Purpose
To evaluate an AP Physiotherapist led pathway for the management of potential scaphoid fractures in a large trauma centre.

Pathway
History compatible with possible scaphoid fracture And Examination confirms ASB tenderness and / or Scaphoid tubercle tenderness Pain on telescoping the thumb

Scaphoid x-rays

No obvious fracture

Futuro splint VFC referral + Senior input if unclear diagnosis

Fracture

Below elbow back-slab VFC referral

VFC

Scaphoid review clinic 10/14/7 post injury

2/3 tests positive

Discharge with advice and GP letter

Opt in service via VFC hotline

A+E

Results
Radiology
- 400 patients
  - 170 discharged (43%)
  - 112 DNA (28%)
  - 4 excluded from analysis
  - 114 MRI (29%)
    - 13 scaphoid #
    - 48 “other #’s”
    - 53 negative
  - Return rate of 3 at 3 months (0.25%)
    - 1 via A+E
      - MRI and lunate micro #
    - 2 via phone line
      - MRI Occult # radius
      - OA hand

Prior Model
4 attendances (A+E, clinic x 2, MRI scan)
2 sets scaphoid Xrays
MRI as out patient
4 weeks on average in a cast
Heterogeneity of assessment

Scaphoid Clinic
2 attendances (A+E and clinic)
1 set scaphoid Xrays
Same day MRI
2 weeks in a splint
Consistency of assessment

Conclusion
An AP led dedicated scaphoid pathway proved to be safe and resulted in

- Less radiation
- Less immobilisation
- Less cost