DIAGNOSIS

4 JULY 2016

ST TRAINING

NORTH TEES

CLINICAL SUSPICION

EARLY

- Mechanism of Injury

CLINICAL SUSPICION

EARLY

- Mechanism of Injury
- Clinical examination

CLINICAL SUSPICION

EARLY

- Mechanism of Injury
- Clinical examination
- Other injuries on Xray

CLINICAL SUSPICION

EARLY

- Mechanism of Injury
- Clinical examination
- Other injuries on Xray
- Suspicion on plain films

CLINICAL SUSPICION

LATE

- Not progressing as expected

CLINICAL SUSPICION

LATE

- Not progressing as expected
- Clinical examination

CLINICAL SUSPICION

LATE

- Not progressing as expected
- Clinical examination
- Changes on repeat Xray

CLINICAL SUSPICION

LATE

- Not progressing as expected
- Clinical examination
- Changes on repeat Xray
- Further investigations

INVESTIGATION

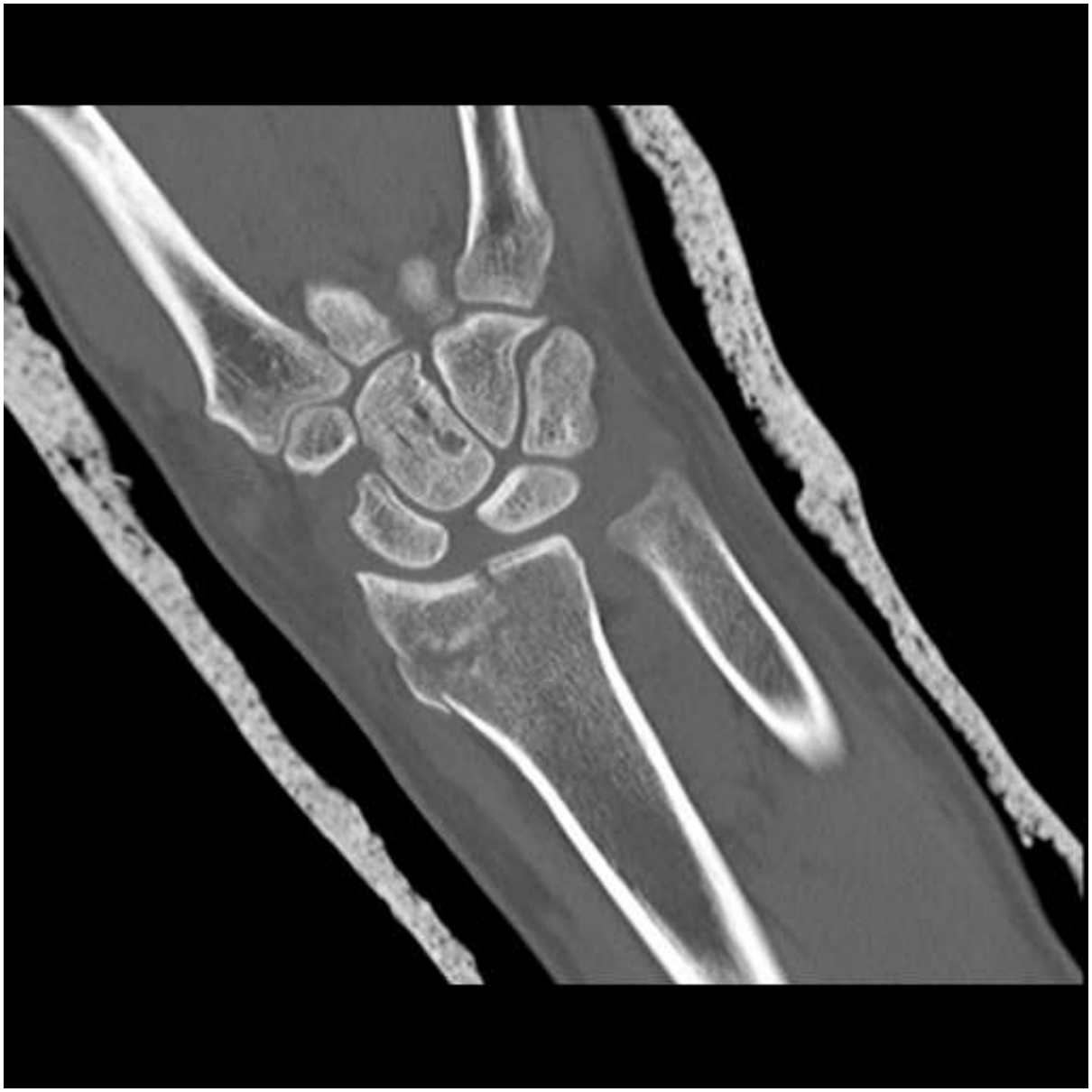
RADIOLOGY

- Plain films
  - PA & Lat wrist
  - Scaphoid views
  - Clenched fist views
- CT
- MRI +/- Arthrogram


L
Page: 1 of 1
IM: 1

STATIC SL DISRUPTION

DYNAMIC DISRUPTION



SURGERY

- EUA +/- Arthrogram
- Arthroscopy
- Open surgery


Scaphoid
Lunate

TREATMENT

ACUTE SL INJURY

- Isolated
  - If complete – repair
  - If incomplete – immobilise (Wires)

