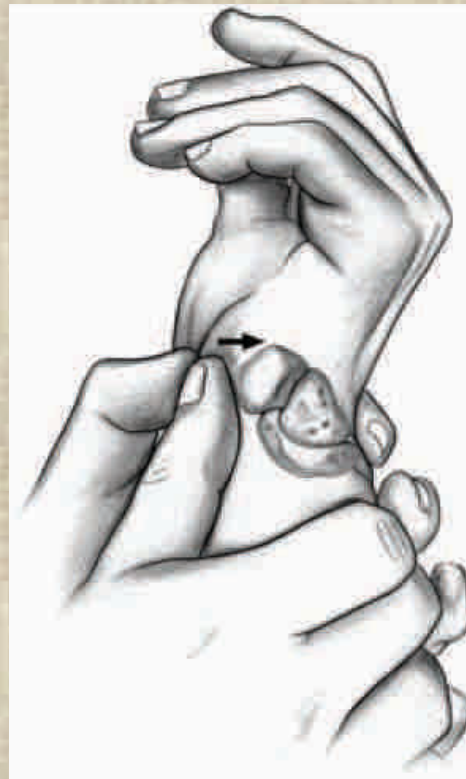


ULNAR WRIST PAIN

4) Lunotriquetral Instability



Ballotement test



Kleinman's shear test



Lateral compression test

ULNAR WRIST PAIN

4) Lunotriquetral Instability



ULNAR WRIST PAIN

4) Lunotriquetral Instability

Treatment :

- **Immobilization (long arm immobilization 4 weeks + short arm cast for an additional 4 weeks)**
- **Debridement**
- **Ligament reconstruction**
- **Ulnar shortening**
- **Lunotriquetral fusion**

ULNAR WRIST PAIN

5) Extensor carpi ulnaris (ECU) tendonitis

- **Frequently follows a twisting sprain of the wrist**
- **May be difficult to differentiate due to traumatic disruption of the TFCC ligament**
- **Paresthesia can be frequently found**
- **Ultrasound examination**
- **MRI in doubtful cases**

ULNAR WRIST PAIN

5) Extensor carpi ulnaris (ECU) tendonitis

- **Conservative treatment consist of ice application, wrist extension splinting and antiinflammatory medication**
- **Steroid injection rarely gives complete relief of symptoms**
- **Surgical treatment : The pathologic tendon sheath must be totally removed**

ULNAR WRIST PAIN

6) Pisotriquetral arthrosis

- **Racquet-type sports**
- **Tenderness of the palmar ulnar side of the wrist**
- **Oblique view, CT scan**
- **Treatment : rest, steroid injections, pisiform excision**

METACARPAL FRACTURES

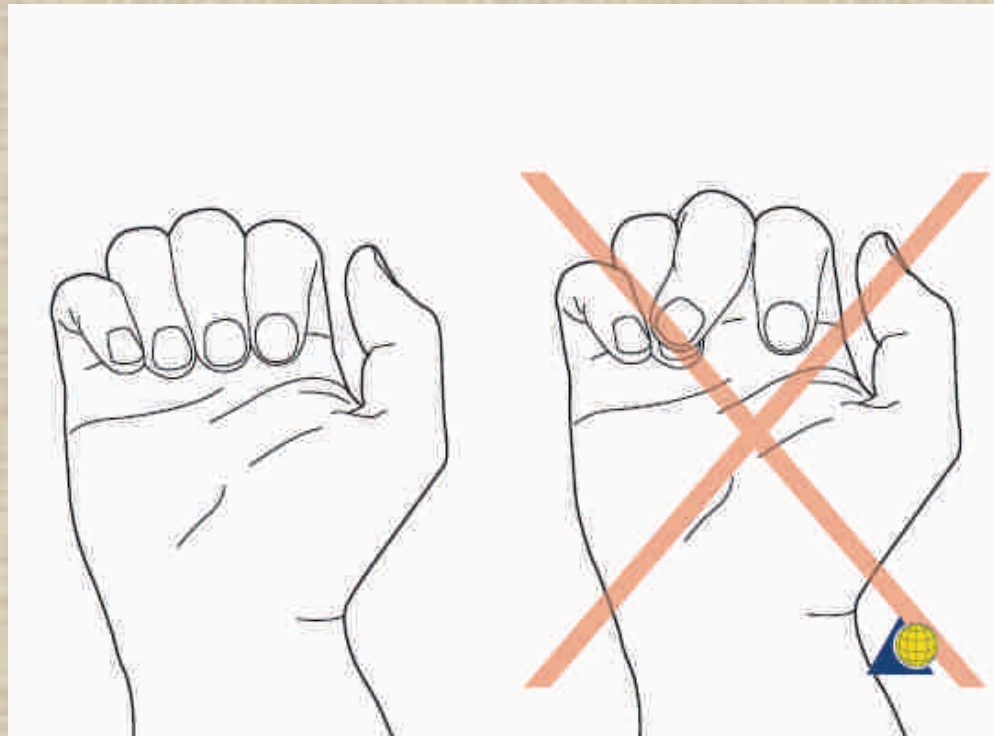
Many different types

Goals :

