What is it?
Wrist pain can result from injuries, repetitive overuse, and long-term conditions. Common causes of pain on the pinkie-side (“ulnar” side) of the wrist are: wrist meniscus injuries of the triangular fibrocartilage complex (TFCC), above the wrist injuries of the distal radioulnar joint (DRUJ), ulnar impaction syndrome, and irritation of the wrist tendons (extensor and flexor carpi ulnaris).

**Acute:** A fall or a painful twist of the wrist under a heavy load can result in a TFCC or DRUJ injury. When the DRUJ is injured, patients may hear a pop and notice a prominence on the backside of their wrist. Small wrist bone (carpal) fractures may result from a fall onto an outstretched (extended) wrist or from a direct blow to the back of the wrist.

**Chronic:** Long-term pain may be the result of an old injury to the elbow, wrist, or hand, or an inflammatory condition. Ulnar impaction may be the result of the shape of the wrist at birth. Overuse can also result in a TFCC injury.

**Symptoms**
- Pain over the pinkie-side (ulnar) of the wrist with or without boney prominence
- Tenderness when pressing on wrist (carpal) bones may indicate a wrist bone fracture, bone bruising, or a stress injury, particularly of the lunate, one of the bones in the wrist.
- Greater strength turning the palm to the ground compared to when turning the palm upwards (pronation > supination)

Subluxation or a feeling of the bones moving out of place; clicking or popping with or without pain
Sports Medicine Evaluation and Treatment
A sports medicine physician will review an athlete’s history and perform a physical exam, focusing on: the specific location of pain or symptoms, range of motion, strength, and movement of the wrist bones.

Imaging test of the wrist help in the evaluation of ulnar-sided wrist pain:
- Radiographs (X-rays) evaluate for fracture and position of the wrist bones.
- Magnetic resonance imaging (MRI) can be used to evaluate for stress reactions or fractures in the wrist bones, ulnar impaction syndrome, DRUJ injury, or tears of the TFCC.
- Ultrasound can be used to evaluate tendon injuries.

Injections can be helpful in diagnosing and treating wrist pain. Most injuries can be treated with rest, activity modification, and bracing. Tendonitis may respond well to nonsteroidal anti-inflammatory drugs and ice.

TFCC and DRUJ injuries and ulnar impaction syndrome may need to be evaluated by an orthopedic surgeon if symptoms are not improving.

Injury Prevention
- The athlete should warm up with stretching.
- A thorough rehabilitation and return-to-play program following an injury is important for future success because a prior injury is a set up for future injury.
- Injury prevention for adults should be focused on reducing overuse injuries. For example, in tennis, proper technique should be taught, competitive play limited, and training volumes should be reduced.

For youth, cross training, not specializing in one sport and intermittent rest can be protective. Limiting hours of play and number of competitions a year may reduce injury.

Return to Play
Activities should begin with shorter distances, lighter resistance, and a slower pace. Initially, bracing or taping may be needed to protect and support the wrist. Eventually, strengthening will take the place of the brace.

References: