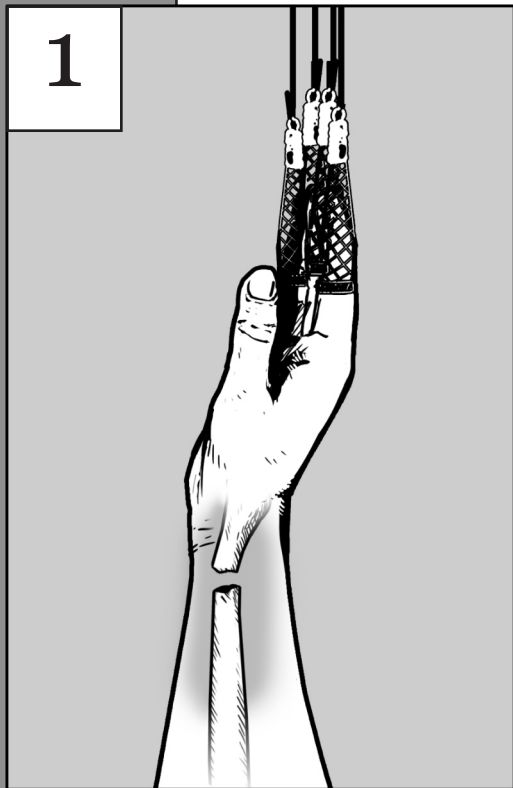


# Wrist Reduction Basics, Part 1: **DISTAL RADIUS FRACTURE**



## INDICATIONS

- Closed reduction is indicated when there is  $>20^\circ$  angulation or a visible dinner-fork deformity
- Finger trap traction offers a slight but significant advantage in restoring radial length and is less painful than manual traction

## HEMATOMA BLOCK

- 10ml syringe: 5ml lidocaine + 5ml bupivacaine (NO EPI)
- Enter at a  $30^\circ$  angle and slowly advance, aspirating until there is a flash of blood in the hub, then slowly empty syringe into hematoma
- OR enter at a  $70^\circ$  angle and advance until you strike bone, then withdraw slightly and empty syringe while checking for resistance

## PATIENT POSITION

### PANEL ONE:

- Patient seated in chair with fingers 2-4 in finger traps, with counterweight hanging from biceps x 10-15 minutes

### EXAMINER POSITION

- Bend both index fingers and place them on the volar surface of the wrist. Then place both thumbs on the dorsal wrist, just beneath the deformity and against the distal fracture fragment

## REDUCTION TECHNIQUE

### PANEL TWO:

- Rock the distal fracture fragment toward examiner with index fingers, to loosen any edges that may interfere with reduction

### PANEL THREE:

- Push thumbs against distal fragment, upwards and then away from examiner. Check alignment with thumb and repeat as necessary

### PANEL FOUR:

- Maintain pressure against distal fragment while sugar tong splint is placed. Only remove finger traps when splint application is complete

