Scaphoid Fracture
treated in cast

Introduction
We either believe of suspect that you may have fractured one of the bones in your wrist below the thumb called the scaphoid. This is not always easy to diagnose on the initial x-ray. Without proper treatment this bone will not heal and may cause future problems in your wrist. Therefore even if we are not sure about a fracture, we frequently commence treatment in a plaster cast and get further tests either in the form of further x-rays after a week or an MRI after a couple of weeks.

Treatment
If the wrist is immobilised quickly within a few days of injury, most fractures (even if not spotted straight away) will heal without the need for surgery. A cast will be applied to immobilise your wrist and sometimes your thumb as well. The length of time you wear the cast may vary dependent upon which part of the scaphoid you have fractured.

During immobilisation
• It is normal in the first few weeks to have pain and swelling, take pain relief as needed and keep the hand elevated (e.g. above heart level)
• Do not cut your plaster – always contact us if your plaster needs trimming.
• Do not wet the plaster. Cover the plaster with a plastic bag or cover when in the bath or shower. Alternatively you can self-source a LimbO waterproof cover at www.limboproducts.co.uk.
• Do not poke anything down the plaster as you may cut your skin or cause a wound to become infected.
• Do use your hand as normally as possible for light activities such as eating and dressing but avoid heavy lifting.
• Do the exercises below to ensure you avoid stiffness whilst in the cast.
• DO NOT SMOKE
  Medical evidence suggests that smoking increases the time it takes for a fracture to heal. In extreme cases it can stop healing altogether. Stopping smoking during the healing phase of your fracture will help ensure the best recovery from this injury.
Exercises while in cast
These exercises are important, as they will make sure your unaffected joints do not become stiff and will help maintain good circulation in your arm, which will help with fracture healing. Try to do these exercises four times each day.

1. Shoulder – standing or sitting in an upright position, slowly lift your affected arm up towards the ceiling (elbow straight) and then lower again. Repeat 5 times.

2. Elbow – sitting in an upright position, slowly bend your affected elbow so your hand moves towards your shoulder and then fully straighten your elbow. Repeat 5 times.

3. Thumb – bend the thumb joints as far across the cast as possible towards your little finger, then straighten it as far as possible.

4. Fingers (fist) – start with all your fingers straight and then bend all your fingers to make a fist.
5. **Fingers (salute)** – start with all your fingers straight and then bend the knuckle joints of all your fingers, keeping the fingers straight.

6. **Fingers (hook)** – bend the joints of your fingers whilst keeping your knuckle joints straight, forming a ‘hook’ position and then straighten the fingers.
How long will I be off work and when can I drive?

This depends on your job. In general terms, your wrist will take six to eight weeks to heal fully and during this time you will be unable to lift heavy items or do heavy manual work. However if you can do office-based duties you can potentially return to work with your plaster on before this time. Please speak to your insurance company with regard to driving for their regulations, but the most important consideration when driving is safety. You must not drive under any circumstances until you have no distracting pain, you are confident that you are in control of the vehicle at all times, and be able to perform an emergency stop competently.

Complications

- Non-union of the fracture
- Stiffness
- A pain syndrome
- Early arthritis

Hand Therapy

Your wrist will be stiff after your injury, particularly if it has been in plaster. During the time of wearing the plaster and afterwards, it is very important that you work on the exercises given to help to get over this stiffness.

It is helpful to perform each of the exercises shown 10 times, and repeat them four to five times per day.

Do the exercises as far as pain allows and not beyond. Your range of movement will improve gradually with time after your treatment. After the cast is removed it is not necessary to routinely refer you for physiotherapy if you follow the exercises below:
Push both palms together and lift your elbows up as far as comfort allows, until your forearms are parallel to the floor. At first it will be hard to get your palms together completely, but this will improve and you will then be able to bring your elbows up higher.

Put the backs of your hand together and lift the elbows as far as comfort allows.

With the elbows tucked into your side, turn your palms up towards the ceiling as far as discomfort allows. It is normal to feel a pulling or tightness sensation.

Keeping arms into the side as above turn your palms towards the floor.
Further information
The day surgery unit can be contacted on 02476 966861 / 02476 966868 (University Hospital), or on 01788 663264 (Hospital of St. Cross). For further information please visit our hand service’s web site at www.tinyurl.com/uhcwhand, or contact:

- Hand Therapy at University Hospital Coventry & Warwickshire on 02476 966016
- Hand Therapy at Hospital of St. Cross, Rugby on 01788 663257
- Our specialist hand surgery nurse / hand-coordinator on 02476 965072

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 02476 966861 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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