

Hamate Fractures and Ring/Little Finger CMC Fracture-Dislocations

What you're feeling

This is a sudden injury, not a slow-building problem. It usually happens when you punch something hard, land on your fist, or take a heavy blow to the hand. You may feel or hear a snap at the base of your ring or little finger. The pain starts straight away, on the outside of your palm near your wrist.

The base of your little finger and the bone it sits on (the hamate, one of the small wrist bones) take the force. The joint there can break and shift out of place. You will see swelling over the back of your hand, and it may bruise. Your little finger may look out of line or sit differently from before. Moving that finger, gripping, or pushing off your hand will hurt. Everyday things like holding a coffee mug, turning a door handle, or shaking hands become hard.

Over the first days to weeks, the pain is often worse at night and when you try to move the finger. It settles slowly as the bone and joint begin to heal. The swelling eases over time, but the hand stays tender if you lean on it or grip hard.

These injuries are uncommon, and the damage can be hard to see on normal x-rays. That is why a careful check and special imaging views or a CT scan matter. If the injury is missed, the bone may fail to join, the joint can wear out early, and your grip strength and finger movement may be reduced. The joint can also become unstable if it is not treated promptly.

One thing to watch: the nerve that serves your little finger runs close to this bone. Weakness or changed feeling in that finger can appear days or weeks after the injury, so your nerve function is checked at the start and followed closely.

If broken skin over the injury, bone showing, an obvious deformity, fingers turning pale, cold, white or blue, or sudden loss of feeling or movement appear, go to the emergency department the same day.

What's actually happening

Think of the base of your little finger as a small block that sits on a saddle-shaped ledge on one of your wrist bones (the hamate). The ledge has two shallow dips with a ridge between them, and the block rocks gently on it

as you grip and cup your hand. Your ring finger sits alongside on the same bone, and the two share the work. Together they allow about 15 to 30 degrees of movement where the fingers meet the wrist.

When you punch or take a hard blow, the force travels straight up the little finger into that joint. The ledge can crack, and the block can be pushed up and backwards out of its groove. Several small tendons that attach nearby pull on the broken pieces, which makes the joint drift further out of line. That is why the finger does not sit or move normally: the surface it rests on is both broken and unstable.

Bone heals by knitting back together, the way a broken branch calluses over. But if the pieces are shifted apart, they may knit in the wrong position, or not join at all. If the joint stays out of place, the surfaces grind unevenly and wear early. So the aim of treatment is to line the pieces up and hold them still while they knit.

These injuries are uncommon, and they often happen with great force, so other hand injuries can be present too. That is one reason the full damage can be missed on normal x-rays, which is why special views or a CT scan are used.

One more thing worth knowing: the hamate is one of the small wrist bones, and breaks here account for 2 to 4% of all wrist bone breaks. The joint between your little finger and the wrist normally bends and straightens through about 25 degrees, which is more movement than the ring finger joint has. Losing that movement is what makes gripping and cupping the hand feel different until things heal.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Some of these injuries heal without an operation, and others need surgery soon after the injury, so prompt assessment matters. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At the clinic we take a history, examine your hand, and arrange imaging where it is needed. Then we talk through the options with you.

If the joint is stable or only slightly out of place, we may treat it without surgery. We move the joint back into line and hold it still with a splint or cast while the bone knits. We check the position with repeat imaging during healing. Once it is safe to move, your therapist stages your return to movement and grip. Some people choose this path knowing the joint surface may not sit perfectly, and that some pain or a change in the finger's position can remain. That trade-off is part of the shared decision.

Surgery is recommended from the start when the joint is clearly out of place, unstable, or broken into several pieces, or when the injury pattern needs it. It can also suit people whose work or sport puts heavy demands on the hand. The operation lines the bone and joint up and holds them there while they heal. We will talk you through what it involves separately.

Whichever path you take, the first weeks are similar. We keep your pain under control while the swelling settles. You protect the hand and keep it raised as it heals. Hand therapy starts at the right stage, not too early and not too late, so your fingers and grip regain movement without disturbing the healing bone.

What to expect

Healing starts with the bone knitting back together while it is held still. If your injury is treated without surgery, you wear a splint or cast for the first weeks and have close checks in that time to confirm the joint stays in line. If you have surgery, the bone and joint are held in place while they heal, and hand therapy with Ruby Doolan at Extend Rehabilitation begins at the right stage to restore movement and grip.

Recovery comes in stages. Your fingers may be slow to straighten for over 3 months after treatment, and stiffness is a normal part of the healing course rather than a sign of failure. Grip strength can take longer to return than finger movement. Most people regain useful hand function as the swelling settles and the bone joins, and daily tasks like holding a mug or turning a handle become easier as your grip returns.

The outlook for both paths is encouraging. Treatment without surgery can work well when the joint is lined up early and stays stable. Surgery for these injuries also leads to good functional recovery, and people treated for this pattern of injury have minimal lasting loss of hand function. Some people who have surgery are back to full duties at work, though your own timing depends on what your hand does each day.

There are honest risks to know about. The bone can heal in a poor position, which is linked with ongoing pain and early wear in the joint. Grip weakness is the main lasting problem when the joint is not lined up well. The bone may also fail to join at all. Surgery itself carries a real rate of complications, even though function ends up good for most people. Your nerve function is watched closely after the injury, because changed feeling or weakness in the little finger can appear days or weeks later.

If your symptoms are not settling, are getting worse over weeks, wake you at night, or stop you working or using your hand, see your GP or ask for a specialist review.

When to see someone

Seek urgent care if your finger looks out of place or deformed, if skin is broken over the injury, if your fingers turn pale, cold, white or blue, or if you suddenly lose feeling or movement in the hand. These need the emergency department the same day.

See your GP sooner rather than later if you have punched something hard and the pain at the base of your little finger is not settling, or if swelling, movement or grip are not improving week on week as healing progresses. These injuries can be hard to see on normal x-rays, so a careful check and special imaging views or a CT scan matter. If the injury is missed, the bone may fail to join, the joint can wear out early, and grip strength and finger movement may be reduced.