- As part of lesser arc – repair + wires

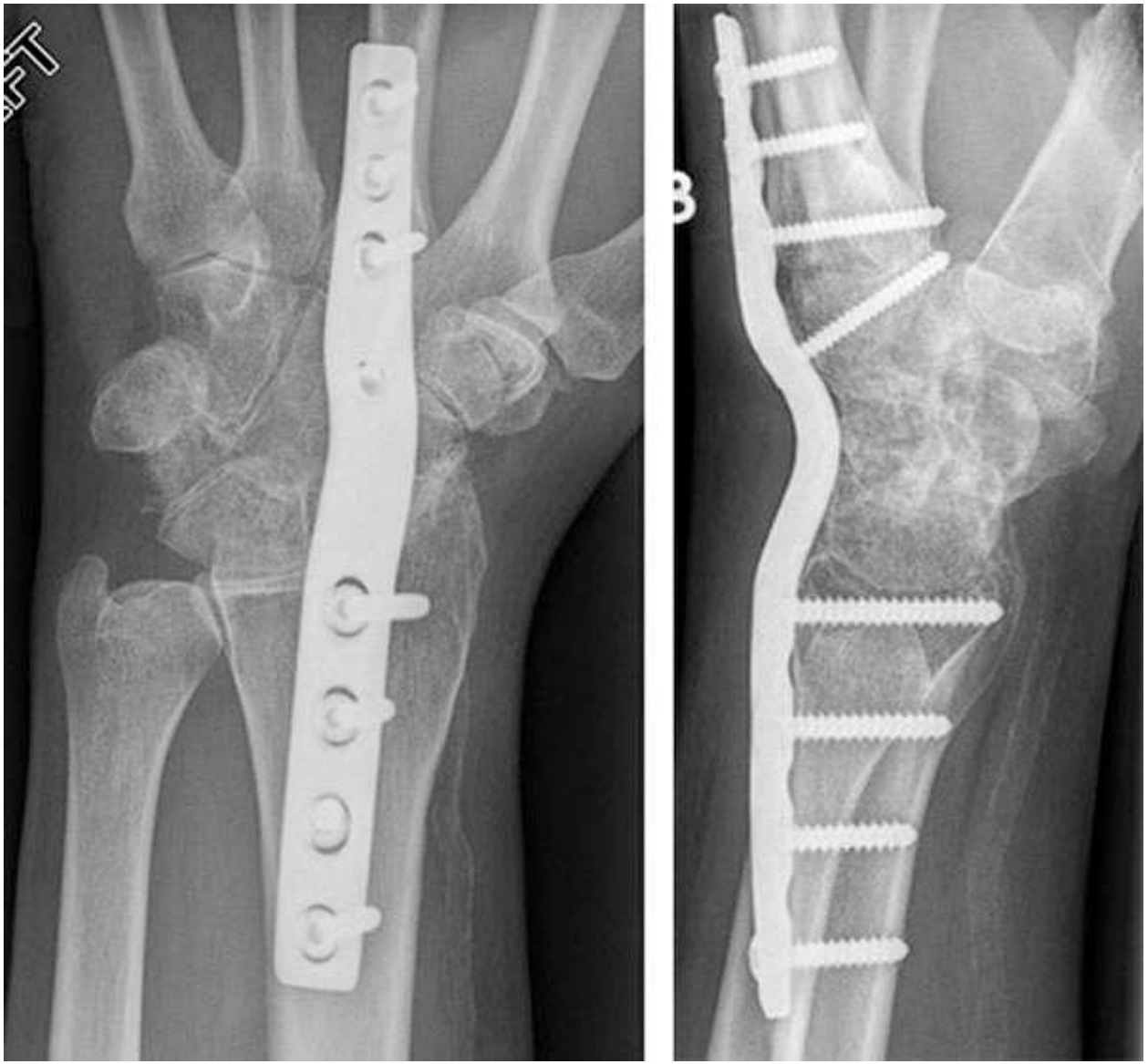
LATE SL INJURY

- Investigate for secondary changes
- If early enough, repair still possible
- If late, but no arthritis, reconstruction
- If SLAC:
  - I: Reconstruct + radial styloid excision
  - II: RSL fusion or 4 corner or PRC
  - III: 4 corner or PRC
  - IV: Total arthrodesis or (TWR)


www.eORIF.com


L


C



ISOLATED LT LIG

- If acute, immobilise
- Beware of mid carpal instability
- Consider wires
- Rarely if ever reconstructed

LT as part of lesser arc

- Reduce lunate
- Repair volar ligs
- Repair SL lig
- Then wire LT in anatomical position

MIDCARPAL INSTABILITY

- If part of generalised laxity
  - Hand Therapy
  - Goals of treatment to strengthen extrinsic muscles
- If due to acute injury
  - Immobilise carpus esp LT
- If due to previous injury
  - Consider LT fusion

ADAPTIVE INSTABILITY

- Usually due to persistent dorsal tilt following Distal Radial Fracture
  - Corrective osteotomy
  - partial or total fusion
- Volar subluxation e.g. after Barton is less well tolerated