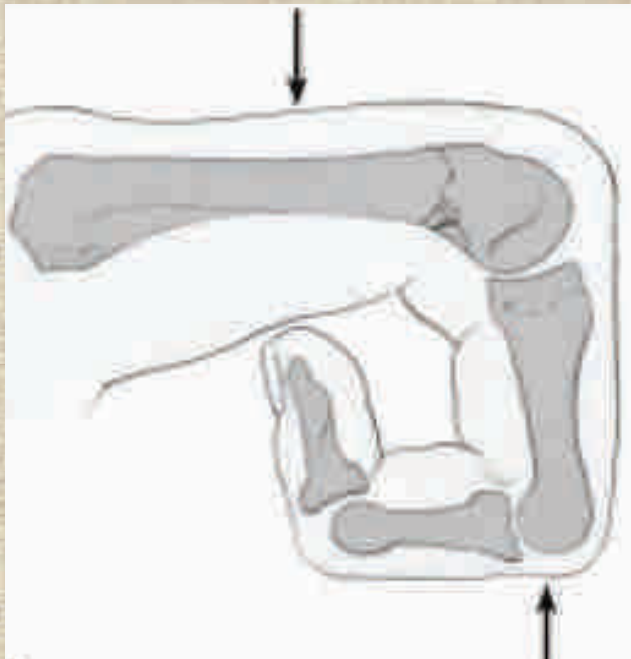
**Restoration of articular incongruity, length,
rotation, prevention of joint stiffness**

