

THUMB SPICA

scaphoid # and possible scaphoid #

HAND POSITION

- full pronation
- mild radial deviation
- mild dorsiflexion
- thumb is in mid-abduction and able to form circle with index ('ok')



PLASTER POSITION

- 6 layers of 15cm plaster covered in padding on the underside
- cut to template
- apply as shown
- plaster should extend to but not immobilise the interphalangeal joint (plastic model shown here)
- once dry, encircle with crepe



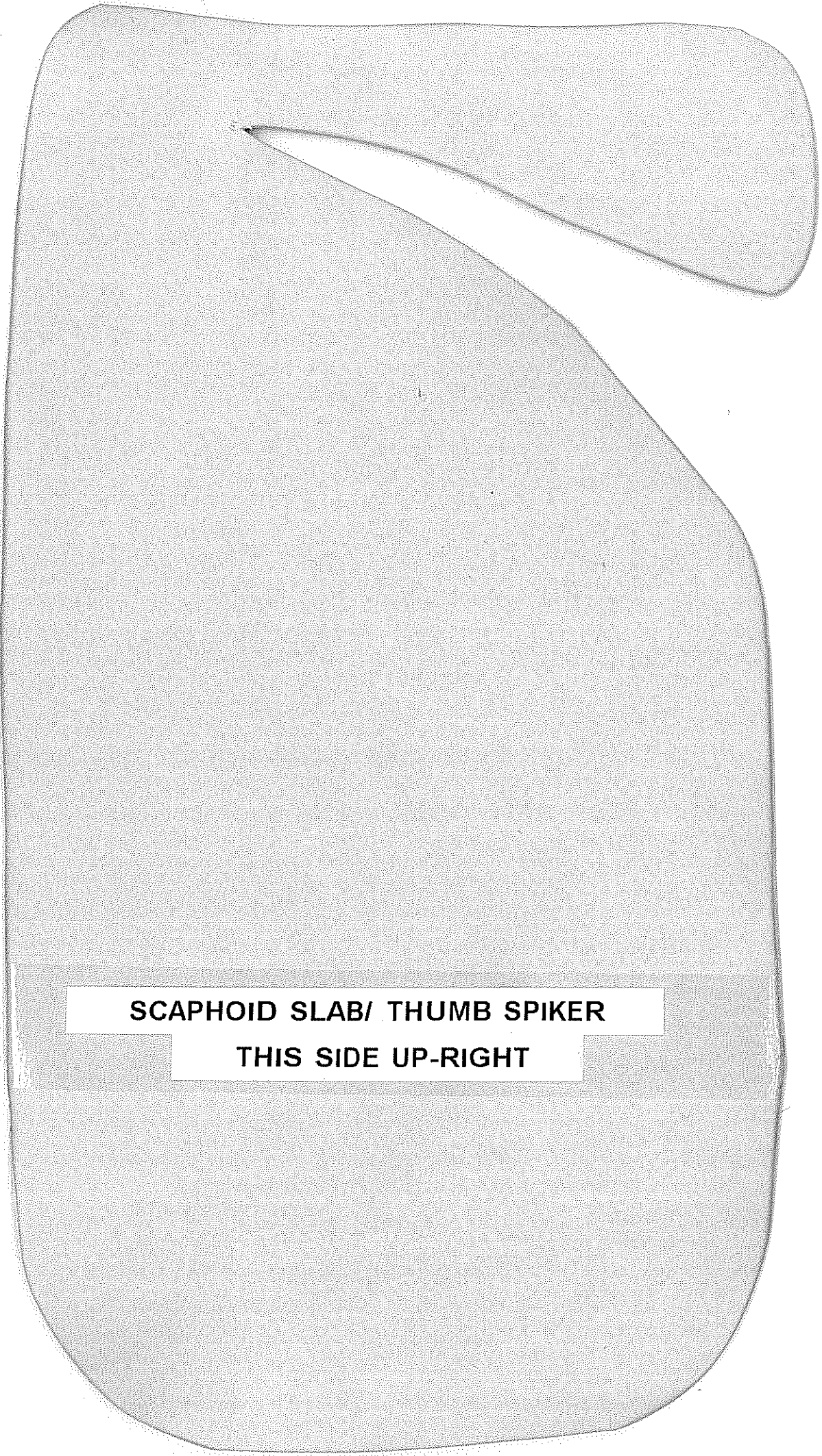
SLING POSITION

- keep # above level of heart
- keep sling on until swelling has gone down
- if fracture seen, refer to fracture clinic
- if no fracture seen, LMO to asses clinically in 5/7, if still tender; bone scan or CT scan



further information: McCrae's 'Practical management of fracture management'

please have your plaster reviewed by the consultant (or senior night registrar)



SCAPHOID SLAB/ THUMB SPIKER

THIS SIDE UP-RIGHT