

COMMONLY MISMANAGED HAND INJURIES

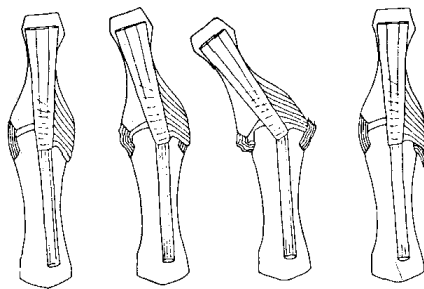
Examples Ulnar collateral ligament rupture
 Closed FDP rupture
 Sagittal band rupture
 Extensor zone I (Mallet)
 Volar plate rupture
 Pilon fracture

Mismanagement Diagnosis
 Treatment
 Rehabilitation

UCL Rupture

Problem Often diagnosed as “sprain”
 Stener lesion makes conservative management ineffective

Stener lesion



Management

Thumb UCL injury

Sprain
No instability

Partial tear
<30° instability

Complete tear
>30° instability

Rest
± Splint

Splint
4 weeks

Surgical repair

Message Complete ruptures of the ulnar collateral ligament of the thumb MCPJ should be managed surgically to avoid chronic instability

Closed FDP rupture

Problem Diagnosis often missed

Classification I Tendon retracts into palm with rupture of both vinculae
 II Tendon retracts to PIPJ level with the long vinculum intact
 III Large fragment of bone avulsed and held by A5 pulley
 IV Unattached associated fracture of P3



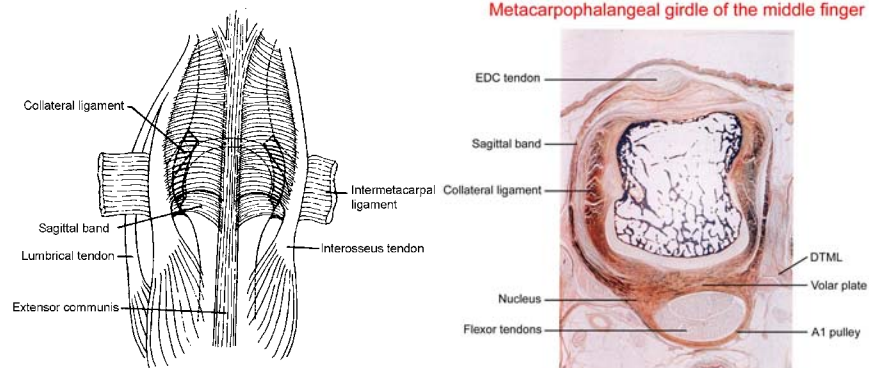
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Management	Exploration and repair
Technical	Demanding surgery "Be prepared" Consent for tendon graft Expertise? Proper exposure Rod available
Message	Closed ruptures of the FDP are commonly missed. Exploration and repair should be performed soon after injury. Be prepared to perform tendon grafting if delayed presentation.

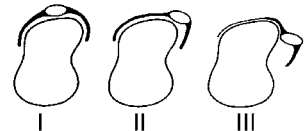
Sagittal band rupture

Problem Often misdiagnosed as triggering or tendon rupture

Anatomy

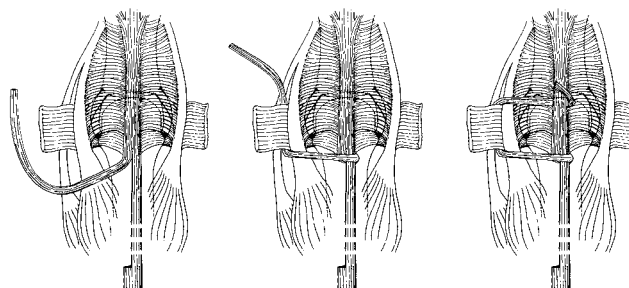


- Classification
- I Mild. Hood contusion, no subluxation
 - II Moderate. Hood tear, tendon subluxation
 - III Severe. Hood tear, tendon dislocation



- Management
- I Buddy strapping 3 weeks
 - II Palmar splint with MC in neutral 3 weeks
Protected motion for 3 weeks
Buddy splinting for 3 weeks
 - III Simple repair and rehabilitate as for type II
 - Chronic Reconstruction

