

The Physio Movement

# SKIERS THUMB

# WHAT IS SKIERS THUMB INJURY?

The metacarpal phalangeal joint (MCP) is found where the thumb meets the hand and is held together by two collateral ligaments. A skier's thumb injury is a sprain/rupture of the ulna collateral ligament, which is situated on the index finger side of the thumb.

#### MECHANISM OF INJURY:

The most common mechanism is falling onto an outstretched hand (FOOSH) whilst the thumb and fingers are spread apart. This is common when skiing as the ski pole acts like a lever when the FOOSH occurs forcing the thumb away from the fingers and palm resulting ligament damage.



#### **CLASSIFICATION OF INJURY:**

Skier thumb injury may be classified as the follow:

- Grade 1: Overstretching of the ligament but stability maintained
- Grade 2: Partially torn ligament but fibres still intact giving decreased stability
- Grade 3: Complete rupture of the ligament and joint stability severely compromised.

## SIGNS AND SYMPTOMS:

- Pain and tenderness over the ulna collateral ligament
- Loss of thumb opposition strength
- > May be immediate swelling
- > The presence of bruising over a few days
- Thickening over time is amore regular presentation

## DIAGNOSIS:

A thorough subjective history will guide the physiotherapist in the right direction with common reports including a FOOSH mechanism, immediate swelling, tenderness and the inability to grip with the thumb. On objective examination there will be tenderness over the MCP joint, Instability or pain on ulna collateral stress testing and may be deformity.



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#### PHYSIOTHERAPY TREATMENT OPTIONS:

- > Cryotherapy
- > Taping
- > Electrotherapy
- Pain
- management
- > Massage
- Equipment modification
- Education
- Medicine advice
- Equipment modifications
- Splinting and
  - brace fitting

## PROGNOSIS:

Grade 1 sprains respond well to rest and splinting for 2- 4 weeks. Grade 2 tears require casting/splinting for roughly 4-6 weeks and grade 3 ruptures can be treated both conservatively and surgically. These will normally require 12+ weeks before full return to sport and function.

#### **HELPFUL HINTS:**

- RICER protocol should be applied. Rest, Ice, Compress, Elevate and referral during the first 48-72 hours following injury;
- No HARM (No Heat, Alcohol, Running or Massage) protocol is utilised during the first 48 hours following injury.
- Early radiology may be required to check for associated avulsion fractures to determine surgery vs. non-surgical approaches.

