The scaphoid is one of eight small bones that make up the “carpal bones” of the wrist. It connects two rows of these bones - the proximal row (closer to the forearm) and the distal row (closer to the hand). This connection puts it at extra risk for injury (Figure 1).

**Causes**
A fracture of the scaphoid bone usually occurs from a fall onto the outstretched hand.

**Signs and Symptoms**
Pain (with or without swelling or bruising at the “thumb side” of the wrist) can be noticed within days following a fall. Because there is no visible deformity and no difficulty with motion, many people with this injury assume that it is a wrist “sprain.” Unfortunately, delaying treatment can cause problems. Visit a hand surgeon as soon as possible if you think you might have fractured your wrist.

**Diagnosis**
Scaphoid fractures are usually diagnosed by an x-ray of the wrist; however, an x-ray might not always show a scaphoid fracture. A break in the bone that cannot be seen on x-ray yet is called an “occult” fracture. If you are tender directly over the scaphoid bone (which is located in the hollow at the thumb side of the wrist as shown in Figure 2), your health care provider might recommend wearing a splint to be safe. If pain persists, a follow-up exam and x-ray in a week or two can be used to diagnose.

A CT scan, bone scan or MRI may also be used to diagnosis the fracture.

**Treatment**
If the fracture is non-displaced (bone has not moved out of place at the fracture), it usually can be successfully treated with a cast. Although the fracture may heal in as little as six weeks, it may take longer for some patients.

If the fracture is in a certain part of the bone or if the fracture is at all displaced (bone ends have shifted), surgery might be the best option. This might include the insertion of a screw or pins (Figure 3).