PA, lateral, oblique views

METACARPAL FRACTURES



METACARPAL FRACTURES



Jahss maneuver



METACARPAL FRACTURES



METACARPAL FRACTURES



METACARPAL FRACTURES



METACARPAL FRACTURES



METACARPAL FRACTURES



CARPOMETACARPAL JOINT DISLOCATIONS



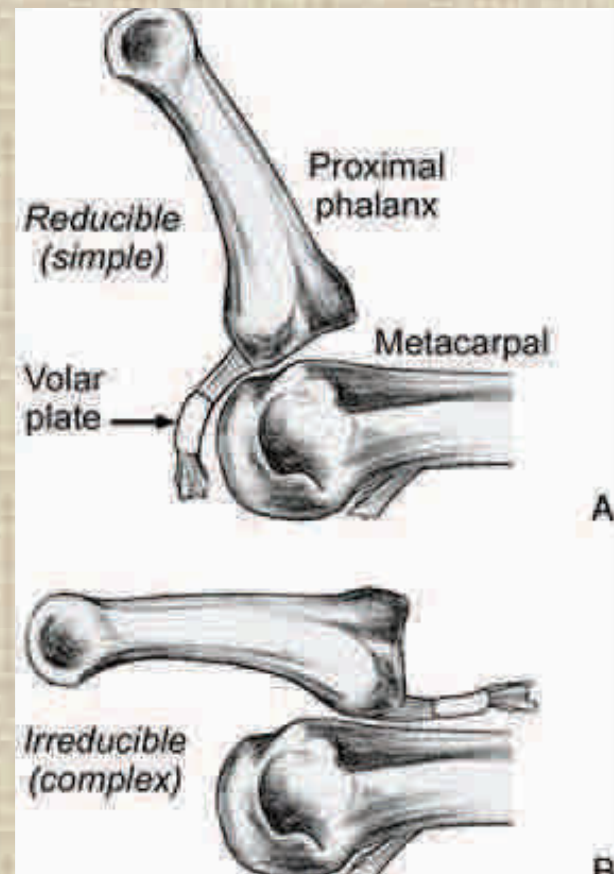
CARPOMETACARPAL JOINT DISLOCATIONS



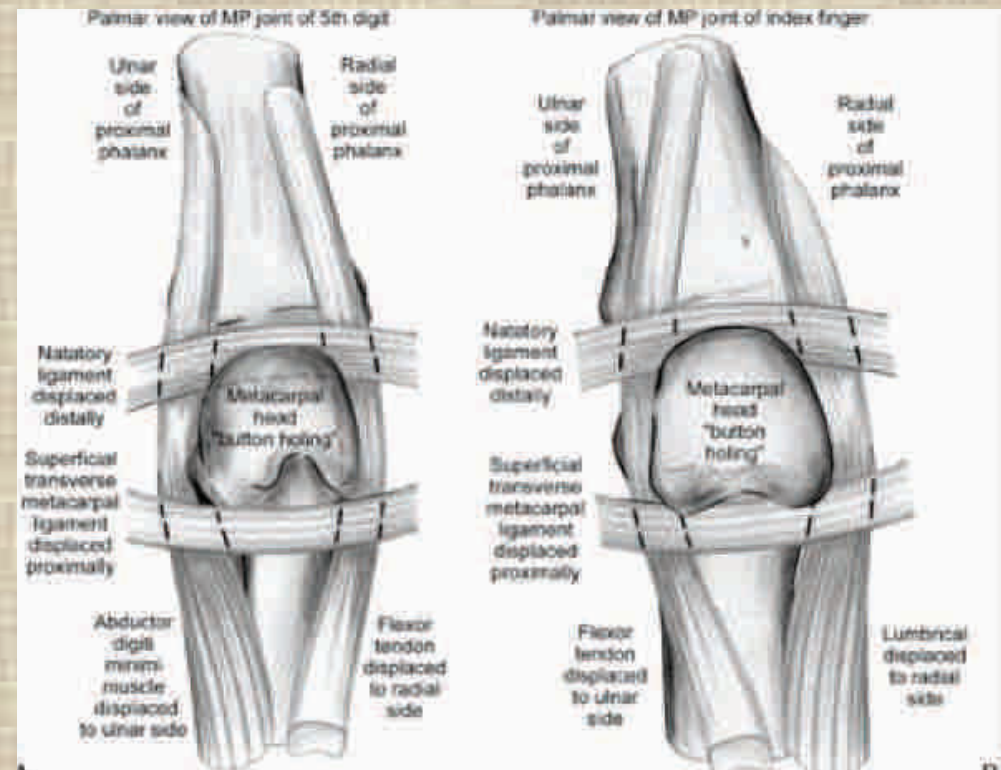
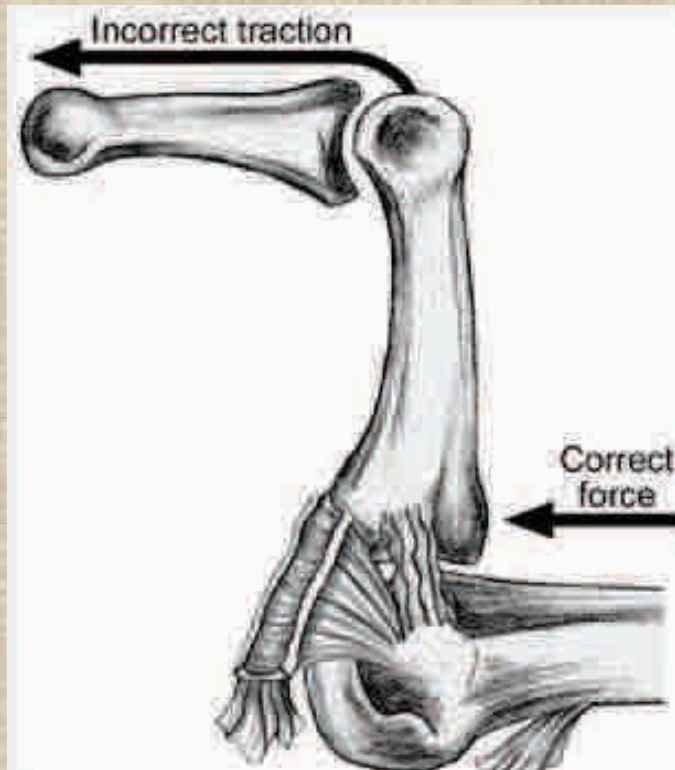
CARPOMETACARPAL JOINT DISLOCATIONS



METACARPOPHALANGEAL JOINT DISLOCATIONS

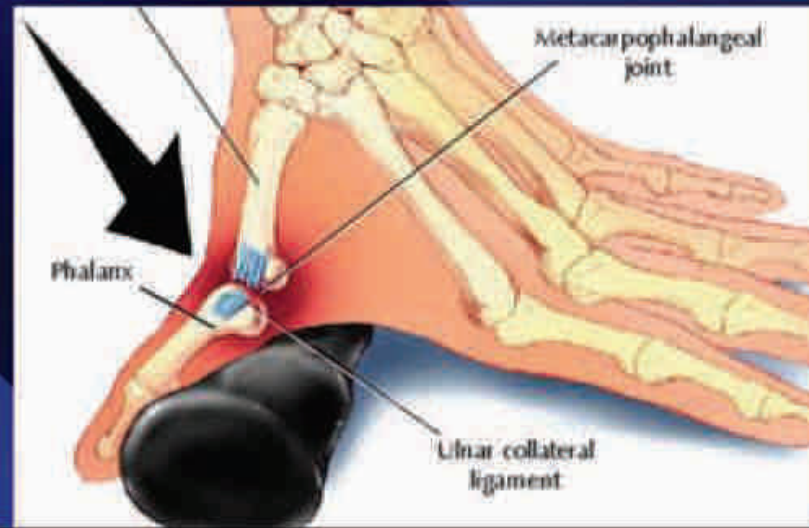


METACARPOPHALANGEAL JOINT DISLOCATIONS



METACARPOPHALANGEAL JOINT OF THE THUMB

UCL TEAR - THUMB

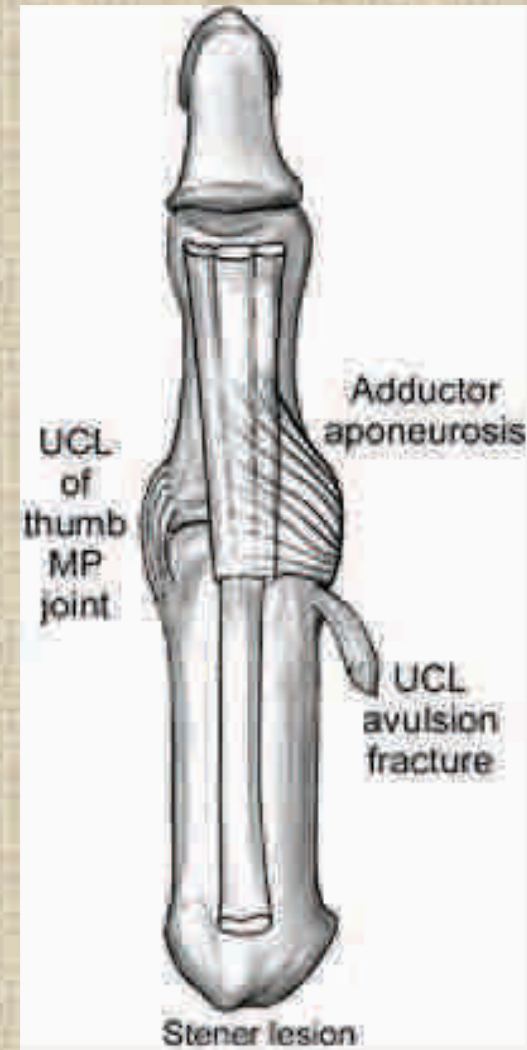


Skiers, ball-handling athletes

METACARPOPHALANGEAL JOINT OF THE THUMB



METACARPOPHALANGEAL JOINT OF THE THUMB



METACARPOPHALANGEAL JOINT OF THE THUMB

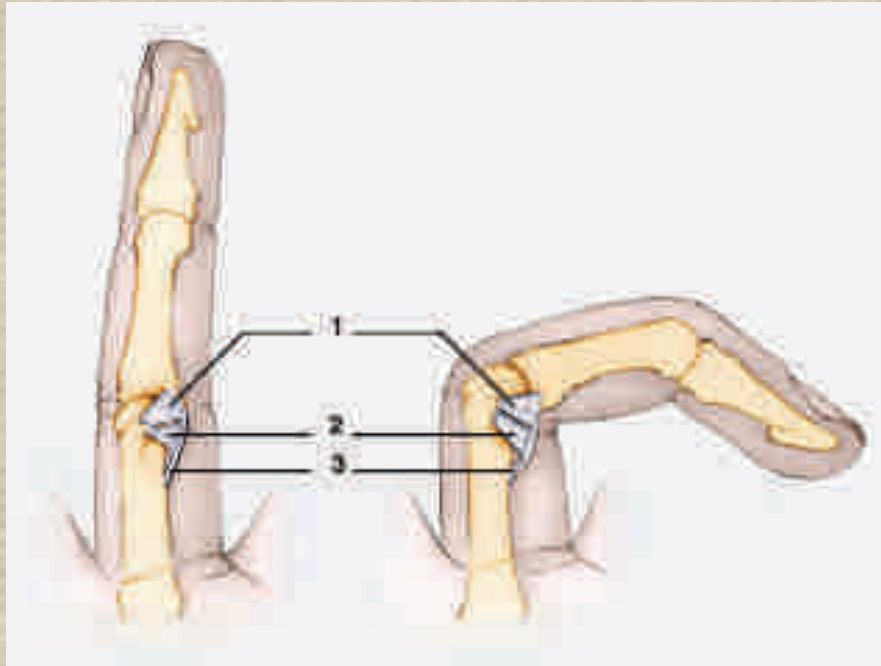


METACARPOPHALANGEAL JOINT OF THE THUMB



1 month

PROXIMAL INTERPHALANGEAL JOINT INJURIES



