Scaphoid Fractures: Recognition, Treatment, and Recovery

https://webexercisesacademy.com/course/scaphoid-fractures-recognition-treatment-and-recovery/

The scaphoid is the most commonly fractured carpal bone and one of the most frequently missed. An injury that looks like a simple wrist sprain after a fall on an outstretched hand can conceal a fracture that, if untreated, leads to nonunion, avascular necrosis, and early arthritis. This presentation offers a surgeon's perspective for anyone involved in caring for these patients, whether in the clinic, the therapy gym, or on the sideline. We'll cover the exam findings that should raise suspicion, the role of imaging, and how fracture location and displacement guide the choice between casting and surgical fixation. From there, we'll walk through rehabilitation, from protected motion through strengthening, along with return-to-work and return-to-sport considerations and the warning signs of delayed healing. Attendees will leave with a practical framework for getting patients back to full function without putting the bone at risk.

Learning Objectives
By the end of this session, participants will be able to:

- Describe the anatomy and vascular supply of the scaphoid and explain how they influence fracture healing.
- Identify clinical and imaging findings that warrant suspicion of a scaphoid fracture and prompt referral.
- Compare nonoperative and operative management and explain how each affects the rehabilitation timeline.
- Outline a phased rehabilitation program, including criteria for return to work and sport. Recognize signs of delayed union and nonunion that require further surgical evaluation.

Course Outline:
0–2 min | Introduction: Why the scaphoid matters; common mechanisms of injury
2–6 min | Anatomy and Blood Supply: Carpal mechanics, retrograde vascularity, and why fracture location predicts healing
6–11 min | Clinical Evaluation: Exam findings, initial radiographs, and advanced imaging for suspected occult fractures
11–16 min | Classification and Treatment: Location and displacement, casting versus operative fixation, expected healing timelines
16–22 min | Rehabilitation: Immobilization and orthosis considerations, progression from protected motion to strengthening
22–25 min | Return to Work and Sport: Progression criteria, bracing and taping for competition
25–28 min | Complications and Red Flags: Delayed union, nonunion, avascular necrosis, and when to refer back
28–30 min | Questions

Instructor Credentials:
Dr. Rosie Sendher is a fellowship-trained hand and upper extremity surgeon with more than a decade of experience treating the hand, wrist, and upper extremity. After completing her orthopedic surgery residency at Queen's University, she did two fellowships: hand and upper extremity surgery at Stanford University, and orthopedic trauma at Queen's. She also holds a Master's in Health Care and Epidemiology from the University of British Columbia. She is also the Co-founder and CEO of Kinisi Inc., a wearable technology and AI analytics platform to assess real world joint kinematics for injury prevention

and precision rehab and recovery. Since 2016, Dr. Sendher has been a covering physician at World Surf League Championship Tour events, caring for professional athletes where they compete. She has published orthopedic research and presented at conferences throughout her career.

References:

The scaphoid
R Sendher, AL Ladd - Orthopedic Clinics, 2013 - orthopedic.theclinics.com

Management of scaphoid fractures in the athlete: open and percutaneous fixation
RM Garcia, DS Ruch - Sports medicine and arthroscopy review, 2014 - journals.lww.com

Diagnosis and management of acute scaphoid fractures
MD Sabbagh, M Morsy, SL Moran - Hand Clinics, 2019 - hand.theclinics.com