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Elizabeth Lefever

Otterbein University, elizabeth.lefever@otterbein.edu

Alexandria Winter

Otterbein University, alexandria.winter@otterbein.edu

Case Troyer

Otterbein University, landunn.shumaker@otterbein.edu

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Scaphoid Injury in Division III Collegiate Women's Basketball Athlete

Liz Lefever, Alex Winter, Case Troyer

Health and Sports Sciences; Otterbein University

CASE REPORT

Wrist sprain is a catch all term for wrist injury with x-rays negative for abnormal findings.¹ Following a working differential diagnosis of collateral ligament injury to thumb (RCL), wrist sprain or scaphoid fracture; this study is a clinical case report of a wrist injury, specifically in a collegiate women's basketball guard. The patient had no previous history of wrist injury and was diagnosed with a working differential diagnosis of collateral ligament injury to thumb (RCL), wrist sprain or scaphoid fracture. Literature found that nonoperative treatment of scaphoid fracture has union rates anywhere from 78%-100% and that the prevalence of true fracture among patients with suspected fracture is between 5% and 10%.^{2,4} Treatment according to literature followed a protocol of 2 weeks in a removable short arm brace with thumb spica only to be removed for hygiene and ROM purposes followed by return to play 6-7 weeks after injury. Return to play was only initiated if radiography showed union and full ROM was attained.² The athlete followed this treatment plan, however the immobilization period was much longer than expected. Due to this lengthy immobilization the athlete's return to play was adjusted to better fit their injury. The athlete was allowed to return to

play when the x-ray findings were normal, ROM was increased, and point tenderness was resolved. The athlete had her wrist taped before each practice and game per her request. In conclusion, x-ray and MRI are key components in diagnosing and treating a wrist injury.⁴ It is important to treat each case as unique, understand the deviations that can occur and be able to adapt accordingly.

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