

# Wrist biomechanics and instability - disruption of the scapholunate ligament

**Mariusz Bonczar**

THE 2<sup>nd</sup> INTERNATIONAL TRAUMA SYMPOSIUM  
Injuries of the Upper Extremity - from top to bottom



Special thanks to  
Marc Garcia Elias

## Understanding Wrist Mechanics: A Long and Winding Road\*

Marc Garcia-Elias, MD, PhD<sup>1</sup>

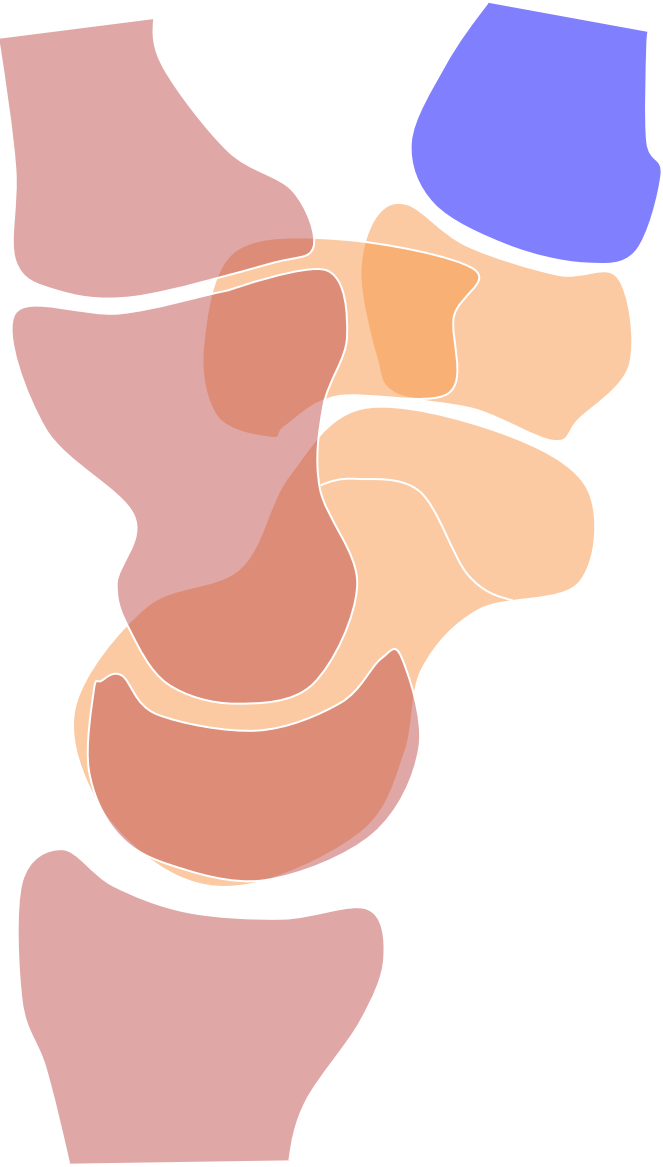
<sup>1</sup>The Institut Kaplan, Hand and Upper Extremity Surgery, Barcelona, Spain

**Address for correspondence** Dr. Marc Garcia-Elias, MD, PhD, Institut Kaplan, Passeig de la Bonanova, 9, 2on 2a, 08022 Barcelona, Spain (e-mail: [garciaelias@institut-kaplan.com](mailto:garciaelias@institut-kaplan.com)).

# The latest in wrist biomechanics

- **From a kinematic point of view, the midcarpal joint is more important than the radiocarpal joint**
- There are different patterns of wrist motion
- Loads across the carpus are much higher than previously assumed
- Ligaments are sensory structures with an important proprioceptive role in carpal stability
- Muscles are the ultimate stabilizers of the wrist

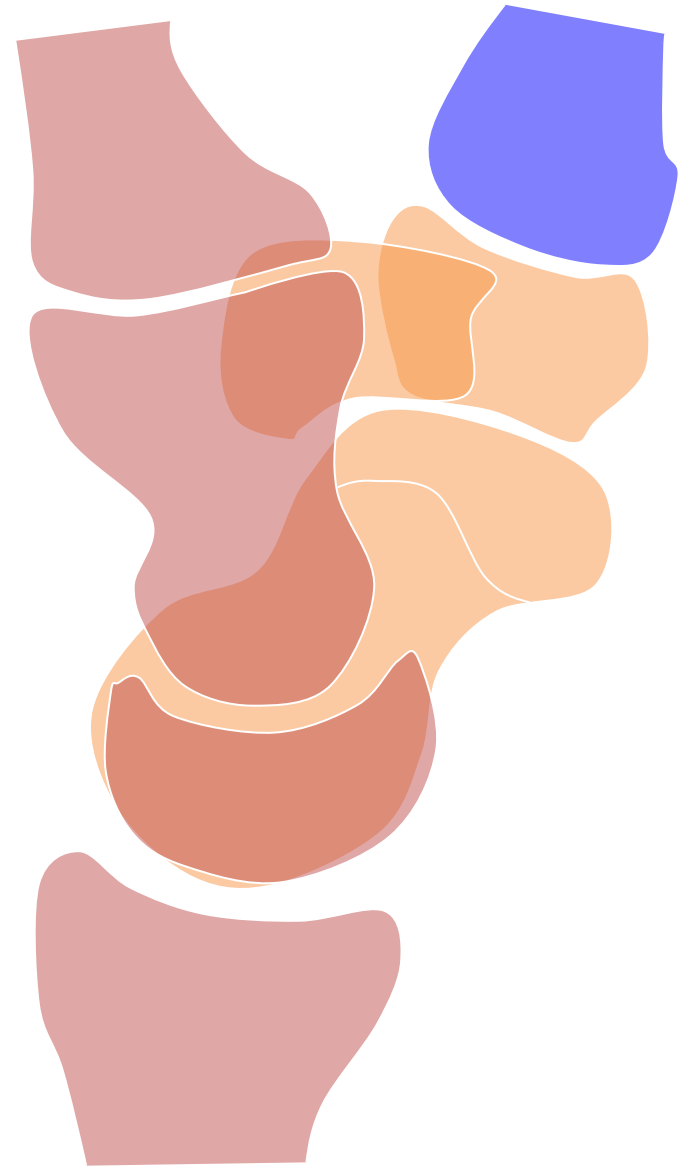
**The proximal row has no tendon insertions**



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**Wrist motion always starts at the distal row**



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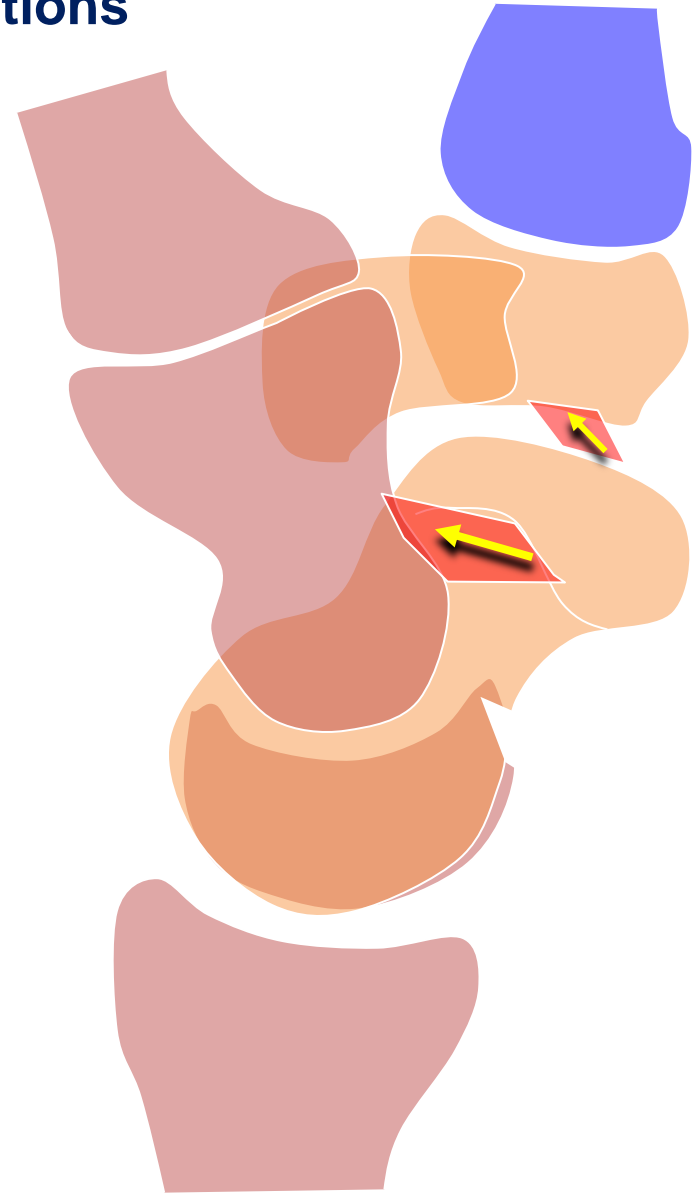
**The proximal row has no tendon insertions**



