

Hamate fracture



Summary points to remember:

- Use this link or QR code to watch a video about a hamate fracture: thermh.org.au/vfc
- The hamate is one of the eight small carpal bones of the wrist. A hamate fracture is often caused by a fall onto an outstretched hand
- Wear your splint for five weeks
- This brochure provides some information to assist with the management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury
- All treatment options have risks and benefits
- If you have any concerns about the progress of your rehabilitation, contact the Virtual Fracture Clinic promptly
- Do not continue the exercises in the brochure if:
 - You experience increasing pain (some discomfort is common)
 - Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
 - You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it
- This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Royal Melbourne Hospital (RMH)
- If you do not understand the information seek clarification from the Virtual Fracture Clinic
- Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition
- Keep this brochure as you may need to read it again.



Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the hospital in person.

An orthopaedic surgeon will review your case and a staff member will contact you to discuss your management plan.

Your diagnosis is: hamate fracture

The hamate is one of the eight small carpal bones of the wrist. A hamate fracture is often caused by a fall onto an outstretched hand.

Early management: the first 72 hours

It is normal for your wrist to become bruised and swollen. This will settle over a few weeks.

Follow these guidelines to help with any pain and swelling:

Rest: Avoid any activity that increases your pain.

Ice: Ice your wrist for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury. Protect your plaster to prevent it getting wet.

Elevation: Rest your arm on several pillows (see photo to the right).



Plaster/splint

The Emergency Department will apply a temporary cast or back slab (a half-cast strapped on with a bandage). Keep this on at all times.

After approximately one week the back slab will be changed for a splint. Wear the splint for five weeks from the day of your injury.

You may remove the splint to clean your hand.

Four weeks after your injury, you may remove your splint when sleeping and for exercises.

Use a bag to protect your splint from getting wet while bathing.

Lifting

For the first **five weeks** after your injury do not lift **more than 250 grams** in your injured arm (about the weight of a cup of tea or mobile phone).

Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain. Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about your medication options.

Smoking

Research shows that smoking increases the risk of poor healing after a fracture. Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

With your **splint on**, perform these exercises **four times a day**:

- Bend your fingers down to touch the back slab/splint (like making a fist) then open your hand out wide. Repeat 20 times. You should be able to touch your finger tips to the back slab in one to two days



- Bend and straighten your elbow. Use your good arm to help if needed. Repeat 10 times



- Start with your elbow bent to 90 degrees by your side. Rotate your palm up and down to feel a mild stretch. Repeat 10 times



After four weeks, remove the splint and perform these exercises four times a day

- Open and close your hand. Repeat 10 times

Progression: Hold a soft ball or rolled up socks, and squeeze and relax your hand. Repeat 10 times



- Move your wrist up and down. Repeat 10 times



Physiotherapy

If you notice stiffness or weakness in your wrist after five weeks you may benefit from physiotherapy.

Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

Expected return to daily activities

Different people recover from injuries at different rates. Most simple fractures heal in six to 12 weeks.

Return to driving

You can return to driving five weeks after your injury.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return-to-work plan with your GP and employer.

As a guide:

- Manual workers: If you need to climb ladders or do repetitive lifting it may take **five to six weeks** to return to normal duties
- Desk workers: You can return as soon as your pain allows

Return to sport

It is recommended that you see a physiotherapist for a guided return to sport program.

Future appointments

You will have an appointment **three to seven days** after your injury to change your back slab for a splint.

Please contact us if you have not had notification of this appointment.

Longer term recovery and expectations

Most people achieve normal function three to four months after this injury. It is possible that you could have mild ongoing discomfort and stiffness for more than 12 months.

If you have significant problems **three to six months** after your injury despite rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your hand or arm
- Your symptoms are still bad after six weeks

Contact

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Practitioner / Patient notes

