Disclosures

- Nothing Relevant to this talk
- Skeletal Dynamics—Speaker’s Bureau, Consulting Fees, Design Royalties
- Innomed—Design Royalties
- 2 Patents
The court, the field, the gym, the street

- Location matters
- Some injuries are more associated with some locations, but anything can happen anywhere
Fracture of the hook of the hamate
Chronic issues

- Wrist sprain
- Volar Plate injuries
- Biceps and Triceps Tendinitis
- **Tennis and Golfers’ elbow**
- TFCC pain
- Arthritis aggravation
Same recipe for all

- RICE
- NSAIDs
- PT/OT
- Steroid injection
- **Advanced imaging**—Move earlier if something sinister is on differential
- Referral
EXCEPT

- NO Steroid injections for tennis/golfer’s elbow
- Lancet 2005 RCT
- Steroids lengthen overall duration of symptoms
Acute injuries

- Always, always, ALWAYS get X-rays
- Splint with follow-up in 1w w hand surgeon
- If they can play, they can play. Nothing will get worse in the course of that one game.
Chronic Injuries

- Get an x-ray.
- If OT doesn’t help, get an injection or an MRI.
- It may be time for some rest
Acute things not to miss

- Loss of active motion at a joint
- Jersey Finger
- DRUJ dislocation
- Finger dislocation
- Boutonniere Deformity
- Mallet finger (only important for late Swan Necks)
- **Seymour Fracture**
- Profound weakness
- Distal Triceps/ biceps rupture
Acute things not to miss

- Joint instability
  - Gamekeeper/Skier’s thumb
  - Elbow UCL
  - DRUJ instability
- Wicked Pain
  - Compartment Syndrome
- CMC dislocation
- Perilunate dislocation
Fractures

- Almost always associated with bruising and swelling
- Everything important (except scaphoid and hamate hook) should appear on plain X-rays
- Not everything that shows up on X-rays is important (Volar Plate, Triquetrum avulsion, Tuft fracture)
- Splint, Ice, NSAIDs
- Early referral
Fractures that will kill you fast

- Jersey finger avulsion
- PIP with dorsal subluxation
- Phalangeal condyle fracture
- Capitellum shear
- Pediatric elbow
Fractures that kill you slowly

- Scaphoid
- Hamate hook
Dislocations and Subluxations

- PIP>Elbow>CMC>MCP>DIP>Wrist

- All dislocations require emergent referral to verify reduction and no free bodies in the joint

- PIP and CMC are the ones that will sneak up on you
Tendon injuries

- Fast-killers
  - Jersey finger
  - Distal Biceps
  - Distal Triceps
  - ECU dislocation
  - FDP to RF and SF pain (hook of hamate fracture)
Figure 4  Magnetic resonance image showing that the extensor carpi ulnaris subsheath is completely torn.

Figure 5  Magnetic resonance image showing instability of the extensor carpi ulnaris tendon.
Tendon Injuries

- Slow Killers
  - EPL rupture
  - Tennis Elbow and Golfer’s elbow
  - Extensor and FCR tendinitis
Nerve injuries

- Without a laceration, almost always a contusion
- Neuropraxia can accompany dislocation, but won’t be subtle
- Make sure you document nerve status prior to any reduction
- Most can be put on ice for at least a week, except acute carpal tunnel syndrome
Muscle injuries

- Flexor-pronator origin avulsion
- Extensor origin avulsion
- Contusion
- Late myositis ossificans
Evaluation and treatment of jersey finger and pulley injuries in athletes.
Freilich AM1.

A review of mallet finger and jersey finger injuries in the athlete.
Bachoura A1, Ferikes AJ1, Lubahn JD,2,3.

Hook of hamate fractures.
Klausmeyer MA1, Mudgal CS.

The Effect of Timing on the Treatment and Outcome of Combined Fourth and Fifth Carpometacarpal Fracture Dislocations.
Zhang C1, Wang H2, Liang C1, Yu W1, Li Y1, Shang R1, Huang C1, Huang C4.

Percutaneous ultrasonic tenotomy for chronic elbow tendinosis: a prospective study.
Barnes DE, Beekley JM, Smith J.

Management of complex elbow dislocations: a mechanistic approach.
Wyrick JD, Dalley SK, Gunzenhaeuser JM, Cassette LA.

Management of dislocations of the elbow in the athlete.
McGuire DT, Bain GI.

Risk factors in lateral epicondylitis (tennis elbow): a case-control study.
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Acute Carpal Tunnel Syndrome: A Review of Current Literature.
Gillis JD1, White BD2, Banchik JM.

Scaphoid fractures.
Fowler JR1, Hughes TB2.

Distal Triceps Tendon Injuries.
Keener JD, Sathli PM.