

Hand Therapy Guide (VIII)



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This is a quick reference to guide you on referrals for common hand injuries and conditions in general practice. The theme for this issue is **Ulnar Collateral Ligament Injury of the Thumb.**

Ulnar Collateral Ligament Injury of the Thumb

Mechanism of Injury

An ulnar collateral ligament injury of the thumb occurs when the thumb is forcibly stretched away from the hand causing a strain, partial or full thickness tear of the ligament or an avulsion fracture.



Photo source: The Hand and Wrist Institute

Symptoms

- Pain and swelling over the ulnar collateral ligament at the metacarpophalangeal joint of the thumb.
- Instability or laxity on the ulnar side of the metacarpophalangeal joint of the thumb.
- Weakness and difficulty gripping and pinching.

Diagnosis

A physical assessment of the thumb is required to determine if there is any laxity of the thumb metacarpophalangeal joint in comparison to the uninjured thumb. An x-ray is usually recommended to confirm if a fracture is present. An ultrasound or MRI may also be used to confirm the extent of the injury to the ulnar collateral ligament.



Ulnar collateral ligament avulsion fracture
Photo source: Orthobullets

Referral

A referral to a hand therapist should be made as soon as the injury is diagnosed, preferably within 7 days post injury. If there is a large avulsion fracture a referral to a hand surgeon is recommended as soon as possible.

Conservative Management

- A custom made thermoplastic thumb splint is commonly required for approximately 4-6 weeks depending on injury severity.
- Pain and oedema management.
- Advice regarding activity modification.
- Early mobilisation of the thumb interphalangeal joint and wrist.
- As the ligament heals a graded exercise program to regain thumb metacarpophalangeal movement and strength will be prescribed.

Splinting



Stay Tuned!

Next issue will be about Trigger thumb and trigger finger.