**Wrist motion always starts at the distal row**



**Progressively, the midcarpal ligaments become taut...**



**The proximal row has no tendon insertions**



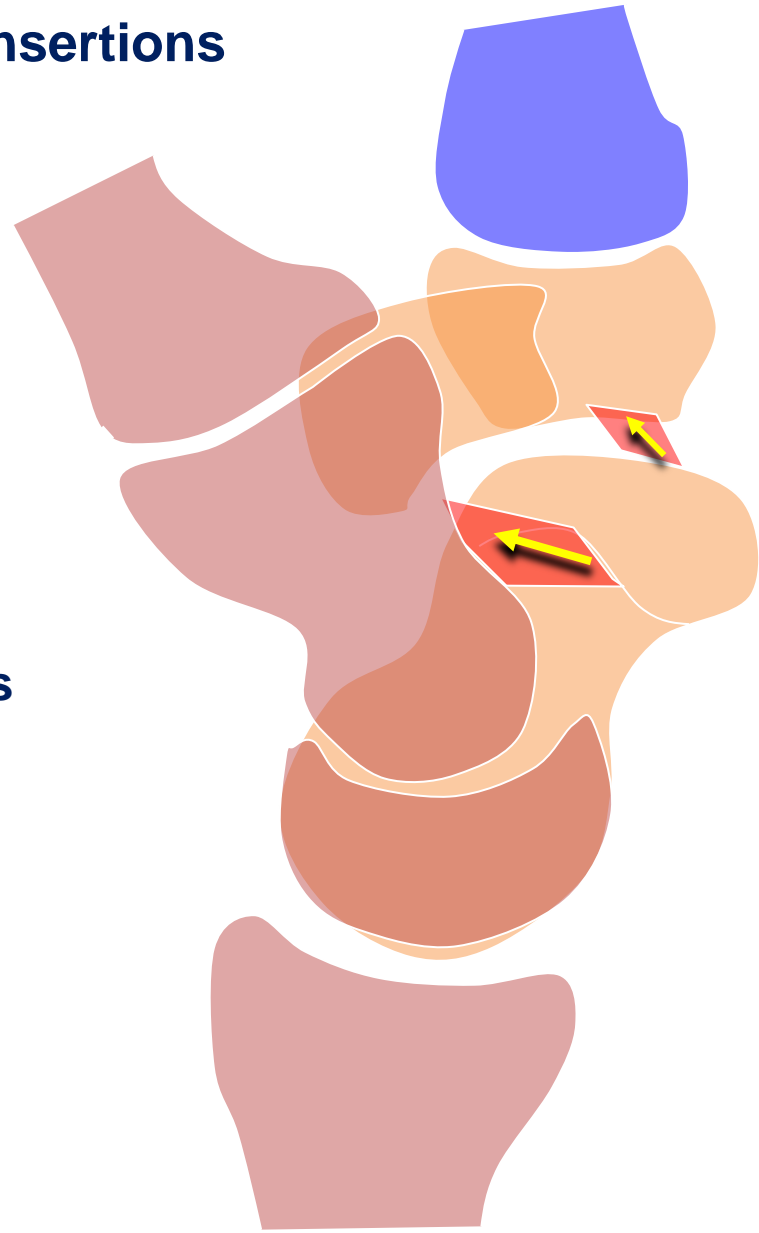
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**Progressively, the midcarpal ligaments become taut...**



**and compressive load appears at the midcarpal joint...**





**The proximal row has no tendon insertions**



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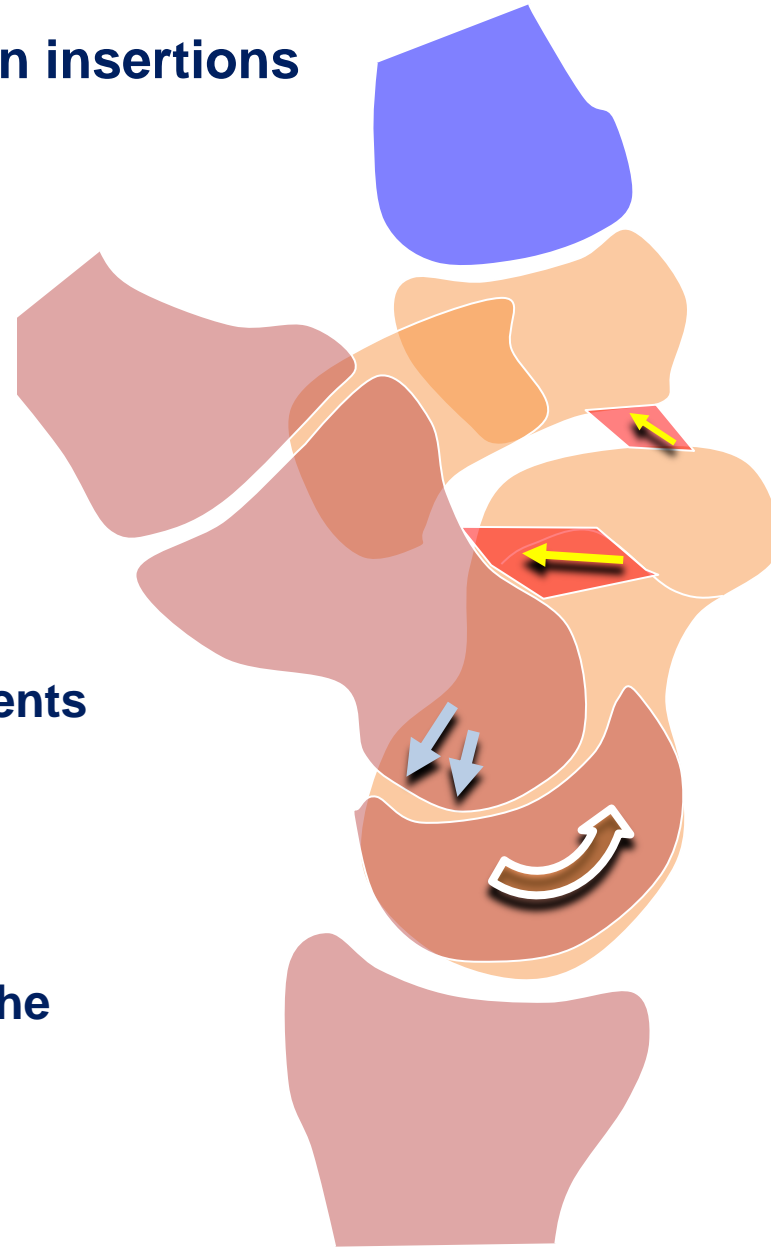
**Progressively, the midcarpal ligaments become taut...**



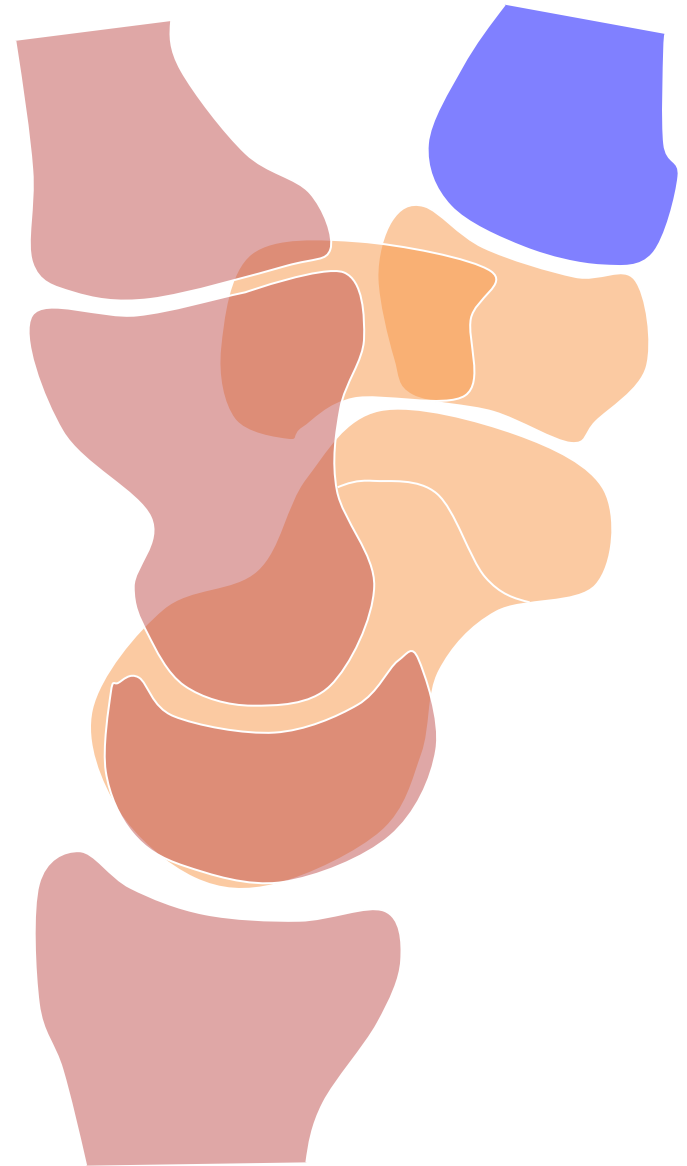
**and compressive load appears at the midcarpal joint...**

