



SKIER'S THUMB FAQ

1) What is Skier's Thumb?

Skier's thumb is an acute injury to a ligament of the thumb. The ligament is located on the inner aspect of the thumb's first knuckle and its role is to provide stability for the thumb at that location. The condition is called Skier's Thumb because injury to this ligament is often seen among skiers who fall with the ski pole still in hand. The ligament can be partially torn, completely torn or stretched and can be associated with a small fracture of the bones of the thumb where the ligament is attached.

2) What causes Skier's Thumb?

This condition is acquired after trauma to the thumb. The mechanism of injury is a sudden and forced stretching of the thumb in an outer direction. This results from either a fall onto an outstretched hand or among skiers from falling with the pole still in hand and the handle of the pole stretching the thumb out.

3) What are the typical symptoms?

Patients with this injury will have tenderness, swelling and bruising along the inner aspect of the thumb at the first knuckle. The thumb will also lose some of its side-to-side stability. If the ligament is completely torn, the thumb will be so unstable at the first knuckle that it will bend to one side with little effort.

4) How can it be treated?

If the ligament is partially torn then surgery is not necessary. Treatment consists of placing the hand in a cast designed to immobilize the thumb for a period of 4 weeks. This is followed by a 2-week period of immobilization using a removal splint so that range-of-motion exercises can be started. Because the ligament is only partially torn, healing with full recovery can be expected.

5) If surgery is an option, how is it performed?

When the ligament is completely torn, surgery is the only good option. When surgery is performed, an incision is made along the inner aspect of the thumb and the back of the thumb and is about 1 inch long. The repair involves direct suturing of the ligament to itself or to an adjacent bone. If a fracture is involved with a stretched out ligament, then the fracture is also repaired with permanent wires or screws. After surgery, the hand is placed in a cast to immobilize the thumb for 4 weeks. This is followed by a 2-week period of immobilization with a removable splint. During this time, the thumb is carefully put through active range-of-motion exercises. Activities that can stress the ligament should be avoided for 3 to 4 months following the surgery. Some tenderness and thickening of the inner aspect of the thumb at the first knuckle can be expected to persist for about one year following surgery.

6) What are the chances of success?

The chances of success are very good if the thumb is well immobilized after surgery and the patient adheres to a strict thumb exercise program. It is important to avoid all activities that can stress the ligament for 3 to 4 months following surgery, which is the time it takes the ligament to fully heal.

7) What are the possible complications of surgery?

The most likely complications can be injuring the sensory nerves around the thumb. If this were to occur, the nerve can be repaired during surgery. If the nerve were to be injured, a small area of temporary numbness may be experienced on the inner aspect of the thumb. Stiffness at the joint can occur if the thumb is not exercised after the cast is removed. This stiffness is usually reversible once a good exercise program is initiated.

8) What would happen in the long run if I receive no treatment?

If no treatment is sought, then a condition called Gamekeeper's thumb can develop. This condition is referred to as a chronic injury to the same ligament of the thumb and results in great side-to-side instability of the thumb. The longer the injury exists, the less likely surgery aimed at restoring stability to the thumb will be successful.