CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Hook of Hamate Fracture

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra.**Bản tiếng Anh** là bản chính thức.

What you're feeling

This fracture almost always happens during sport. It comes from holding a bat, club or racquet. The handle strikes the small hook-shaped bone deep in your wrist on the little-finger side, at the moment of impact. You may feel a sharp pain or a snap in that spot straight away.

The pain sits on the little-finger side of your wrist, towards your palm. Pressing there hurts. So does gripping, especially when you swing a bat, club or racquet, or squeeze something firmly. There may be some swelling, but often there is little to see. That is part of why this injury is easy to miss. Standard wrist x-rays do not always show the fracture, so it can be mistaken for a sprain at first.

Over the first days and weeks, the pain usually settles a little but does not go away. It returns every time you load the wrist: turning a doorknob, lifting a kettle, shaking hands, or picking up a racquet again. The bone has a poor blood supply in this spot, which makes it harder for the fracture to heal on its own. Many people find the pain lingers and keeps them off sport.

If this sounds like your story, an injury during a swing or impact, with lasting pain on the little-finger side of your palm-side wrist, it is worth getting it checked properly. Finding the fracture early gives you more options and helps prevent problems down the track.

What's actually happening

Deep in your wrist, on the little-finger side, sits a small bone called the hamate. It has a hook-shaped spur that points into your palm. You cannot see it, but you can feel it if you press firmly into the soft pad of your palm below the little finger.

That hook matters more than its size suggests. Several things anchor to it: a strong band that forms part of the tunnel your finger tendons run through, small muscles that move the little finger, and the tendons that bend your ring and little fingers. Those tendons slide right past the hook every time you grip or flex.

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When you swing a bat, club or racquet, the handle presses hard against that hook at the moment of impact. One big hit can crack it. More often, the same pressure from gripping and swinging, over and over, slowly weakens the bone until it breaks. This is called a stress fracture. The hand that grips lower on the handle, usually your top hand off the bat, takes most of that pressure.

The hook has a poor blood supply. Bone needs blood to knit back together, so this spot heals slowly and often fails to heal at all. A break that never knits is called a nonunion. Even a partially healed break can stay painful.

Meanwhile, the tendons keep pulling on the loose piece every time you grip. That constant tugging stops the ends from joining, like trying to glue two bricks together while someone keeps nudging them apart.

An unhealed fragment causes trouble of its own. It can press on the nerve that supplies feeling to your little finger, or rub against the bending tendons until they fray or, in time, tear. That is why a fracture here is worth sorting out early rather than waiting.

If the broken piece has shifted out of place, or the gap between the pieces is wide, the chance of it knitting on its own drops further. That is the picture your surgeon will be assessing.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At that first visit we take a history, examine your wrist, and arrange scans if they are needed. Standard x-rays can miss this fracture, so we often use an MRI scan, which shows the small bones of the wrist clearly.

If the bone has not shifted and the break is stable, we may treat it without surgery. Your wrist is held still in a cast or a splint while it heals. We check the healing with repeat scans along the way. Once the bone has knitted, you start gentle movement and build back up with your hand therapist. Some casts that hold the fingers still have not worked well for this fracture, so the position of the cast matters. Holding the thumb still may help the break knit, because it takes pressure off the broken hook.

Surgery is often recommended from the outset for this injury. If the broken piece has shifted, or the gap is wide, it is unlikely to knit on its own. The same applies if you need your wrist back for sport or work quickly. The operation removes the loose piece of bone, which settles the pain and lets the tendons glide freely again. For some fractures that have not shifted, a small screw can hold the bone in place instead. This choice is genuinely shared: casting is sometimes possible, but it means a longer wait and the break may still fail to heal.

Whichever path you take, the first weeks are similar. We keep your pain under control and protect the wrist while it heals. You avoid gripping, swinging and heavy lifting. Hand therapy starts at the right stage, once healing is under way. After surgery, your hand therapist is Ruby Doolan at Extend Rehabilitation. She guides your exercises and makes any splint you need. Most people who have the loose piece removed are back to sport between 5 and 7 weeks after surgery.

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What to expect

Healing here is slow, and it helps to know that from the start. The hook has a poor blood supply, so a fracture treated in a cast or splint can take months to knit, and some never do. If the break fails to heal, the loose piece can be removed later and that settles things for most people.

If you have surgery to remove the loose piece, recovery is usually quicker. Most people are back to sport between 5 and 7 weeks after surgery. Grip strength can be a little weaker afterwards, and some people still notice mild symptoms in the wrist even once the piece is gone. Serious problems after this operation are uncommon.

If a small screw has been used to hold an unshifted break in place, the bone usually heals well and problems are few. Your hand therapist, Ruby Doolan at Extend Rehabilitation, guides your exercises and makes any splint you need.

In the first weeks you protect the wrist: no gripping, swinging or heavy lifting. Daily tasks like dressing and eating are usually fine early on. As healing progresses, you build back grip and strength with your therapist. Work that needs heavy gripping or swinging takes longer than desk work.

The main things that can go wrong are slow healing, the bone failing to knit at all, or the pieces knitting in a poor position. A break that does not heal can press on the nerve to your little finger or rub on the bending tendons. Sorting it out early lowers the chance of these problems.

Whichever path you take, expect good weeks and frustrating ones. The pain you feel now, with gripping and swinging, is the thing that improves. Most people get back to their sport at the level they had before the injury.

When to see someone

Seek urgent care if your wrist is clearly out of shape, there is an open wound, you have numbness or tingling, or you cannot use your hand at all. Otherwise, start with your GP. If the pain is not settling, or swelling, movement and grip are not improving week on week as healing progresses, ask for a specialist review. This injury is easy to miss, and standard wrist x-rays do not always show it, so a pain that lingers deserves a closer look rather than a wait-and-see approach.

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