Audit of a Dedicated Scaphoid Pathway
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Purpose
To evaluate an AP Physiotherapist led pathway for the management of potential scaphoid fractures in a large trauma centre

Pathway
History compatible with possible scaphoid fracture
And
Examination confirms ASB tenderness and / or
Scaphoid tubercle tenderness
Pain on telescoping the thumb
Pain on ulna deviation
Pain on pinch grip

No obvious fracture
A+E
Futuro splint
VFC referral
Senior input if unclear diagnosis

Fracture
Below elbow back slab
VFC referral

Scaphoid x-rays
dc

Opt in service via VFC hotline
Discharge with advice and GP letter

Results
Radiology
• 1000 patients
  • 513 discharged (51%)
  • 217 DNA (22%)
  • 270 MRI (27%)
  48 scaphoid #
  99 “other #’s”
  123 negative
• Return rate of 3 at 3 months (0.003%)
  • 1 via A+E
  MRI and lunate micro #
  • 2 via phone line
  MRI Occult # radius
  OA hand

Prior Model Scaphoid Clinic
4 attendances (A+E, clinic x 2, MRI scan)
2 sets scaphoid Xrays
MRI as out patient
4 weeks on average in a cast
Heterogeneity of assessment
Consistency of assessment
= £190
=£142 (25% cheaper)
Saving £48,000

Methods
• Prospective review of 1000 consecutive cases
• Comparison against old / traditional model
• Radiological outcomes
• Audit of re-attendance

Conclusion
An AP led dedicated scaphoid pathway proved to be safe and resulted in
• Less radiation
• Less immobilisation
• Less cost