

Wrist Injury Scapholunate Ligament

The scapholunate ligament is a short but very strong ligament. It **tightly binds the scaphoid and lunate**, two of the carpal bones in the wrist. It is one of many ligaments between the carpal bones that result in the **proximal and distal row of carpal bones moving as one**.

Cause:

A fall on an outstretched hand or forced extension of the wrist is the most common cause of a scapholunate injury. It is **more common in high force injuries** such as sporting accidents.

Symptoms:

- Pain. This can be relatively minor and patients often assume it is just a sprain.
- Reduced movement. Again, this may be similar to a sprain.
- The wrist can recover and seem normal due to other supporting ligaments.

Diagnosis:

- History and examination findings are important in the diagnosis as x-rays are usually normal.
- You should be placed in a plaster slab and referred to a hand surgeon if there is any concern.
- There are special tests of carpal stability, including the Kirk Watson test.
- MRI is the best investigation to look at soft tissue injuries, including ligaments.

Treatment:

- Partial ligament injuries are most common and are treated nonoperatively in a cast or splint for 4-8 weeks.
- **Complete ligament injuries, if diagnosed early, are repaired**, stabilised and immobilised in a cast for 6-12 weeks.
- Older injuries, with carpal instability, require ligament reconstruction.
- It is unproven, but we believe ≤20% of complete scapholunate injuries develop osteoarthritis in the future. This process takes many years and is treated like all types of wrist arthritis, with nonoperative and salvage procedures.



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