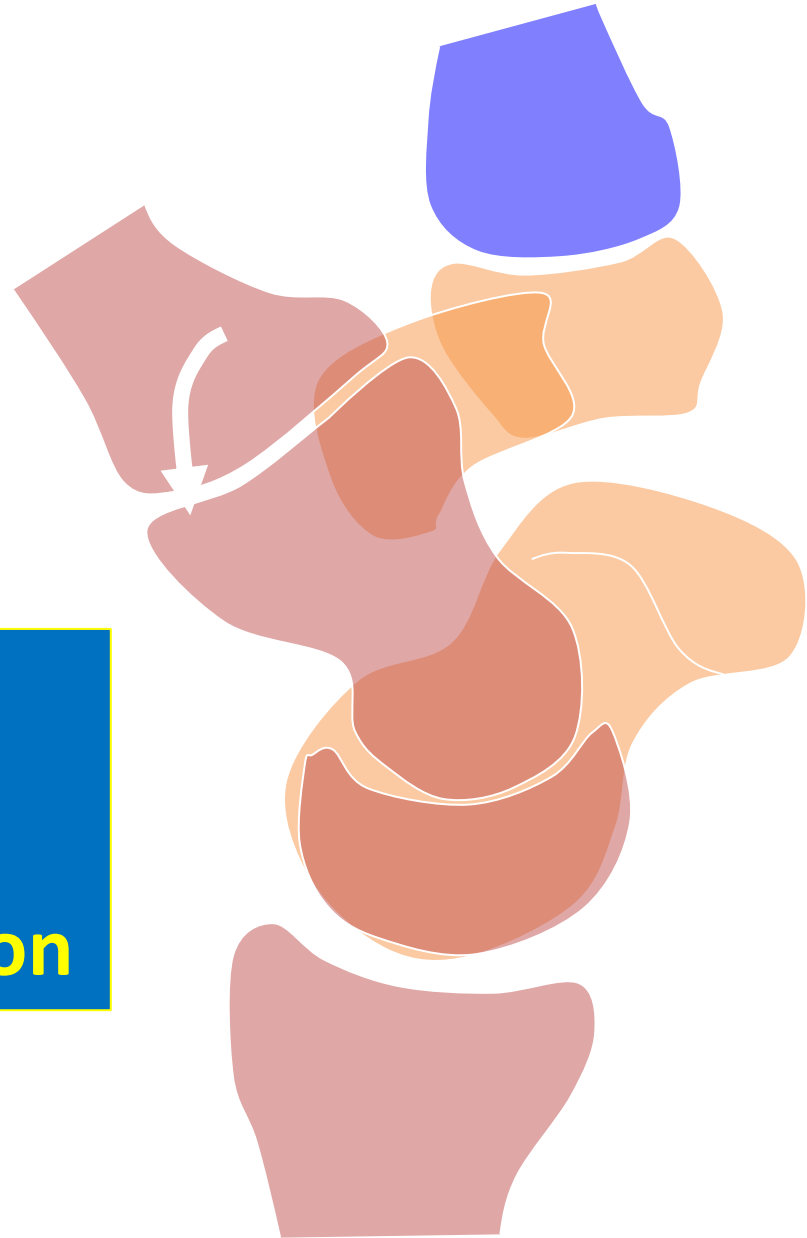


**....forcing the proximal row to move**



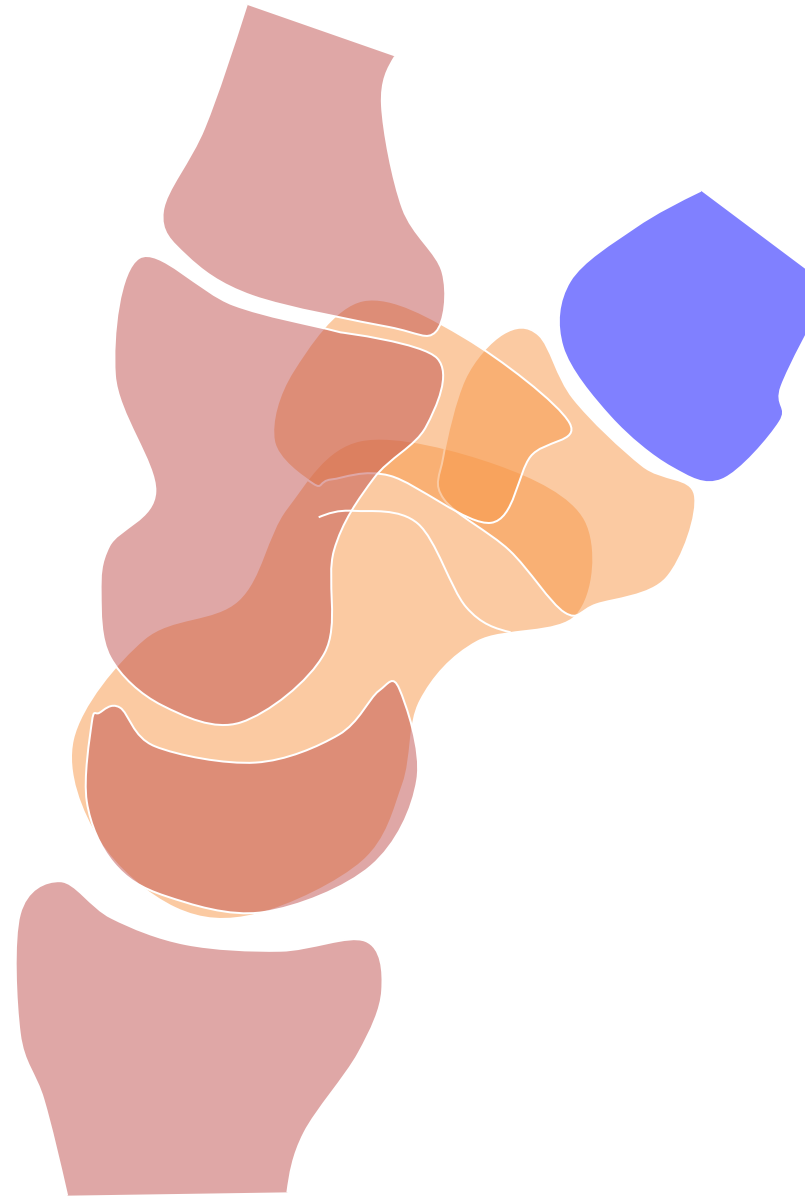
**Around the neutral  
position  
there is only MC rotation**



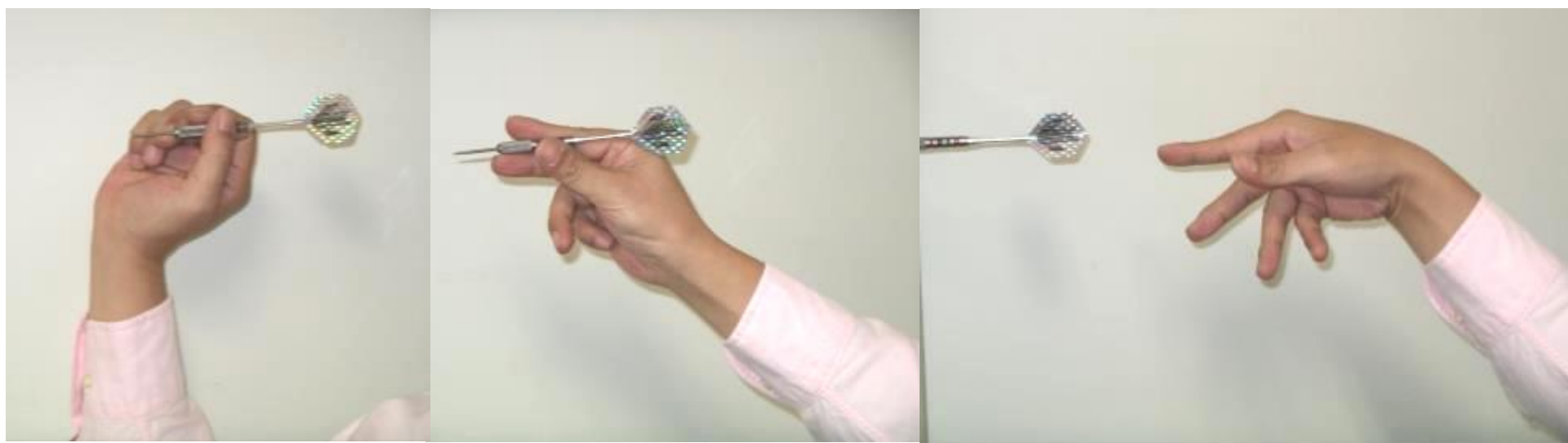


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# Dart Thrower's Motion (DTM)



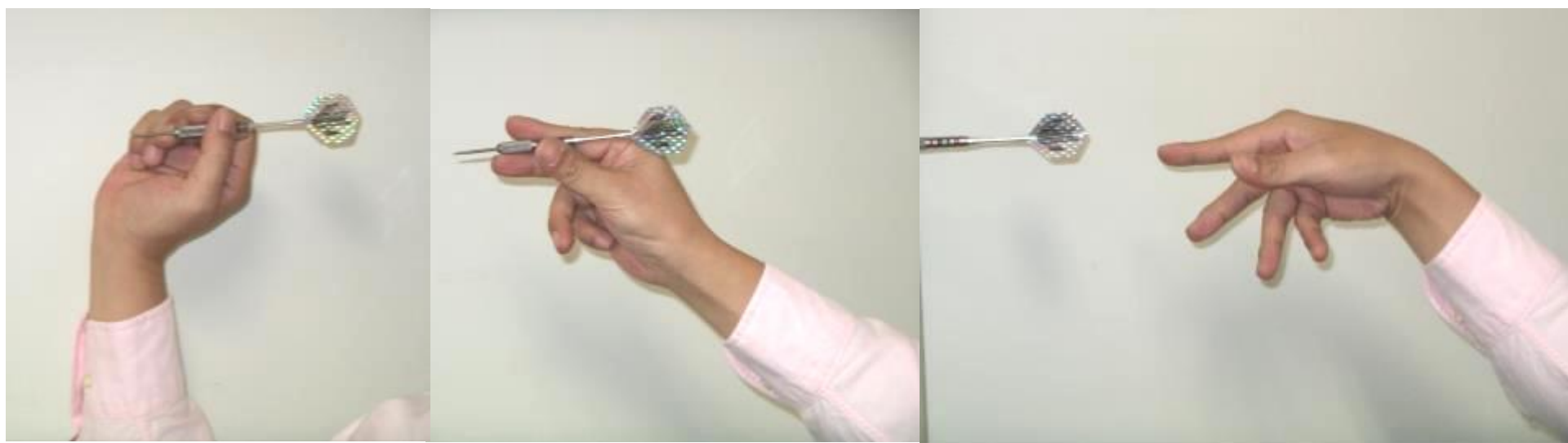
Palmer AK (1985) *Functional wrist motion: a biomechanical study*. J Hand Surg Am;10:39-46.

Moritomo H,, et al. (2007) *IFSSH committee report of wrist biomechanics committee: biomechanics of the so-called dart-throwing motion of the wrist*. J Hand Surg Am;32:1447-1453.

Brigstocke GHO, et all (2014) . *In-vivo confirmation of the use of the dart thrower's motion during activities of daily living*. J Hand Surg Eur 39:373-378.

# Dart Thrower's Motion (DTM)

- oblique plane of movement
  - radial deviation with extension to ulnar deviation with flexion.
  - using a hammer, combing hair or pouring from a jug.



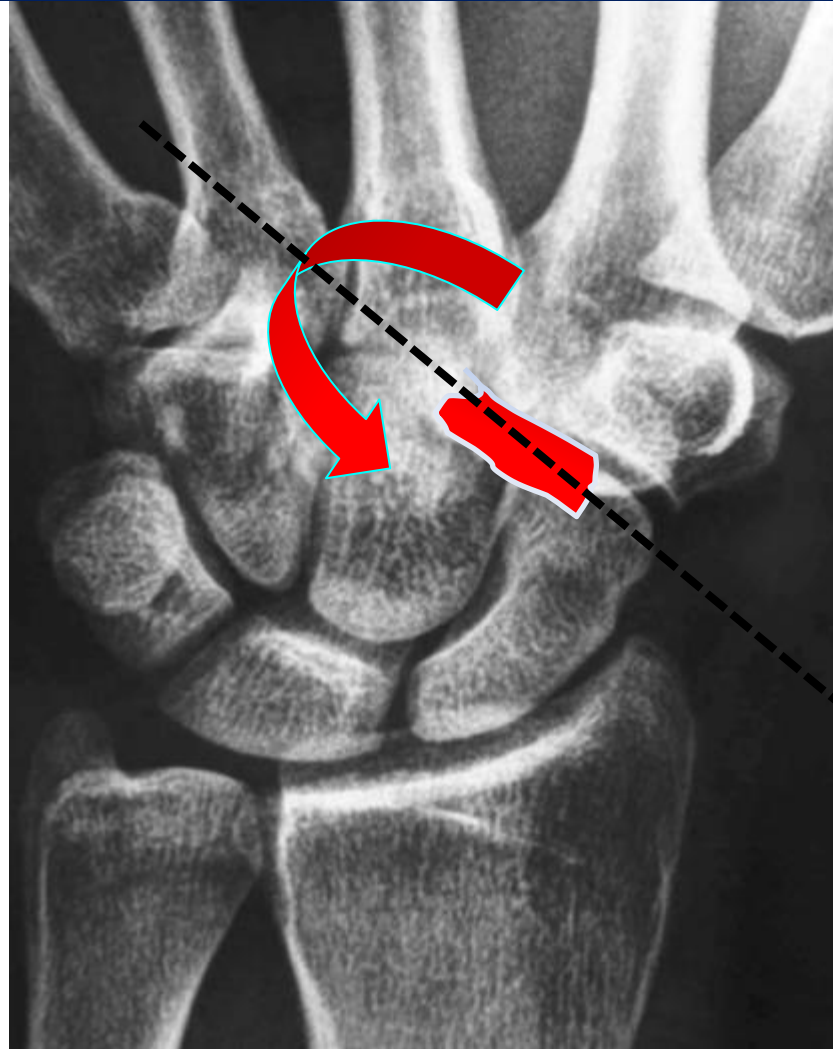
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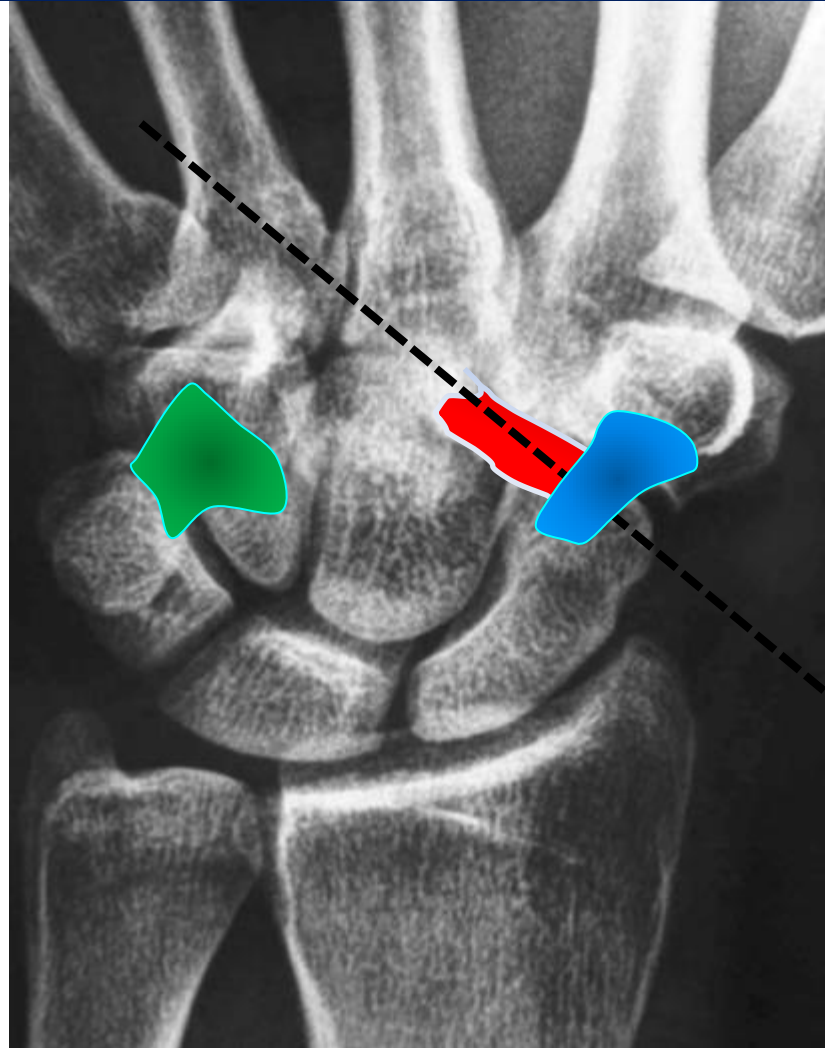
# Axis of DTM

- SC ligament lies along axis of rotation



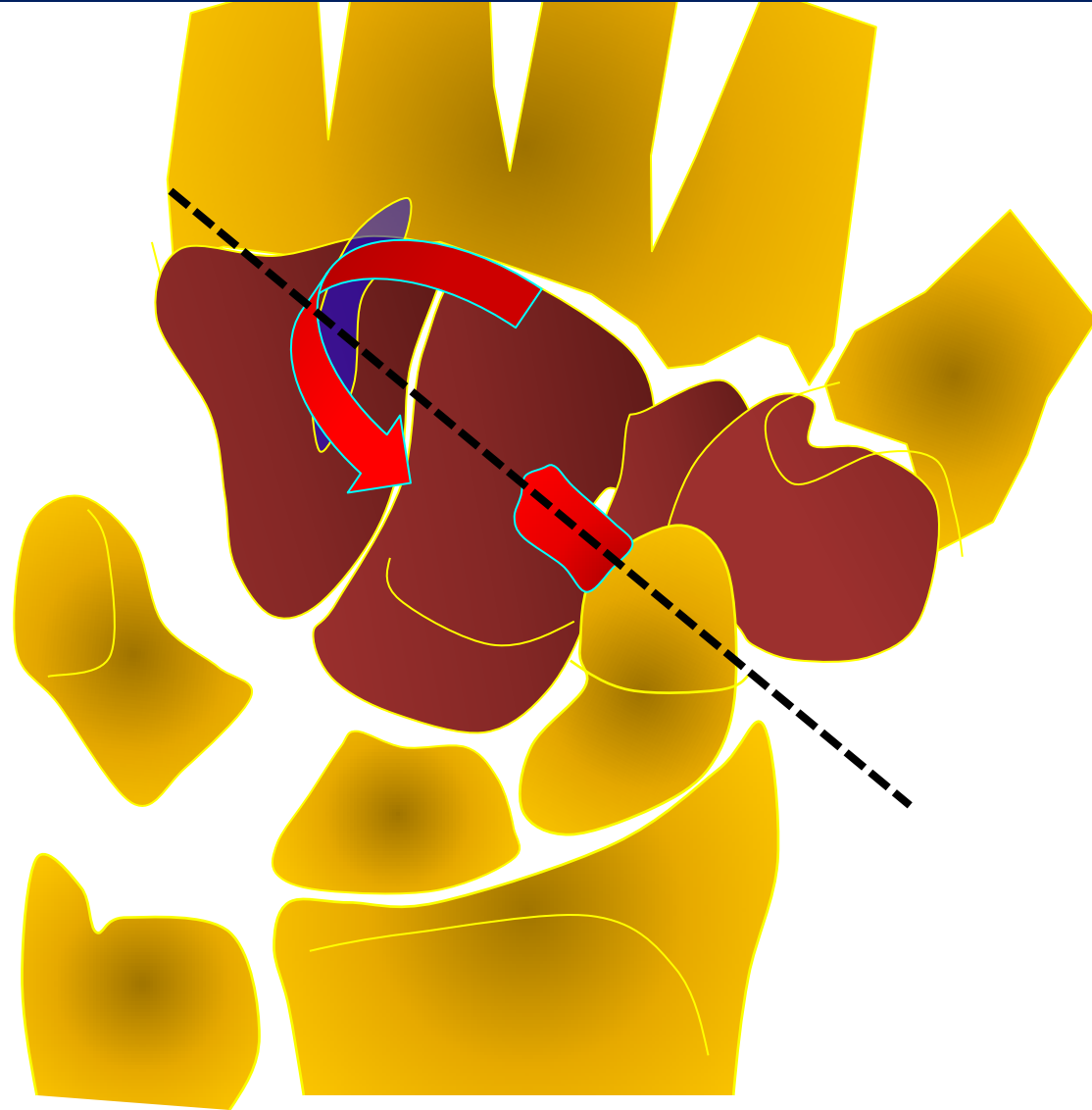
# Axis of DTM

- SC ligament lies along axis of rotation
- Checkreins
  - STT limits UF
  - triquetro-hamate limits RE

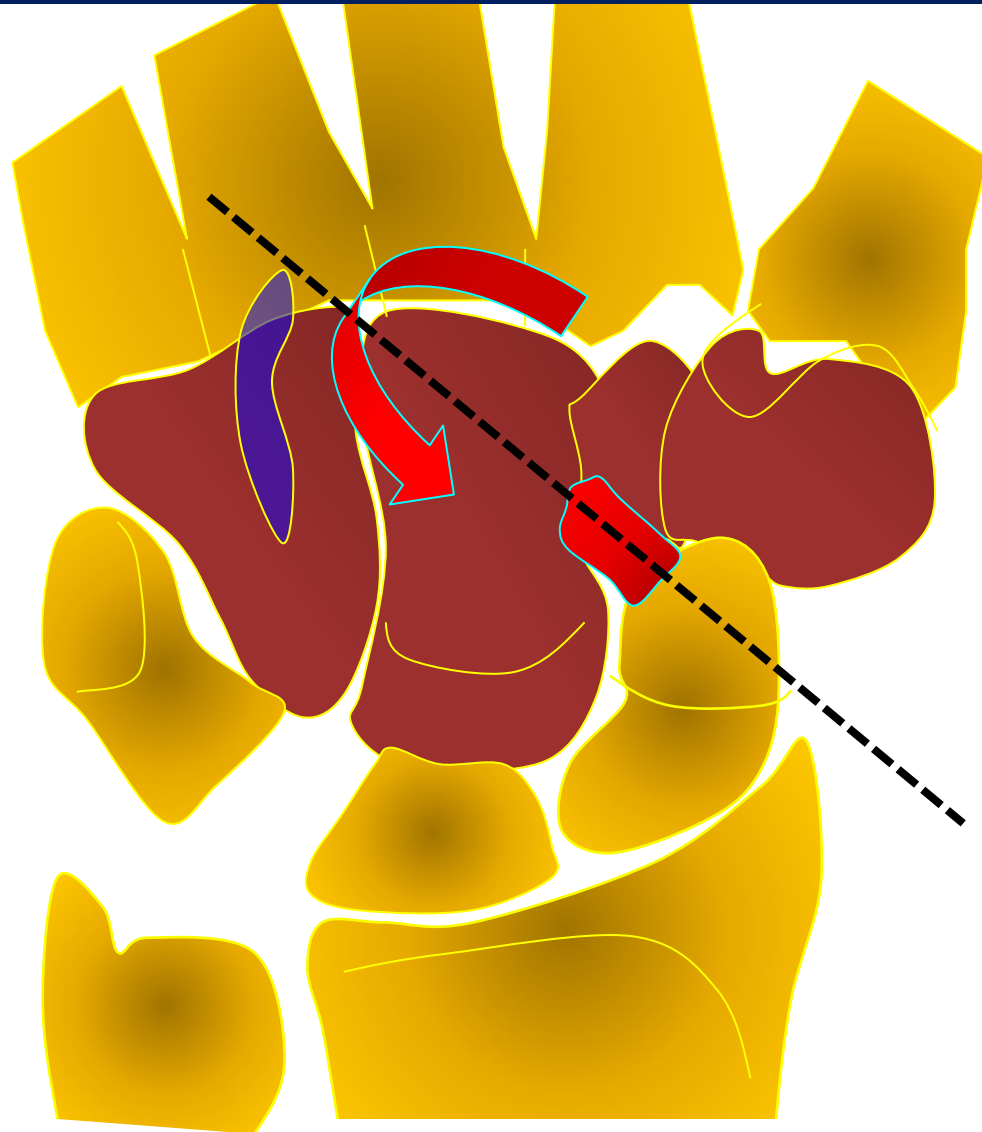




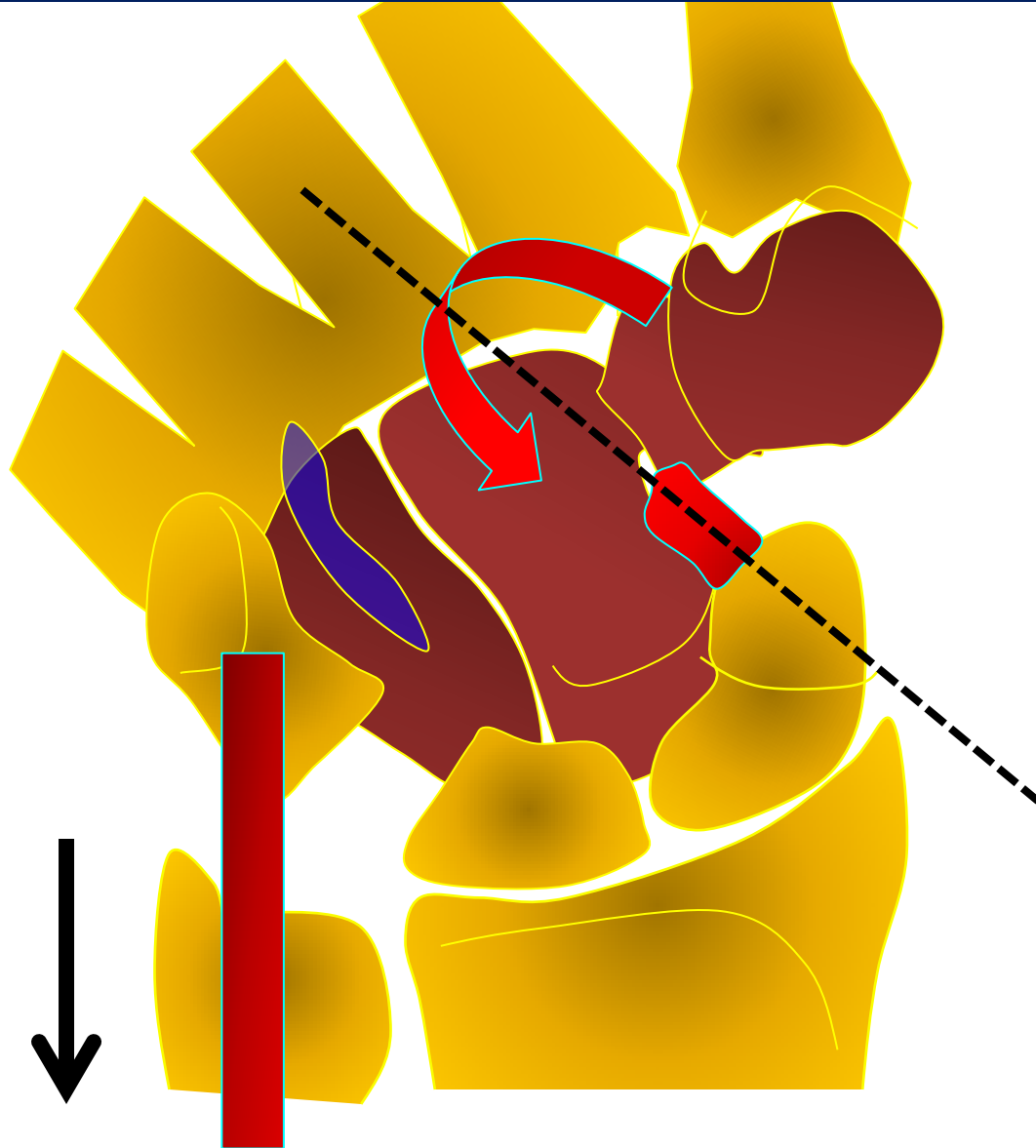
# Dart Thrower's Motion (DTM)



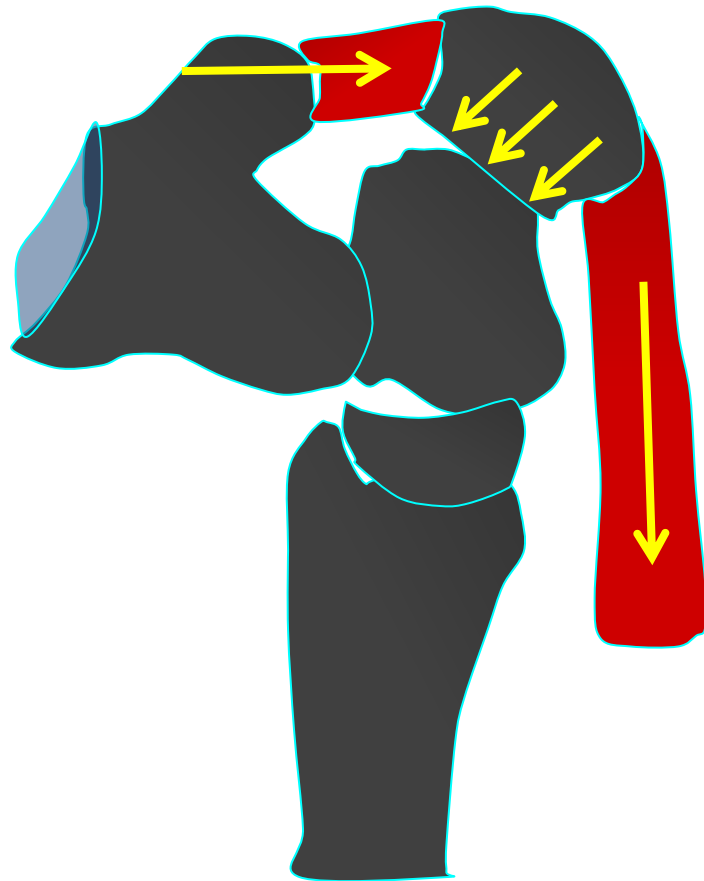
# Dart Thrower's Motion (DTM)



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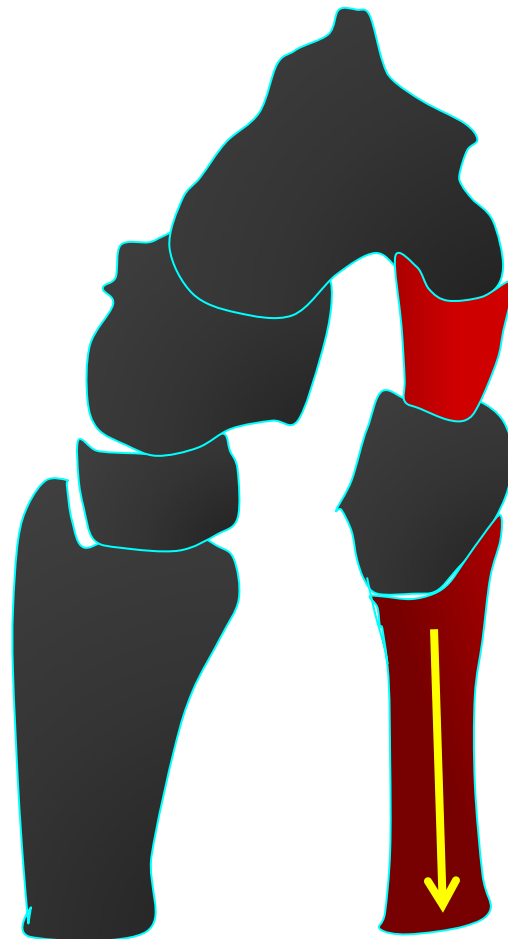
# Dart Thrower's Motion (DTM)



- Pisiform

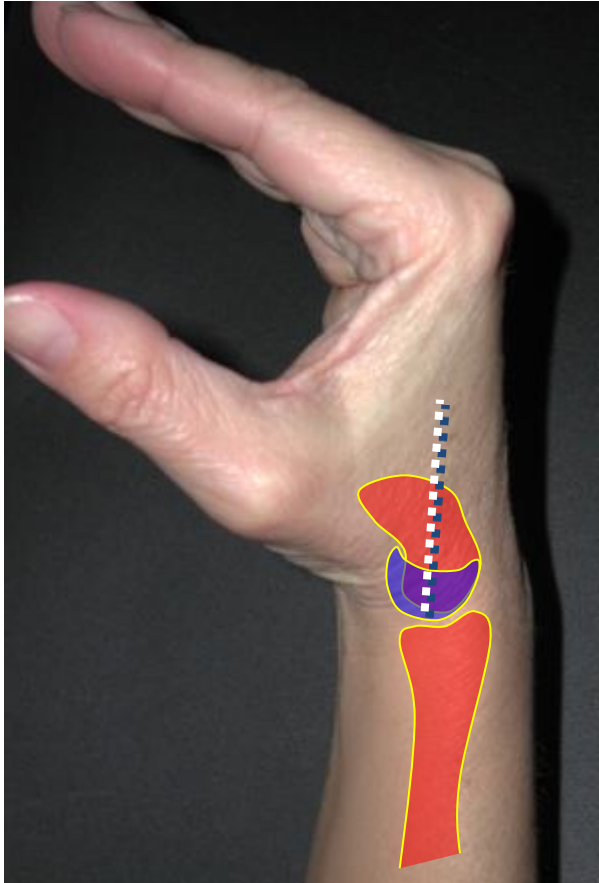
Pivot in ulnar flexion

# Dart Thrower's Motion (DTM)

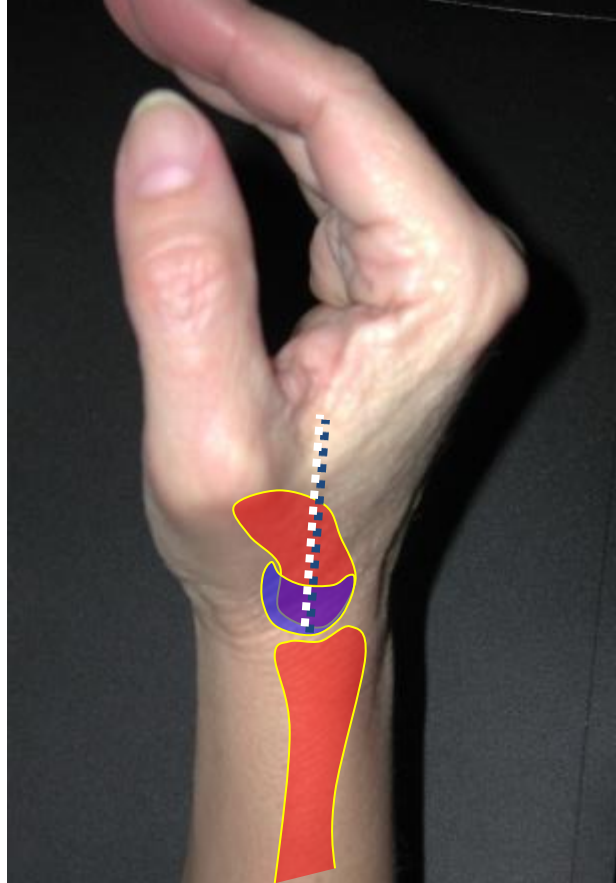


■ Pisiform

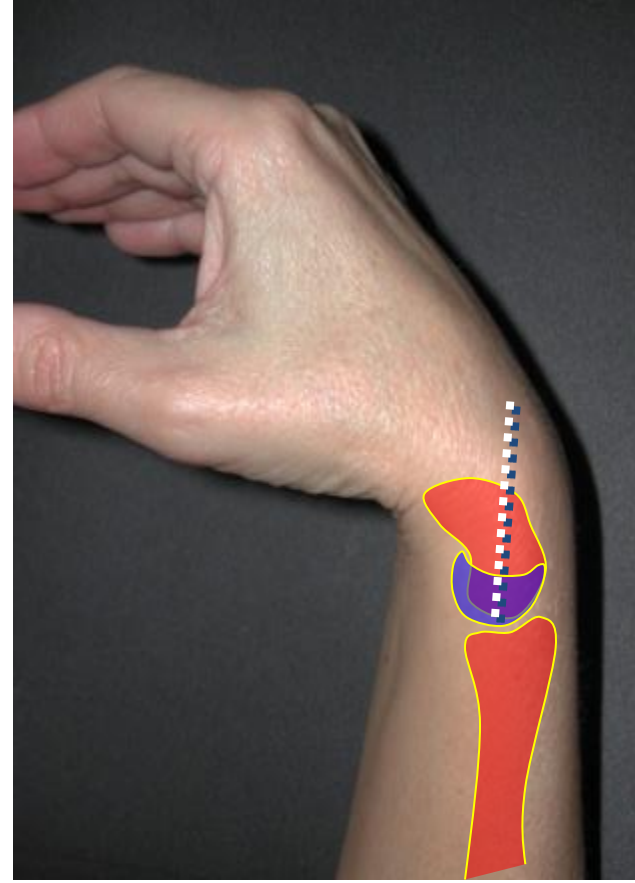
Pivot in ulnar flexion



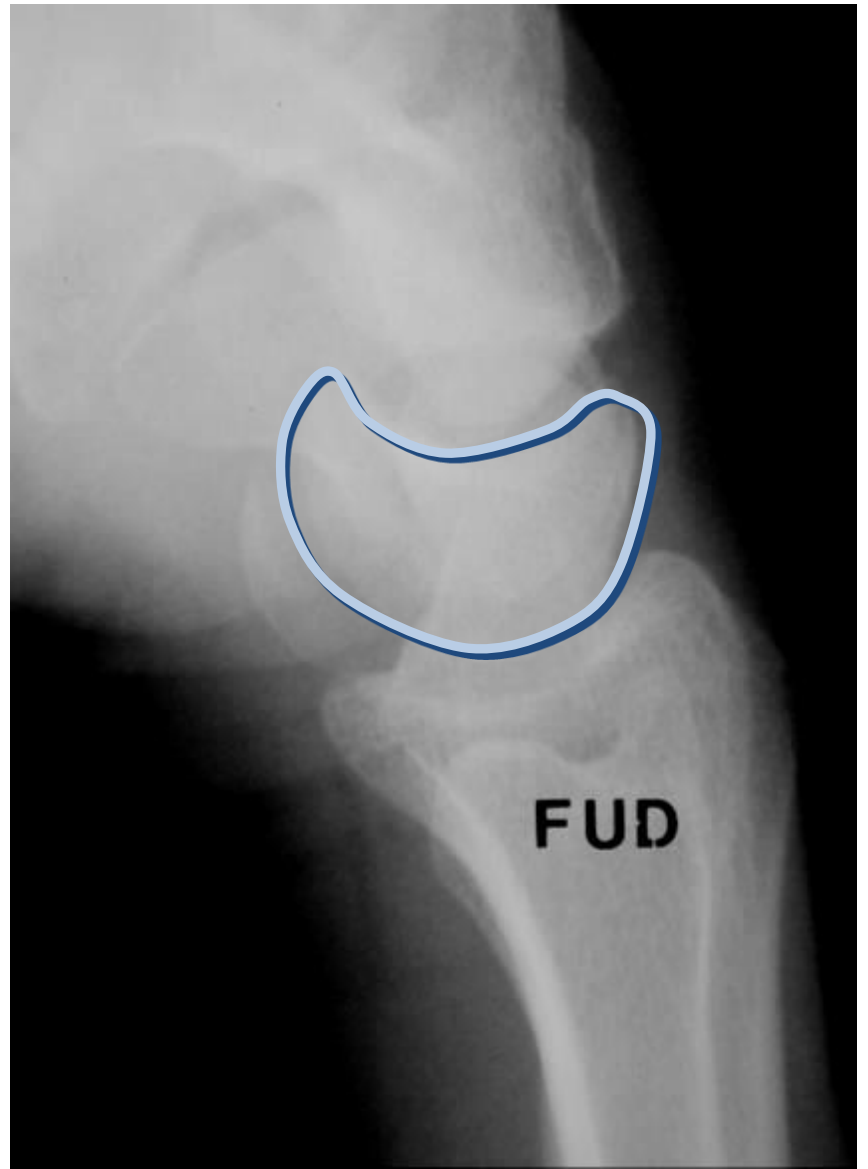
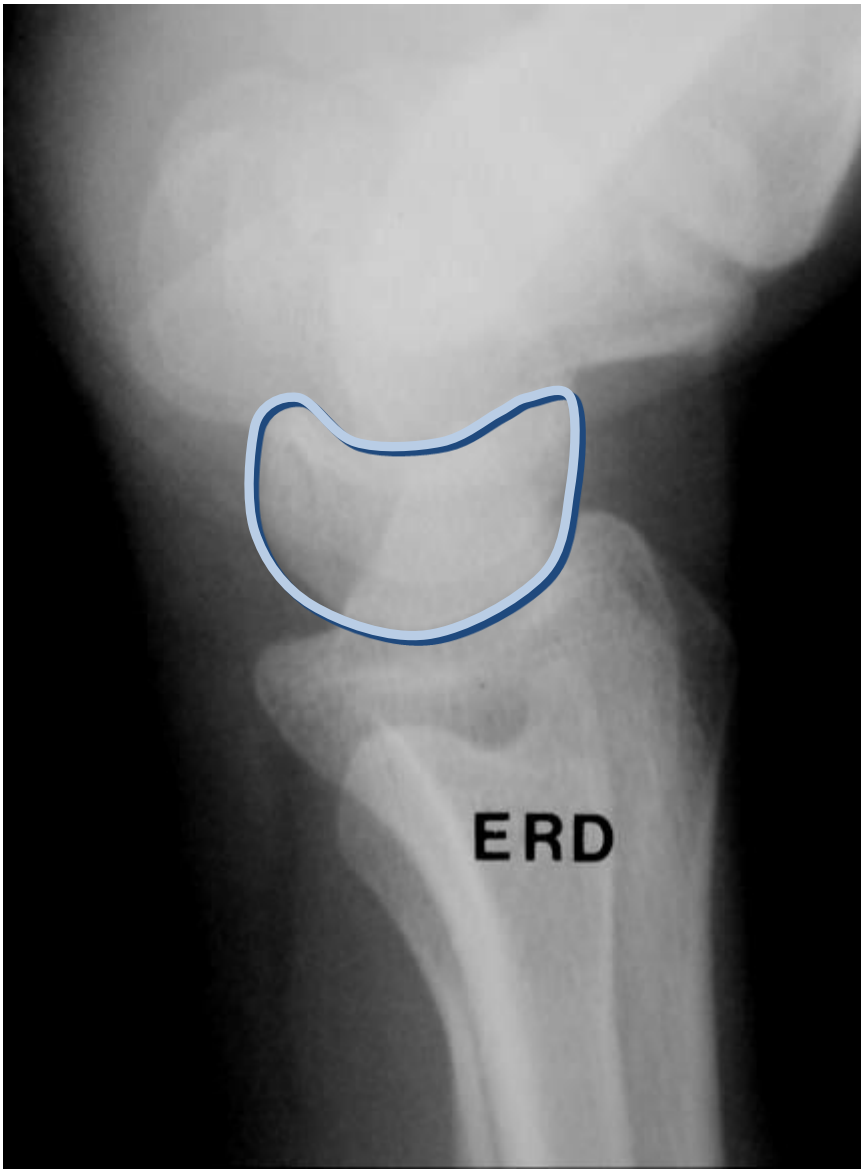
NEUTRAL



RADIAL INCL.+  
EXTENSION



ULNAR INCL.+  
FLEXION



Dart-throwing motion → Lunate does not rotate



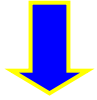
.. normal “dart-throwing”



# The latest in wrist biomechanics

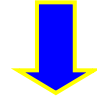
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RADIAL DEVIATION

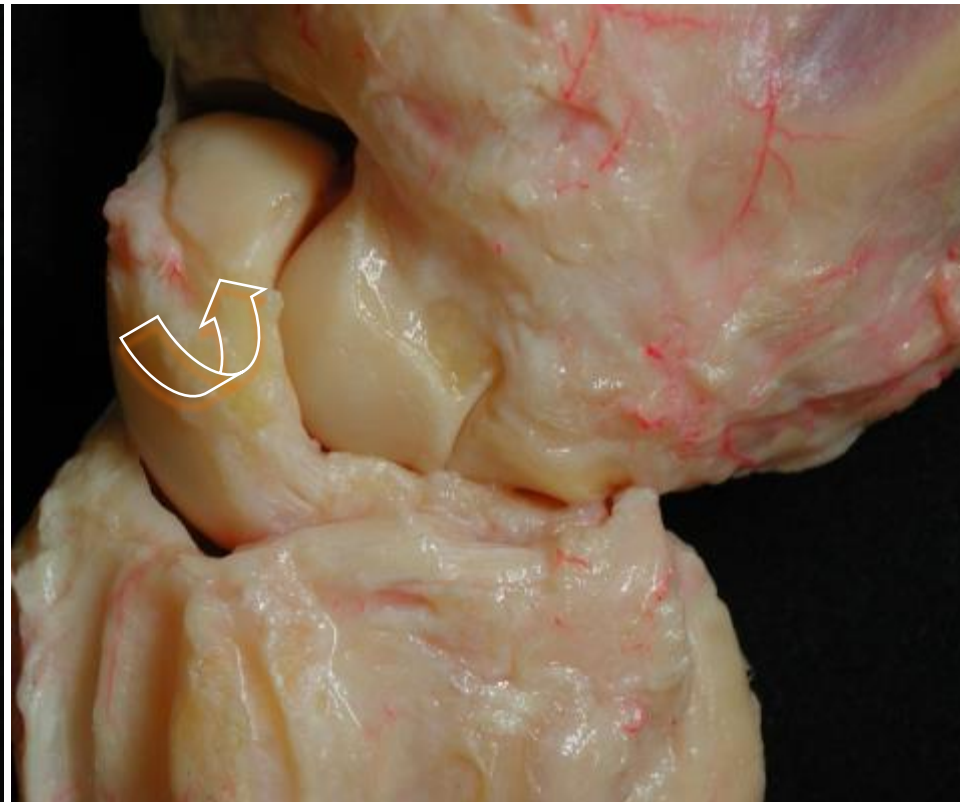
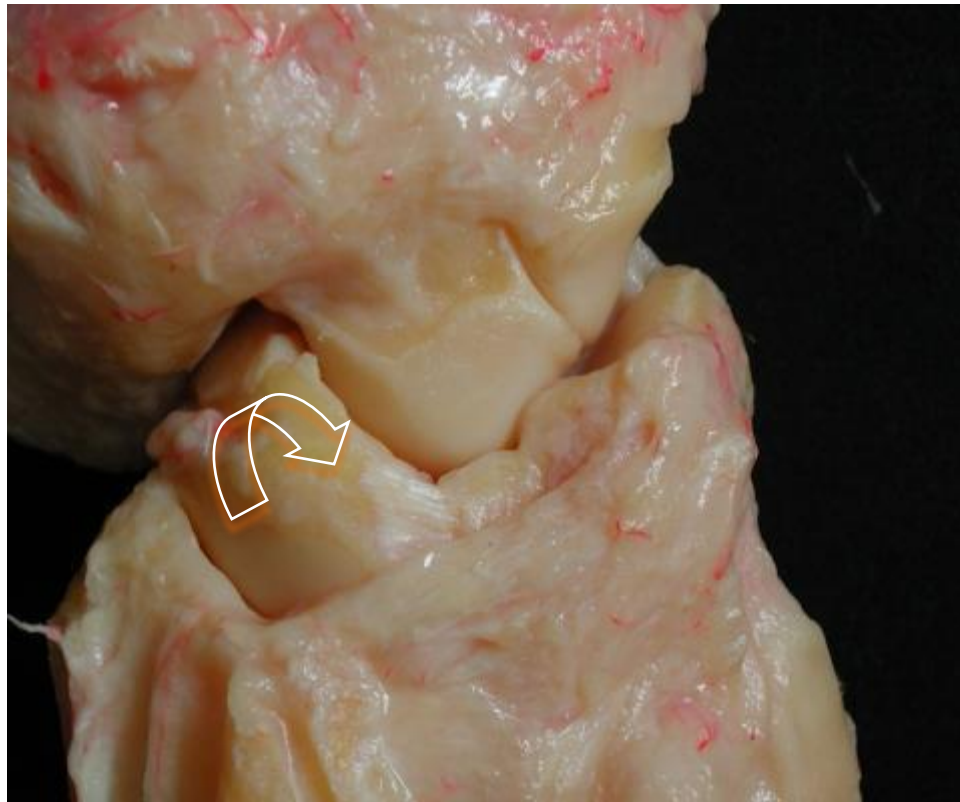


