Orthopaedic Connection

The Wrist Fracture Maze

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Transforming patient information into patient understanding.

To most patients and medical professionals as well a wrist fracture is straightforward and kind of dull. It goes like this. The doctor "sets" the fracture, applies a cast and in 6 weeks the bone heals and you are fine. Right? Ah, no. Not so fast my friend.

That might be true in a simple wrist fracture.

- Bone is in good position
- Fracture is stable (won't lose position)
- Patient is healthy, no other medical problems
- Patient is not a smoker

This is almost the exception and not the rule at least in my practice as an Orthopaedic Surgeon. Maybe I just get the more difficult ones.

It's Not So Simple

Most of the fractures I see are out of position (displaced) and fairly complex. The wrist can be in pieces and floppy (unstable). The fracture may have disrupted the wrist joint. Yikes. See where I am going?

Anatomy Is Basic To Understanding

Radius: the bigger forearm bone on the thumb side.

Ulna: smaller bone on the little finger side.

Carpal Bones: there are eight in two rows. Never mind all their names. They are not named after the reindeer!!

Ligaments galore: the wrist structure is all held together by a confusing number of little ligaments going every which way.

"I'm glad it is a break and not a fracture." Patients and families often say this or maybe transpose the words. Orthopaedic Surgeons smile and say that the words both mean the same thing.

Short List Of Fractures

I don't want this to get too confusing so I will cover a few of the more common fractures and dislocations.

The Radius

When people are talking about a broken wrist they typically are referring to the radius. It can break alone or in combination with other wrist injuries.

The Ulna

The smaller ulna usually breaks along with the radius, but it can break individually at times.

The Carpals

Snow white is the radius and the carpal bones are the 7 dwarfs (except there are eight). Any of them can break, but one on the thumb side is the most commonly broken – the Scaphoid. Sometimes it can be broken by itself or in combination with other breaks or dislocations about the wrist.

Relax – it is my job to diagnose all of this and figure out how to fix it!

The Trauma

If people would stop falling it would make my job a lot easier because wrist fractures don't just happen obviously.

The wrist can be badly injured by a direct blow to it, but most often the person falls and their hand and arm go out to catch themselves. A natural instinct; no way to guard against it.

I see small children to 99 year olds (or older!) who break their wrist. Older patients fall due to poor balance, lack of strength, reflexes, poor eyesight and may other reasons. An additional huge factor is osteoporosis which is present not only in women, but men too.

I don't see any light at the end of this wrist fracture tunnel so I think I'll need to keep going next week. Hope you can come back.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website.

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush