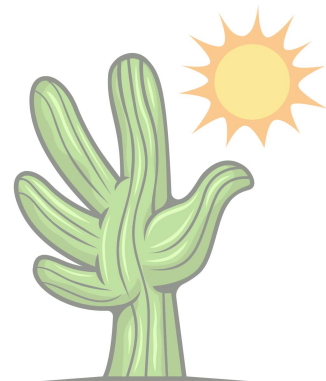


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BOXER'S FRACTURE



What is it?

- Boxer's fractures refer to a fracture at the distal end of the small finger metacarpal bone.
 - o The small finger metacarpal is flexible and can easily be fractured when a closed fist hits a solid object.

Who gets it?

- Occur typically in young men and may be associated with alcohol or moments of anger.

What can you do about it?

- No MRI/CT is needed. X-Rays are required to make diagnosis - but not at follow-up.
- Surgery is almost never indicated!
 - o Surgery can be associated with stiffness and tendon irritation.
 - Surgery can be indicated for:
 - Open fractures – which can be associated with infection (like a dog bite)
 - Significant rotation of the finger.
- Even splinting is not indicated unless there is significant displacement.



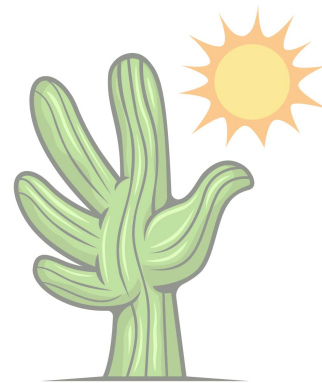
Surgery:

- If required would be completed with a single screw down the middle of the bone, a plate, or pins.

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Treatment

- The vast majority of the cases are treated with no surgery and no brace/splint.
- Patients begin range of motion as tolerated immediately.
 - o In fact, immediate motion is best (even if sore/painful) because this keeps your finger joint loose and leads to better outcomes.
- You may bear weight as soon as you feel you can tolerate this.
- Repeat X-Ray in clinic are likely not indicated.
- The outcomes of this treatment are excellent – see article below.

[Review](#) > [Orthopedics](#). 2016 May 1;39(3):188-92. doi: 10.3928/01477447-20160315-05.

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The Boxer's Fracture: Splint Immobilization Is Not Necessary

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Abstract

Fractures of the fifth metacarpal neck, or boxer's fractures, are common, particularly among young men. Because of the high frequency of this injury, there is a considerable range of treatment options. The purpose of this systematic review was to determine whether reduction and splint or cast immobilization is necessary for fractures of the fifth metacarpal neck. The authors conducted a systematic review of all published studies that randomized these fractures to cast immobilization vs treatment with soft wrap without reduction. Cast immobilization is not superior to soft wrap without reduction in most cases. The study found that reduction and cast immobilization is not necessary for boxer's fractures. [Orthopedics. 2016; 39(3):188-192.].

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