**Football, Wrestling,
Baseball**

**> 20° = complete
ligamentous tear**

PROXIMAL INTERPHALANGEAL JOINT INJURIES



PROXIMAL INTERPHALANGEAL JOINT INJURIES



Beasley



Syndactily

PROXIMAL INTERPHALANGEAL JOINT INJURIES



Dorsal and axial load : ball handling sports

PROXIMAL INTERPHALANGEAL JOINT INJURIES



PROXIMAL INTERPHALANGEAL JOINT INJURIES



Limited extension during 3 weeks

DISTAL INTERPHALANGEAL JOINT INJURIES



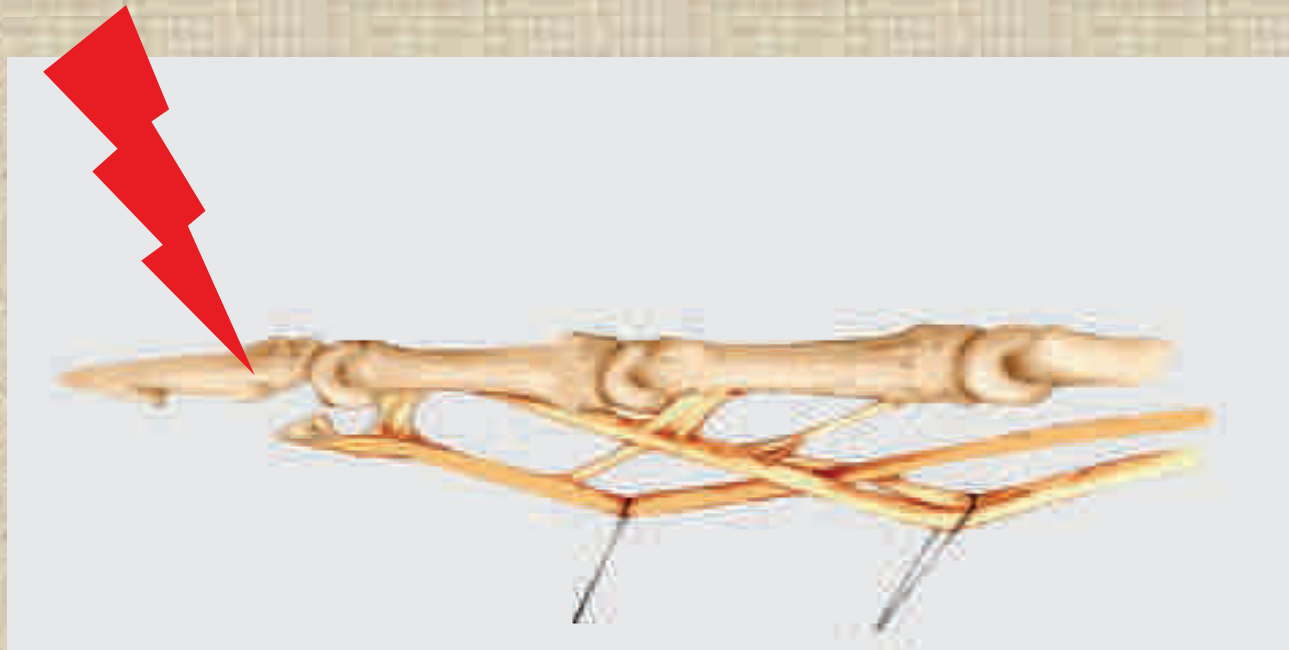
Hyperextension force on a flexed DIP joint

