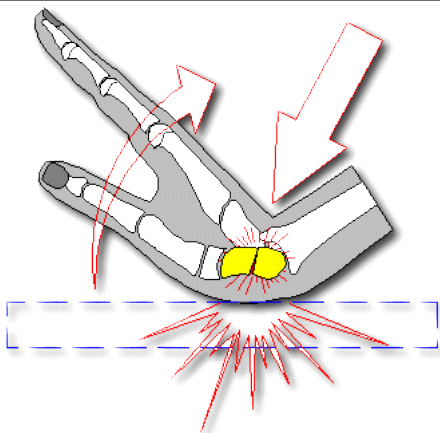


# Scaphoid Fracture

Fall on the outstretched hand (FOOSH) with wrist in radial deviation.  
(MOI also for # dorsal radius and S-L ligament)



Document mechanism of injury.  
Document maximum area of tenderness, areas of swelling, deformity.  
Document presence of **clinical signs** suggestive of scaphoid fracture:

- Swelling of anatomical snuffbox
- Pain on palpation in snuffbox and tubercle
- Pain with axial pressure of 1<sup>st</sup> Metacarpal
- Over 50% reduction of grip strength, (Pain>4/10)

**Request scaphoid views on x-ray form**

## Fracture VISIBLE on X-Ray

Determine if fracture is stable or unstable  
(according to the Herbert Classification)

### Stable fracture (Herbert Classification A):

Treat in 'scaphoid cast'  
(Use polyester cast if no/minimal swelling and adequately trained)

And

Organise fracture clinic follow up with repeat x-ray out of plaster:

- 6 week review for scaphoid tubercle fractures
- 2 week review for other stable fractures

### Unstable fracture (Herbert Classification B ≥ 2mm displacement):

Call the Orthopaedic Registrar

And/Or

Arrange CT to determine fracture orientation and stability

Place in a scaphoid cast and arrange for fracture clinic review in 1-2 weeks

If there is a **trans-scaphoid perilunate dislocation**, it requires **immediate surgery**

## Fracture NOT VISIBLE on X-Ray

Were the x-ray films adequate?  
Is a fracture suspected clinically?

### Fracture SUSPECTED, if:

Two or more clinical signs  
Typical Mechanism

### Is a definitive diagnosis required immediately?

### Fracture NOT SUSPECTED, if:

<2 clinical signs  
Atypical Mechanism  
Atypical Demographic  
↓  
Treat Symptomatically  
Bandage/Brace/Removable backslab  
Arrange/Advise GP review if symptoms persist beyond 1/52 post injury  
Document on discharge summary!

### Yes, if:

Elite athlete  
Injury affects their ability to work (dominant hand), care for themselves or others

### No:

Treat in thumb spica POP/backslab  
Review in fracture clinic in 1-2 weeks, with repeat x-ray out of plaster

### Arrange for a outpatient CT scan of wrist if:

>3 clinical signs (see above)  
11 years or older  
Not pregnant  
Consent

### Arrange for an outpatient MRI of wrist if:

Not eligible for CT scan due to age etc.  
There is a strong suspicion of ligamentous injury  
At the two week follow up, there is no fracture on x-ray but a strong suspicion of bony or ligamentous injury

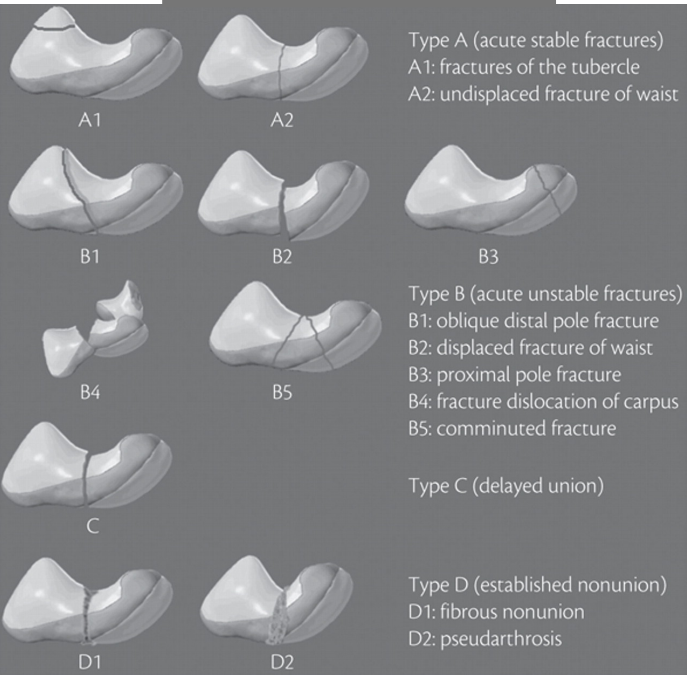
### If FRACTURE IS SEEN on CT:

Treat accordingly

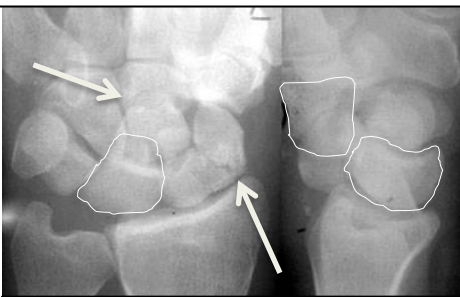
### If FRACTURE IS NOT seen:

Treat as soft tissue injury  
Discharge to GP

### Herbert Classification System



### Trans-scaphoid perilunate dislocation



PA and lateral X-ray of left wrist, showing scaphoid fracture, capitate fracture and trans-scaphoid



Normal PA and lateral x-ray of right wrist