What is a scaphoid injury?
The scaphoid is one of the bones of the wrist, located just below the thumb. Injuries to the scaphoid are some of the most common injuries in children.

A sign that your child has injured their scaphoid is pain right above the scaphoid bone. We sometimes call this “snuffbox tenderness.”

This injury occurs most often with what we call a FOOSH (fall onto an out-stretched hand). FOOSH injuries can happen from falls off a scooter, skates or monkey bars, as well as direct hits in sports like football, hockey or lacrosse.

How is this injury treated?
Scaphoid fractures can sometimes be seen on an x-ray, but they are often hard to see, especially during the first two weeks after injury. If there is a break in the bone that cannot be seen on the x-ray, it is called an occult injury.

The scaphoid does not get a large supply of blood, so it can be slow to heal, which can cause complications. Your child may need a cast on their wrist, even if the x-rays appear normal at first.

If your child’s provider thinks your child may have a scaphoid fracture but the x-rays are normal, we may order a CT scan or MRI. These tests help us look for other signs that the bone was injured.

If we see a clear fracture, we will determine whether the fracture is displaced, which means that parts of the bone are separated. We usually use a cast for non-displaced fractures and observe them closely. If the fracture is displaced, your child may need surgery, which can give the bone the best chance to heal. Sometimes even nondisplaced scaphoid fractures are treated with surgery.

Will my child be in pain?
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. Always talk with your provider about allergies your child may have before giving over-the-counter medication.

We may prescribe a small amount of prescription pain medication after a surgery if we feel it is needed.

Swelling in the fingers is common. Have your child keep their arm and hand lifted or resting above their heart.

Can my child be active?
The cast provides some protection, but a blow to the arm could move the fracture out of place or make the injury unstable.

Your child should not participate in activities that put them at risk of falling or a direct hit to the arm. This includes activities like:
- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing

How long will my child be out of sports?
We will assess your child and make recommendations based on how their fracture looks and the potential risks of the sport they play.

Your child probably will not be able to play contact sports or do playground activities for six to 12 weeks, including some recovery time after their cast comes off. If they have a displaced fracture or need surgery, they may need to remain out of these activities for longer.
How long will my child wear their brace or cast?
In most cases, children with a scaphoid injury need to be in a cast or splint for four to six weeks. We will take off your child’s cast or splint when their bone has had enough time to heal well and grow strong.

If your child has a scaphoid fracture, they may need to wear a cast for as many as six to eight weeks, depending on how their healing is progressing. If the fracture is not healing well, we may refer you to our upper extremity team for further evaluation.

Will my child need physical therapy or treatments after bracing or casting?
Your child probably will not need physical therapy and should regain full strength and movement within a few weeks after the bracing or casting is over.

When should I follow up?
We usually see patients for follow-up two or three weeks after the initial visit. We will take more x-rays and perform a clinical exam to assess the progress of your child’s healing. Pain is an important sign that an injury has not healed.

When should I contact the office?
Call us if your child has:
- pain that increases quickly and without warning
- swelling with no new fall or injury
- new redness and warmth around the area with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem, and we may direct you to take your child to our clinic or the emergency department.