DISTAL INTERPHALANGEAL JOINT INJURIES



Rugby Finger or Jersey Finger

DISTAL INTERPHALANGEAL JOINT INJURIES



DISTAL INTERPHALANGEAL JOINT INJURIES



DISTAL INTERPHALANGEAL JOINT INJURIES



Hyperflexion force on an extended DIP joint

DISTAL INTERPHALANGEAL JOINT INJURIES



Mallet Finger

DISTAL INTERPHALANGEAL JOINT INJURIES



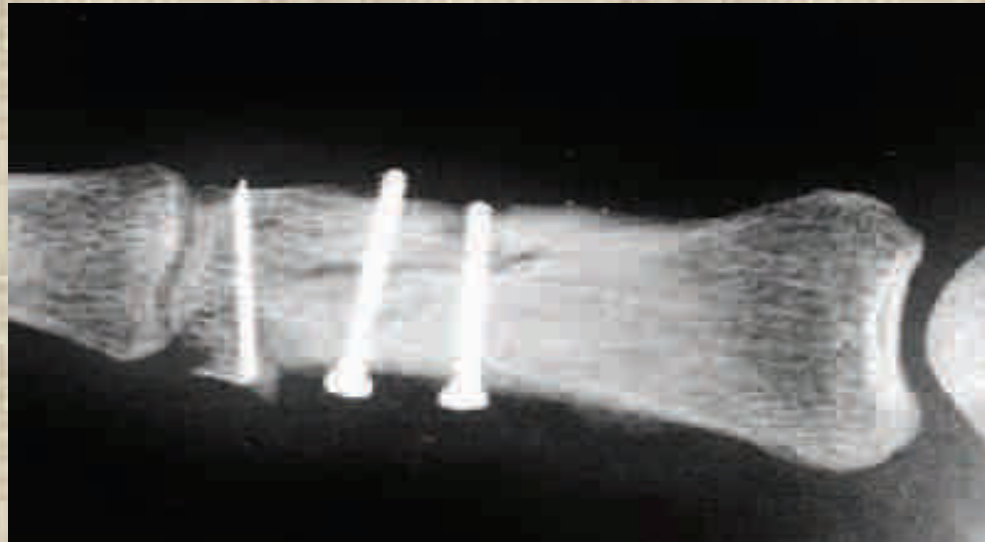
PHALANGEAL FRACTURES



PHALANGEAL FRACTURES



PHALANGEAL FRACTURES



NERVE COMPRESSION SYNDROME

Carpal tunnel Syndrome



Repetitive grasping activities

NERVE COMPRESSION SYNDROME

Carpal tunnel Syndrome



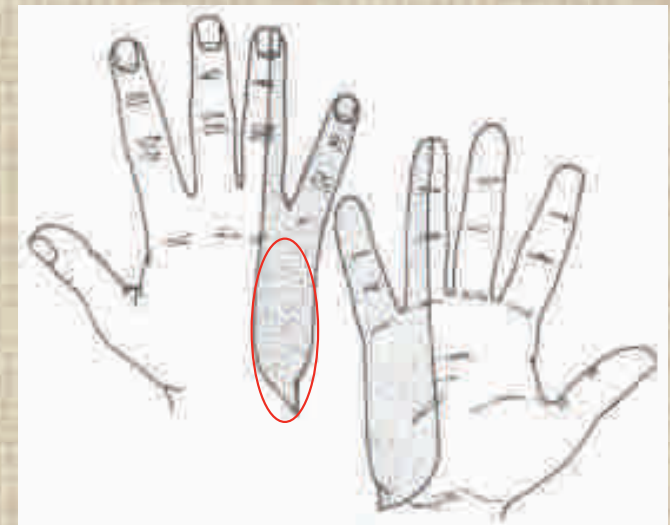
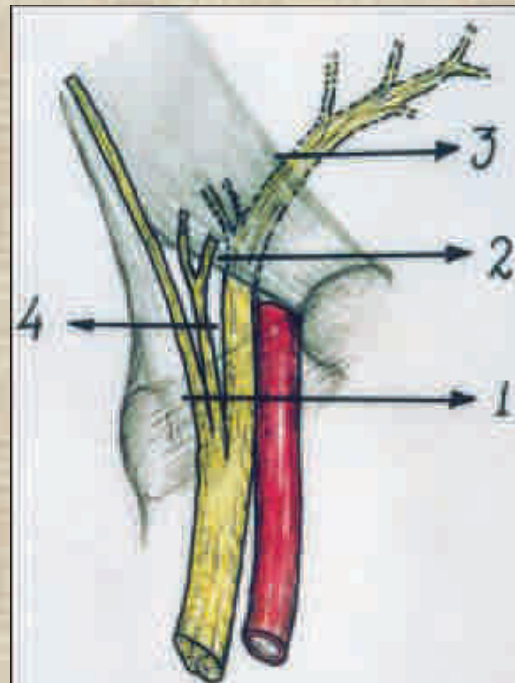
Tinel's sign



