

Treatment

The treatment depends on several factors, including the extent of the injury, how long ago the injury occurred, the age of the patient, and the physical demands of the patient. If the tear is partial, and the thumb is not too loose, the patient is usually placed in a cast or a modified wrist splint (called a thumb spica splint) for up to 6 weeks.

If the tear is complete or if the patient has significant instability due to the tear or the ulnar collateral ligament, then surgery may be considered. Surgery is usually most effective when performed within the first few weeks following injury. If possible, the surgeon will repair the torn ends of the ligament back together. If the ligament is torn from the bone, then the torn end will be sutured down to the bone itself.

If the injury to the ulnar collateral ligament is older, then it is likely that a direct repair will not be possible. In this case, either another structure will be transferred to reconstruct the ulnar collateral ligament or one of the muscles at the base of the thumb will be advanced to compensate for the torn ligament.



Please be aware that this information is provided to supplement the care provided by your physician. It is neither intended nor implied to be a substitute for professional medical advice.

Call Your healthcare provider immediately if you think you may have a medical emergency.

Always seek the advice of your physician or other qualified health provider prior to starting any new treatment or with any questions you may have regarding a medical condition.



Womack Army Medical Center
Fort Bragg, NC 28310

Occupational Therapy Clinic
Patient Information Handout

UCL INJURIES



Womack Army Medical Center
Occupational Therapy Service
(910) 907-7383

Consult Required



UCL Injury



An injury to the Ulnar Collateral Ligament (UCL) of the thumb.

Two common descriptive terms for injuries to the UCL are:

- “Skier’s thumb” &
- “Gamekeeper’s thumb

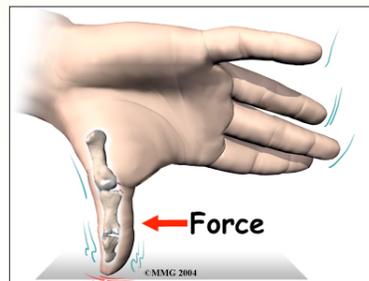
These eponyms are often used interchangeably, although they described slightly different injury patterns.

Causes

The skier’s thumb injury was described as an acute injury to the ulnar collateral ligament. When a skier falls with his or her hand caught in a ski pole, the thumb can be pulled away from the hand. Because of the shape of the ski pole, the thumb tends to get caught and significant stresses are placed on the ulnar collateral ligament. If the ulnar collateral ligament is pulled far enough, it will tear. While there are many ways to injure the ulnar collateral ligament, a skier’s thumb is the proper eponym for an acute injury to the ligament.

The other injury is called a gamekeeper’s thumb; this refers to a more chronic pattern of injury that leads to loosening of the ulnar collateral ligament over time. The name comes from the European gamekeepers who would kill their game by grasping the head of the animal between their thumb and index finger to break its neck. Over time, the ulnar collateral ligament is stretched and eventually causes problems. Again, gamekeeper’s thumb is the proper eponym to describe chronic injuries to the ulnar collateral ligament.

An ulnar collateral ligament injury most often occurs as a result of sports injuries. Athletes who are skiers and soccer players often sustain this injury. An ulnar collateral ligament injury can also occur as the result of a fall or other trauma.



Symptoms

- Pain and swelling directly over the torn ligament at the base of the thumb
- Patients will often have a difficult time grasping objects or holding objects firmly in their grip
- Difficulty holding a tennis racket or throwing a baseball
- Instability or catching their thumb in pockets of their pants

Diagnosis

- Testing the laxity (looseness) of the ulnar collateral ligament of your thumb: This test will be done by holding the base of your thumb in a fixed position, while applying a lateral (sideways) force on the tip of your thumb to see how many degrees it will move. This movement will be compared to the movement of your uninjured thumb. Pain may make this difficult to do immediately after the injury (in this case the injury may be treated and then reexamined in a few days).

- Assessing for normal functioning of 3 major nerves in your hand
- Checking for point tenderness over certain bony spots on your hand that may indicate fracture
- X-ray of your hand to make sure no bones are broken
- Examining the rest of your arm for any associated injuries to your wrist, forearm, elbow and shoulder