HAND INJURIES IN ATHLETICS
QUIZ QUESTIONS

Select the best response

1. Hand, wrist and figure injuries account for ___ of sports related injuries.
   A. 1-2 %
   B. 3-9%
   C. 10-12 %
   D. 15%

2. Upon examination of hand and finger injuries, it is important to check for rotational deformities. This is done by:
   A. This can only be determined through an x-ray.
   B. Referring to a physician
   C. Passively moving the digits into a hyper flexed position.
   D. Asking the athlete to actively flex his/her digits while noting the relationship of the injured digit to the non injured ones.

3. In reference to metacarpal fractures select the incorrect response:
   A. Accounts for 36 % of all hand fractures
   B. Fracture is usually in shaft or neck
   C. A fracture in the 4th or 5th metacarpal neck is called a “boxers fracture”
   D. Most are unstable due to the presence of the transverse intermetacarpal ligament.

4. What is the incorrect answer regarding treatment of metacarpal fractures:
   A. Repeated radiography is recommended
   B. Buddy taping can be used if the fracture is minimally or non displaced.
   C. The average return to sports from this injury is 21 days
   D. Displaced fractures require closed reduction and percutaneous pin fixation or open reduction and internal fixation.

5. Characteristics of a Bennett’s fracture include all of the following except:
   A. Occurs to the first metacarpal
   B. Is extra-articular
   C. Is displaced by the pull of the abductor pollicis longus tendon
   D. Can be treated by a thumb spica cast or closed reduction and percutaneous pin fixation or open reduction and internal fixation.

6. The common mechanism of a dislocation to the hand is:
   A. Axial loading to a extended digit
   B. Rotational forces
   C. Axial loading to a flexed digit
   D. Compressional forces
7. The a common treatment(s) for dislocations include:
   A. Longitudinal traction
   B. Application of a cast
   C. Check joint stability
   D. Both A and C

8. When there is an unstable fracture or the fracture involves greater than 40% of the articular surface, treatment options that may be selected include all of following except:
   A. Open reduction and fix the fracture
   B. Splint in flexion
   C. Splint in extension
   D. Closed reduction and pin the joint

9. In reference to dislocations, select the correct response(s)
   A. Volar dislocations are rare
   B. Rapid return to sports is common
   C. Early range of motion is recommended
   D. All the above are correct
   E. A and B are correct

10. An athlete with a boutonniere deformity will present with:
    A. The inability to actively extend the PIP joint
    B. Describe a mechanism of rapid forced flexion of the PIP joint
    C. A deformity in the DIP joint
    D. Both A and B

11. Which statement(s) is/ are correct about collateral ligament injuries:
    A. The examine should be performed in both extension and flexion
    B. Open fixation is commonly used by the surgeon
    C. If laxity is noted in both flexion and extension, stability to the joint has been compromised
    D. Both A and C are correct.

12. When in doubt about a hand injury:
    A. Wait for the EMT’s to arrive
    B. Apply paraffin soaks daily
    C. Splint with the MCP joints at 50-70 degrees of flexion and IP joints extended
    D. Do nothing

13. Ulnar collateral ligament injuries to the thumb:
    A. Are rare
    B. Occur because of adduction forces across the MCP joint
    C. May involve a “Stener’s” lesion
    D. Can be repaired late
14. Flexor Digitorum Profundus tendon ruptures:
   A. Are also known as Skier’s thumb
   B. Occur commonly in the ring finger
   C. Need to be tested with the athlete actively flexing the DIP joint
   D. Both B and C are correct
   E. Both A and C are correct

15. Mallet finger deformities:
   A. Are one of the open finger deformities discussed in the text
   B. Involves disruption of the extensor mechanism
   C. Need to be treated with continuous splinting in 30 degrees of flexion
   D. Are never associated with a fracture

16. Volar dislocations:
   A. Are very common
   B. Usually involve the DIP joint
   C. Involves a rupture to the central slip and the collateral ligaments
   D. Need to be splinted in 45 degrees of flexion

17. All are correct about phalangeal fractures except:
   A. Fractures to the proximal and middle phalanx are usually stable.
   B. Can be treated with buddy taping if minimal or no displacement is noted
   C. Fractures to the distal phalanx have little soft tissue damage
   D. Are considered stable if fracture involves less than 10 degrees of angulations in the AP and lateral planes.

18. A Rolando fracture:
   A. Effects both sides of the first metacarpal joint
   B. Is often comminuted
   C. Is seen in the PIP joint
   D. Both A and B are correct

19. A baby Bennett’s fracture:
   A. Occurs in the fifth metacarpal
   B. Involves the flexor digitorum profundus
   C. Involves the extensor carpi ulnaris tendon
   D. Both A and C are correct

20. All are correct about ulnar collateral ligament injuries to the thumb except:
   A. Are referred to as “gamekeeper’s “thumb
   B. Caused by an abduction force across the MCP joint
   C. Need to be tested with the joint flexed only
   D. May initially show a negative x-ray but have a flex of bone detached