Reconstruction

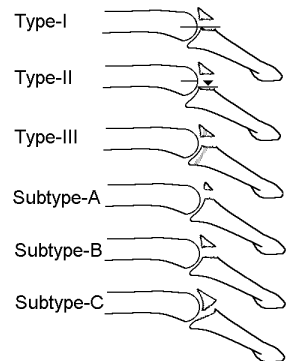


Message Often presents late and can be mistaken for triggering.
Early presentation can be managed conservatively or by repair.
Late presentation mandates reconstruction

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Extensor zone I (Mallet)

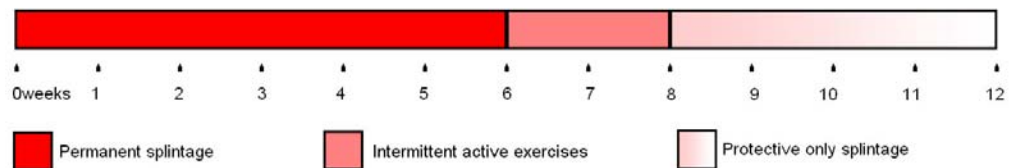
- Classification
- I Closed ±chip fracture of P3
 - II Laceration
 - III Abrasion with tendon and skin loss
 - IVA Trans-epiphyseal # in children
 - IVB Closed + articular # involving 20-50%
 - IVC Closed + articular # involving >50%
-
- I No DIPJ subluxation
 - II DIPJ subluxation
 - III Physis of distal phalanx involved
 - A <1/3 of articular surface involved
 - B 1/3-2/3 of articular surface involved
 - C >2/3 of articular surface involved



Management Conservative applicable to type I, some type II & IVA

Problem Conservative management often poorly conducted

Mismanagement Wrong splint
Malapplied splint
Not enough splinting



Message Closed mallet finger is best managed conservatively unless there is a large fracture fragment and subluxation.

Splinting is often mismanaged and needs to be continuous for six weeks.

Complications with splinting are common but transient.

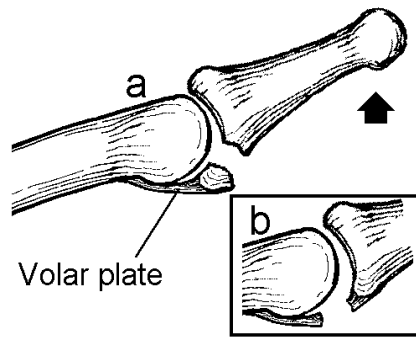
Volar plate rupture

Mechanics Forced hyper-extension

Sequelae Stiffness
Subluxation
Instability
Swan neck

Management Dorsal blocking splint
AROM
Review

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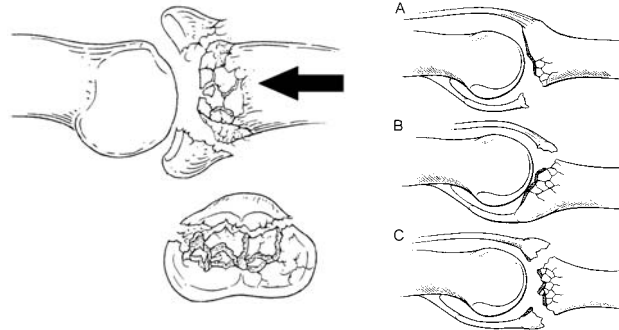
Message

Volar plate injuries are often overlooked and mismanaged.
 Conservative management leads to the best results but needs to be well conducted.

Pilon fracture

Mechanics

Axial compression



Sequelae

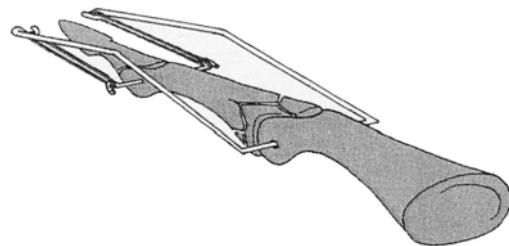
Stiffness
 Subluxation
 Deformity
 Arthritis
 Ankylosis

Problem

The true nature of "minor" fractures is not always appreciated
 Open reduction and fixation very difficult because of comminution
 Unstable fractures that sublux
 Immobilisation leads to poor results

Management

Dynamic traction



Message

Pilon fractures are often underestimated and poorly managed.
 Their prognosis is poor.
 Dynamic traction is the optimum method of management