Phalen's test

NERVE COMPRESSION SYNDROME

Ulnar nerve Compression : Wrist



- **Cyclist's palsy : Gloves, handlebars, vibration, prolonged grasping**
- **Racquet-type sports**

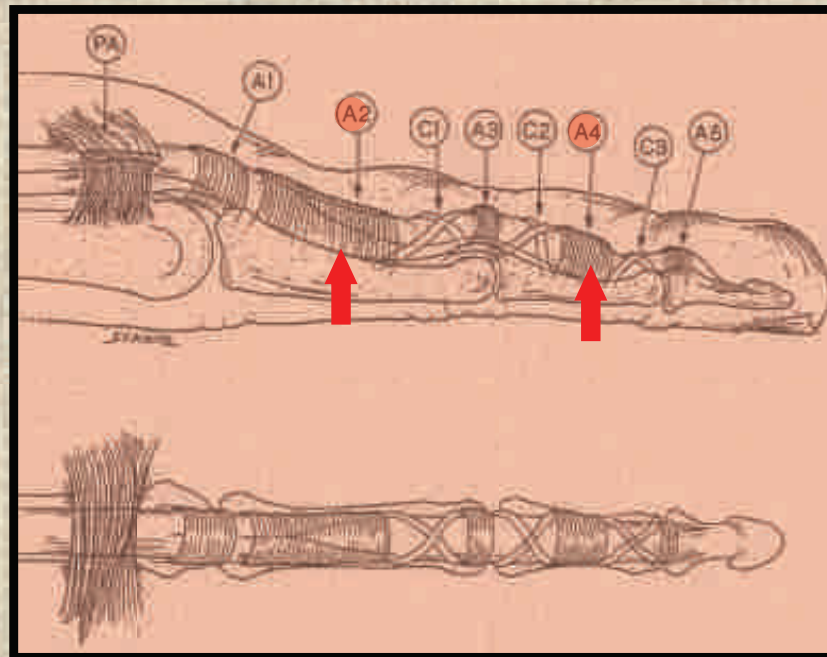
PULLEY

Climbing



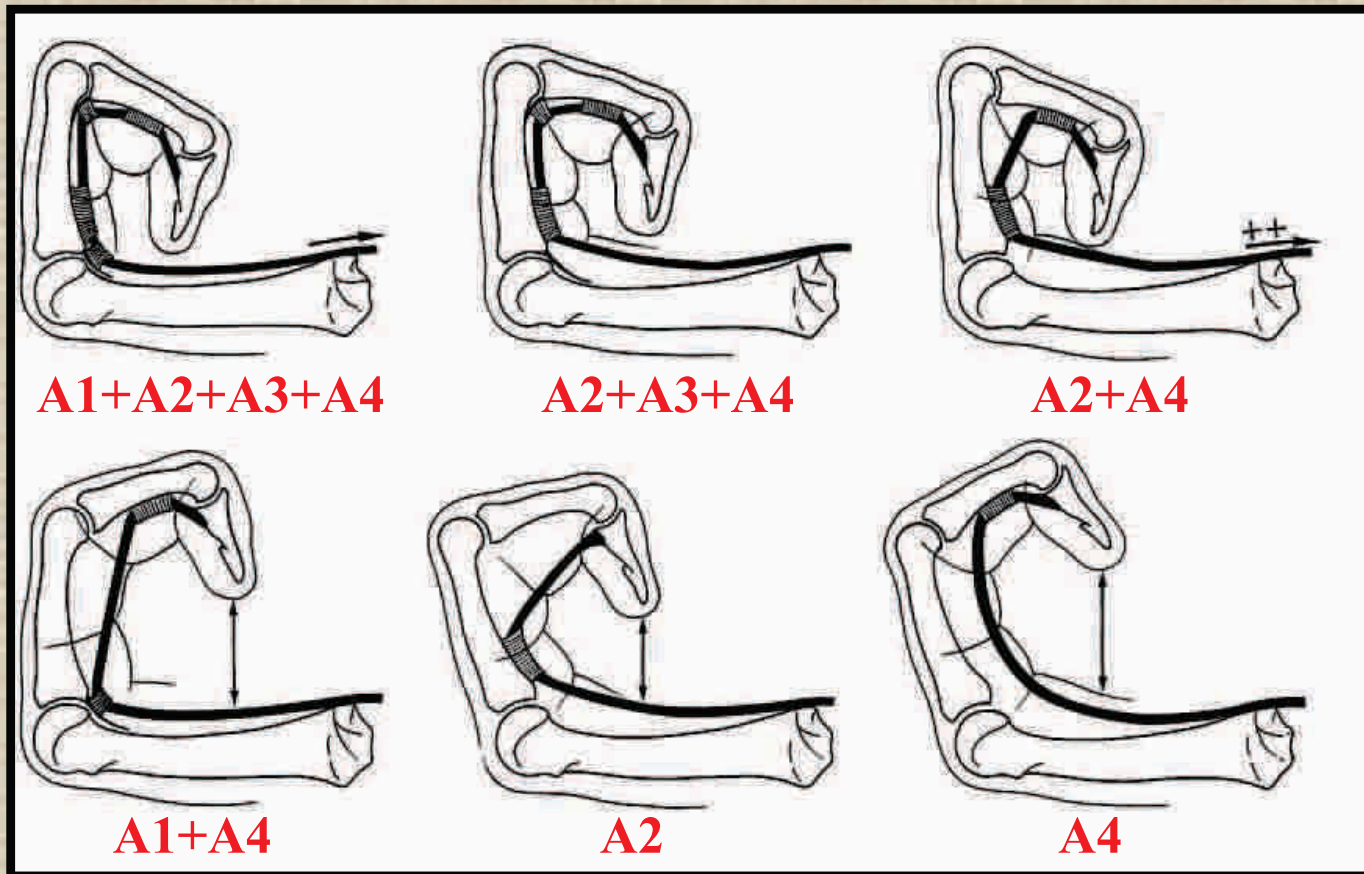
PULLEY

Climbing



PULLEY

Climbing



PULLEY

Climbing



