

Virtual Fracture Clinic

Thumb sprains

Information for patients, relatives and carers

Introduction

This leaflet aims to tell you about thumb sprains, and the treatment and outcomes you can expect if you have one.

What is a thumb sprain?

A thumb sprain is an injury to the ligaments holding the thumb joint.

A joint is the space between bones where movement happens. Joints are held together by ligaments and crossed by tendons. These structures are not visible on X-ray.

Ligaments and tendons can be stretched. They can also be torn if submitted to a sudden force, though this is rare.

Injuries to ligaments are called sprains. This is usually the result of the wrist having had a sudden impact. In some cases, ligaments can tear off a small piece of bone when they are overstretched. This is called an 'avulsion fracture'. Sprains and avulsion fractures are treated the same way.

There's a strong ligament on the inside of joint called the ulnar collateral ligament or 'UCL'. This is the most frequently injured in thumb sprains. Its location is shown by the arrow on the X-ray above.



What causes a thumb sprain?

Thumb sprains are usually caused by an unexpected force through the thumb. This can happen when:

- your thumb hits the ground or an object like a ball, or both
- your thumb is caught on an object or in an article of clothing
- you're taking part in sporting activities like skiing or contact sports like rugby

What are the signs and symptoms of a thumb sprain?

If you have sprained your thumb, you may experience the following:

- swelling and bruising around your thumb and in your palm

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- pain, particularly when moving your thumb
 - stiffness in your thumb and fingers
 - a loss of the normal shape of your thumb or knuckles due to swelling
 - weakness when you pinch your thumb against your fingers, which shows instability

What are the treatments available for a thumb sprain?

First, we need to be sure that:

- the bones are in the correct position in the joint
- the joint is stable

In the emergency department, an X-ray is usually taken to assess the injury. This will check the joint and see if it is broken.

Most thumb sprains are successfully treated by the hand therapy team without surgery. This is called non-surgical management. The joint usually heals without any serious long-term consequences.

The options for non-surgical management are usually:

- **wearing a splint** – you may need to wear a ready-made or custom-made splint for two to four weeks. This lets you move as much your pain allows, while avoiding heavy activity.
- **immobilisation** – in rare cases your thumb may be put in a plaster of Paris cast or a thermoplastic splint for two to four weeks. This will stop it moving and so aid healing.

In very rare cases, you may need an operation. Surgery might be necessary if:

- there is a tear in the ligament along with a fracture that is unlikely to heal on its own
- the joint is unstable on physical examination

What is the usual outcome of a thumb sprain?

Though most thumb sprains **heal without long-term issues**:

- it may take up to **several months** for swelling to go away and for you to feel like you have full strength and flexibility in your thumb and hand
- it can take up to a year for the shape of the thumb to return to its original size
- gripping and repetitive work can be painful for **up to six months** after the injury
- some people will have loss of movement and stiffness in the injured joint after healing – this does not happen often

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- some people may experience arthritis in the affected joint later in life – this is more likely if there has been a complex fracture in the thumb, or if the joint was out of place or dislocated for a long time

When can I return to day-to-day activities?

You can use your hand immediately **for light activities** like eating, drinking, dressing, typing and light housework.

But you should:

- avoid any heavy gripping, pulling and pushing for the **first six weeks** after your injury
- avoid contact sports for **12 weeks**
- avoid heavy manual work involving impact on the hand for **12 weeks**

Your clinician will give you guidance on what activities to avoid during your recovery.

Ongoing pain

You can expect to feel some pain when doing day-to-day activities for about 12 weeks. This is normal. Some people feel occasional pain for up to a year, especially doing heavier activities, but this is rare.

Driving

You can decide when to drive again. But you must feel confident you can control your vehicle safely in the case of an emergency.

Return to work

Your return to work will depend on your job and your workplace's flexibility. Contact your therapist, GP, or consultant if you need a Statement of Fitness to Work, often called a fit note or sometimes a 'sick note'.

See guidance about fit notes at www.gov.uk/government/publications/the-fit-note-a-guide-for-patients-and-employees/the-fit-note-guidance-for-patients-and-employees

How can I help my recovery?

There are several ways to help your recovery:

1. Take basic painkillers and anti-inflammatories like paracetamol or ibuprofen to help manage pain and swelling. Please speak to your pharmacist if you are unsure as to which medications you can use safely.

2. Aim to keep your hand elevated above the level of your heart for the first one to two weeks. This will reduce the swelling in your thumb. But you should avoid wearing a sling as this can cause discomfort and tightness in your shoulder and neck.
3. Apply ice to the swollen area for 15 minutes, three to four times per day. For example, use ice cubes or a bag of frozen peas wrapped in a tea towel or dish cloth. Stop if it starts to feel uncomfortable or numb.
4. Use your hand as normally as possible within your cast or brace. But stick to light activities, lifting, pulling, or pushing for the first four weeks after your injury. Avoid moderate to heavy lifting.

'PRICE' is also a good way to remember how to take care of your injury.

P	R	I	C	E
Protect	Rest	Ice	Compress	Elevate
Protect your injury from further damage, for example, by using a support or a splint	Rest your injury for the first two or three days. Then gradually reintroduce movement gradually so you do not delay your recovery by losing muscle strength	Ice the painful area with a cold compress like ice or a bag of frozen peas. Wrap it in a towel. This will help reduce swelling and bruising. Do this for 15 to 20 minutes every two to three hours. Do not put ice on your skin as it can damage it.	Compress the injured area with an elastic bandage or tubular bandage to help limit swelling and movement. But do not leave the bandage on while you sleep.	Elevate your injury by resting it above the level of your heart and keep it supported.

Who can I contact for more information?

We're here to help if you've got concerns about your injury, symptoms or exercises.

Call us on 077 7455 5354 (Monday to Friday between 09.00am and 5.00pm).

Or you can **email** imperial.vfc@nhs.net or imperial.handtherapyimperial@nhs.net.

How do I give feedback about my visit?

We want to hear your **suggestions** or **comments**. Your feedback helps us provide the best service. You can always speak to a member of staff.

You can also contact the **patient advice and liaison service (PALS)** on **020 3312 7777** (10.00 to 16.00, Monday to Friday excluding bank holidays) or email at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or questions and they can help solve problems.

You can make a complaint by ringing **020 3312 1337 / 1349** or emailing tr.Complaints@nhs.net. The address is Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY.

Other ways to read this leaflet

Please email us at imperial.communications@nhs.net if you need this leaflet in a different format. This could be large print, Easy read, as a sound recording, in Braille or in a different language.

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