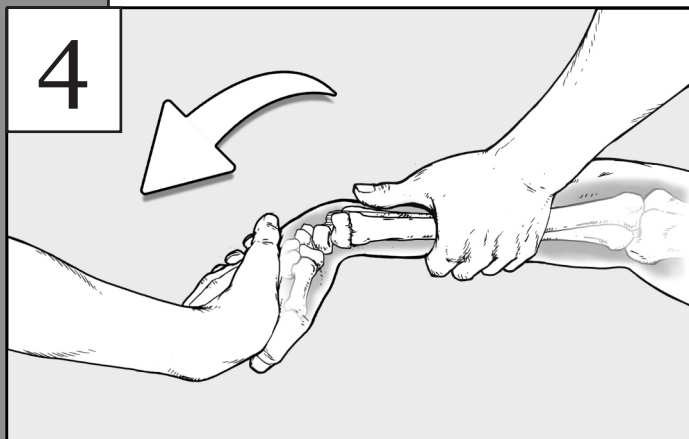
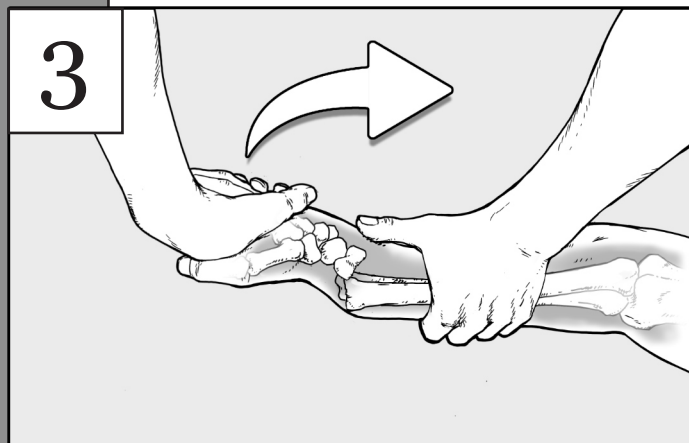
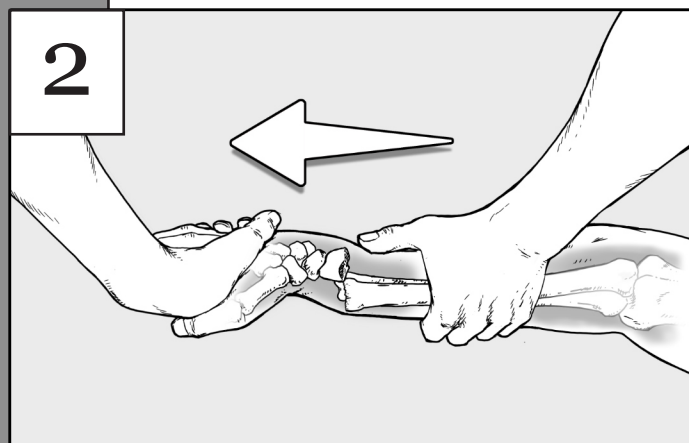
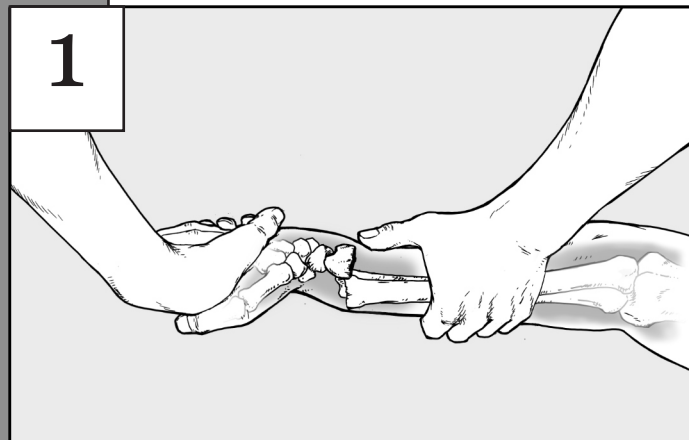


## Wrist Reduction Basics, Part 2:

# HANDSHAKE METHOD



### INDICATIONS

- closed reduction is indicated when there is  $>20^\circ$  angulation or a visible dinner-fork deformity
- failure by finger-trap method
- there is a need for more counter-traction than can be provided by finger traps (in this case, it helps if a second provider is available to provide counter-traction)

### PATIENT POSITION

- patient seated in chair with fingers 2-4 in finger traps, with counterweight hanging from biceps x 10-15 minutes
- after 10-15 minutes of traction, release patient from finger-traps and place affected limb at patient's side with elbow flexed to 90 degrees

### EXAMINER POSITION

- examiner may be seated or standing next to the patient's fractured wrist
- assisting provider may grasp patient's biceps with both hands from behind to provide counter-traction

### REDUCTION TECHNIQUE

#### PANEL ONE:

- examiner grasps affected hand in handshake position and places thumb of opposite hand along the forearm to stabilize

#### PANEL TWO:

- examiner pulls against the hand, providing traction away from the fracture fragment in an attempt to realign in anatomic position. Examiner applies counter-traction with opposite hand at forearm. If necessary, assisting provider applies counter-traction at patient's biceps

#### PANEL THREE:

- examiner rocks the patient's hand up and back toward examiner to free the distal fragment from hanging up against the proximal segment

#### PANEL FOUR:

- examiner pronates patient's hand, applies traction away from patient and downward, and uses thumb of opposite hand to guide the distal fragment back into anatomic alignment. If necessary, examiner applies ulnar deviation at wrist. When alignment is satisfactory, hold in position until sugar tong splint is applied, and then obtain post-reduction films