Orthopaedic Connection

Wrist Fractures Are Common (Unfortunately)

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

The wrist is among the most complicated joints we have consisting of ten bones. There are two rows of four bones each and two large bones, the radius and the ulna. All of this is held together by a complicated system of ligaments.

The most frequent wrist break (fracture) is at the end of the radius. There are actually 27 different fractures that can occur! Relax, we don’t need to go over each one, O.K.

How It Happens
As you can imagine, falling on your outstretched hand is what happens mostly. You slip and before you know it you are on the ground. No time to even think. It has almost happened to me a few times this winter. It happens to people indoors almost as often as outdoors though.

What Happens
There are practically an endless number of different fracture patterns. Some are very obvious, as the deformed wrist that looks bent at a 90 degree angle. That is a fracture of the lower end of the radius which is the classic wrist fracture sometimes called a Colles fracture named after an Irish surgeon in the 1800′s.

On the other end of the “bell shaped curve” is a fracture that occurs somewhere in the wrist, but is not visible on x-ray for one or two weeks. Many fractures occur in one of the eight little wrist bones.

With these hidden fractures it is easy to be confused, because typically when the bone breaks there is little swelling, relatively little pain and no obvious deformity.

Symptoms
- Pain (in most cases but not all)
- Tenderness to touch
- Wrist won’t move freely as is normal
- Swelling, maybe
- Gripping an object can be especially painful

Diagnosis
If “something happened”, usually some kind of fall and your wrist has some soreness, you need to be checked.

Please don’t try to figure it out on your own. That’s my job.

Don’t assume it must be a sprain. It probably isn’t and you are whistling in the dark as they say.

Pinpointing where the fracture is can be difficult even for me at times, so how are you supposed to know?
- Careful orthopaedic exam of hand, wrist, elbow and sometimes the shoulder
- Plain x-ray study
- Special x-rays or other special imaging studies may be needed

Special Note
Children seldom sustain the same fracture as adults because their growth plate in the wrist takes all the force of the fall. Growth plate injuries are notorious for being over looked by ER examinations and x-rays. The fracture can hide in the growth plate and be overlooked. These need to be checked Orthopaedically.

**Management**

It depends on the complexity of what has happened. Treatment can range from splinting all the way to intricate open treatment with plates, screws, pins, etc.

Trying to restore the wrist to normal is a challenge. It is best to think in terms of months not weeks for recovery.

While the discussion may seem somewhat general, I didn’t want to lose you in a bunch of details.

- Have it checked early and rechecked if it keeps bothering you
- Don’t ignore symptoms
- Listen to your body

*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 hope what you have read has raised questions. No problem! Please log onto [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

315 Warwick Drive
Alma, Michigan 48801
Phone 989-463-6092 for an appointment.

Dr. Haverbush