

# **MIKE FOSTER**

## **Hand Wrist and Elbow**

### **Gamekeepers'/Skier's thumb**

#### **Problem**

- Avulsion of the ulnar collateral ligament of the base of the thumb

#### **Cause**

- Usually results from sudden hyper-abduction/extension injury to the thumb either from a fall or tackle situation, or when wrapped around a ski pole.

#### **Diagnosis**

- Pain is felt on the inside/ulna side of the base of the thumb. There is weakness with pinch grip
- Examination shows an opening up of the joint with a radial stress.
- X-rays can show subluxation or opening up of the joint, or a small bony avulsion fragment
- An MRI scan can help determine the extent of the ligament tear.

#### **Treatment**

Grade I and II tears can be treated non operatively with the use of plasters and splints  
Grade III tears require surgical intervention to reattach the ligament to the base of the thumb, as it is usually sitting above the adductor aponeurosis (Stener Lesion)

- Surgery is done under general anaesthetic and the ligaments reattached to the bone using a bone anchor
- Chronic tears greater than three months, often require reconstruction using spare tendon of the forearm

#### **Potential Complications**

- Infection, Haematoma, neurovascular injury
- Stiffness to the MCP joint
- Ongoing pain in the joint

#### **Post Op Care**

- Patient will awake from surgery in a thumb spica slab
- Seen at 10 days for removal of sutures and to go into a thermoplastic splint or thumb spica cast for a total of six weeks
- A strengthening programme for six weeks to three months under the care of the hand therapist.
- Specialist review at 10 days and six weeks, and three months.