PULLEY

Climbing



MRI



PULLEY

Climbing

Conservative treatment

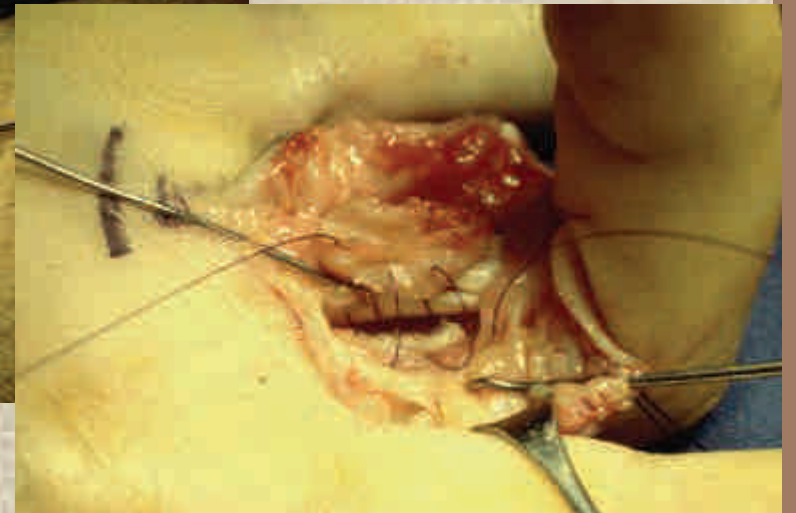
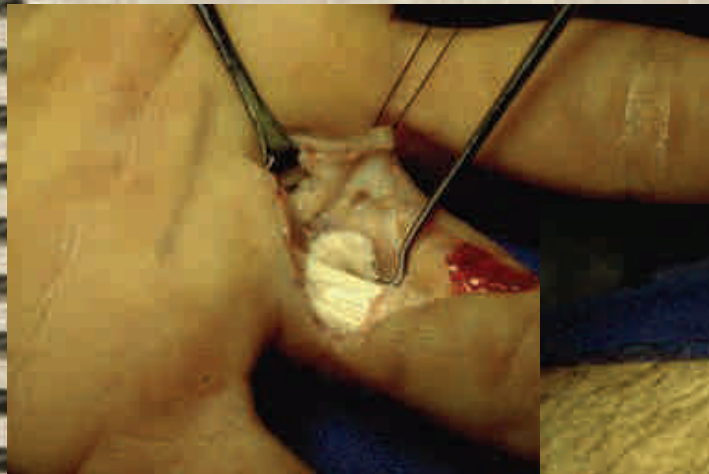


- **Rest 6 weeks**
- **Protection**



PULLEY

Surgical treatment



Thank you for your attention

Reference : SPORTS INJURIES

Freddie H. FU, David A. STONE

Lippincot Williams & Wilkins