FLEXION

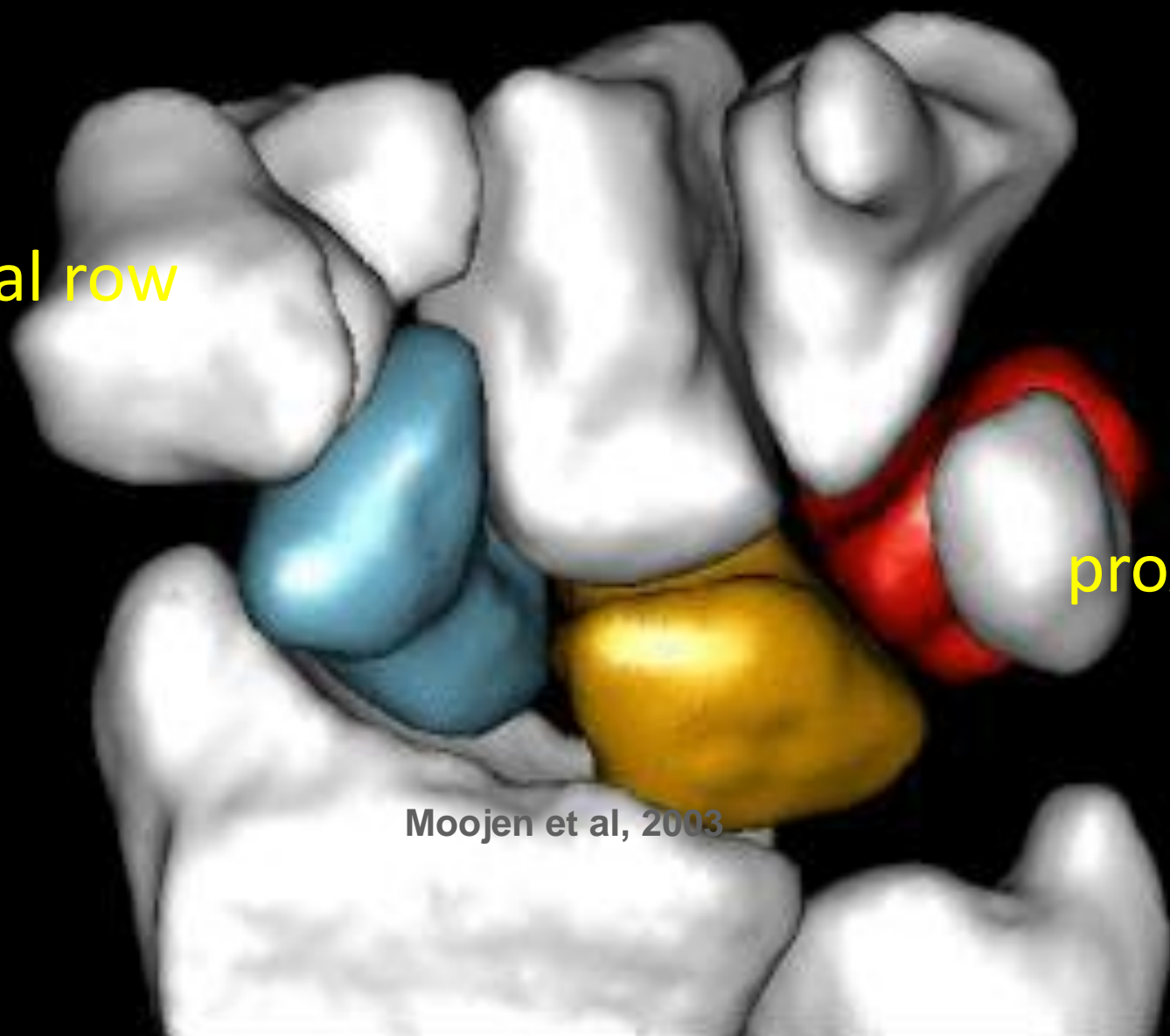
ULNAR DEVIATION



EXTENSION



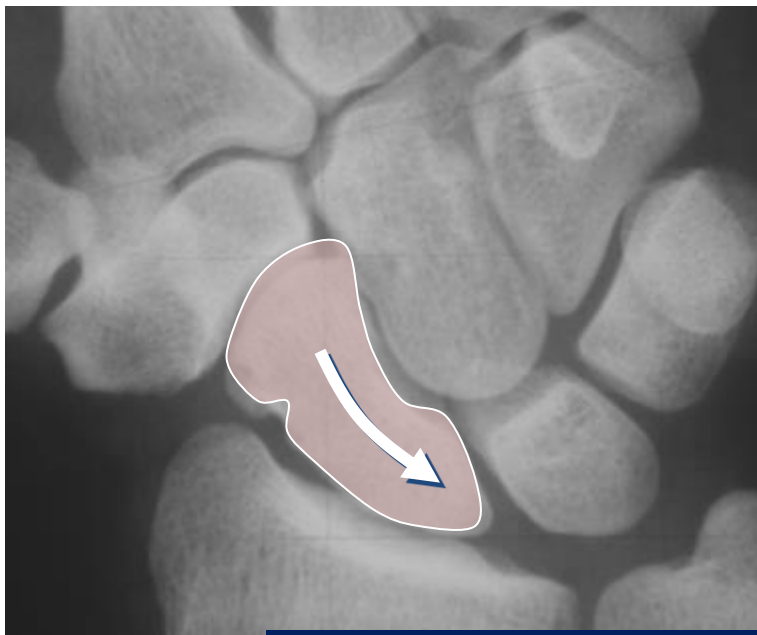
Distal row



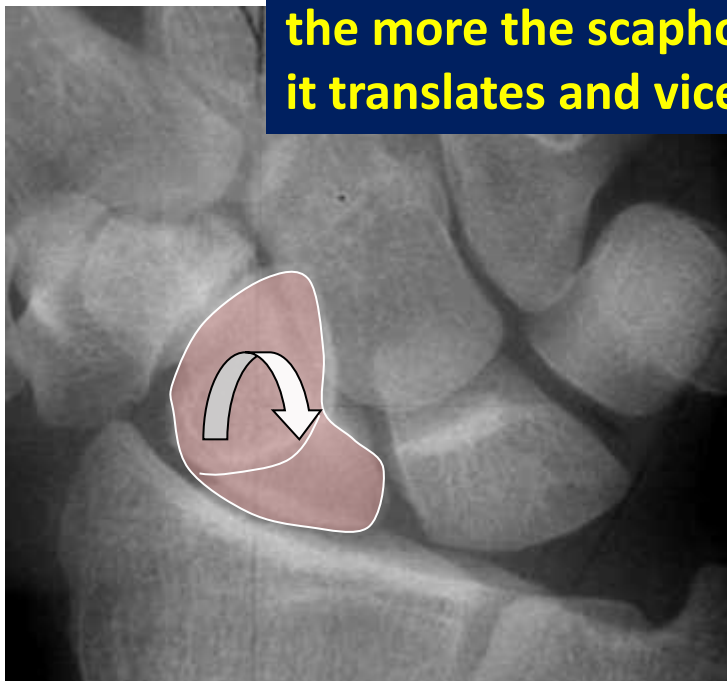
proximal row

Moojen et al, 2003





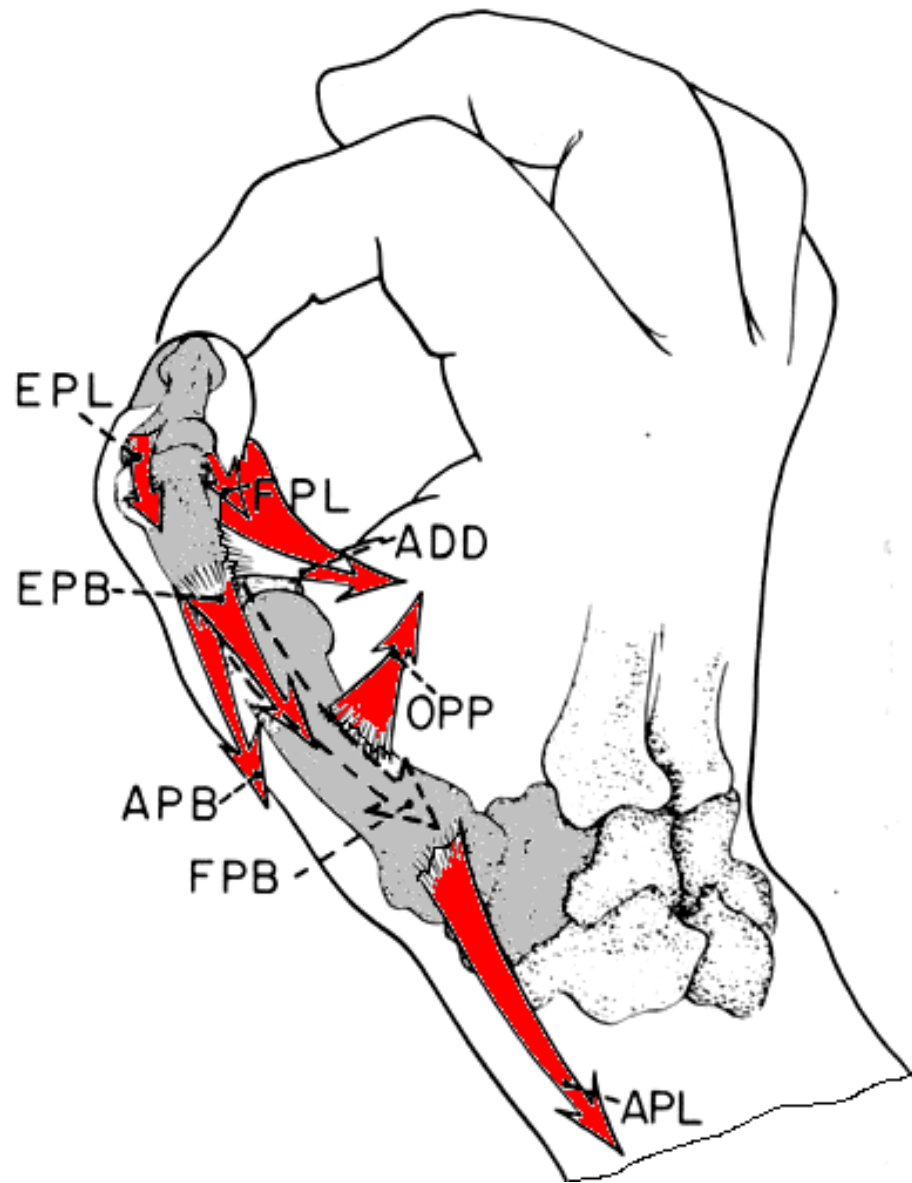
**the more the scaphoid shortens the less it translates and vice versa**



# The latest in wrist biomechanics

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**Tip pinch  
(1 kgr)**

↓

**TMC  
(6.4–13.4 kgr)**

Cooney WP & Chao EYS: Biomechanical analysis of static forces in the thumb during hand function. J Bone Joint Surg 59A:27-36,1977

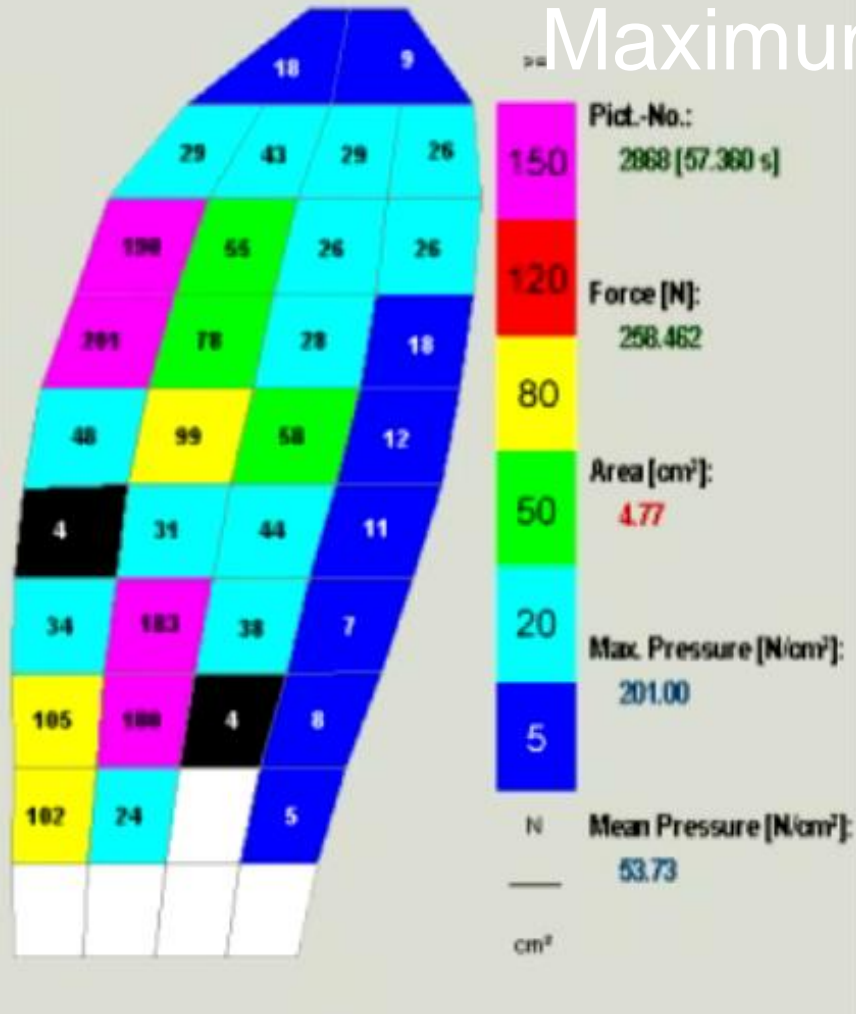
# **Intra-Articular Pressure Measurement in the Radioulnocarpal Joint Using a Novel Sensor: *In Vitro* and *In Vivo* Results**

**Daniel A. Rikli, MD, Philipp Honigmann, MD, Reto Babst, MD,  
Alessandra Cristalli, PhD, Michael M. Morlock, PhD,  
Thomas Mittlmeier, MD**

**Rikli et al. J Hand Surg 32A:67-75,2007**



Maximum



Mean pressure: 54 N / cm<sup>2</sup>

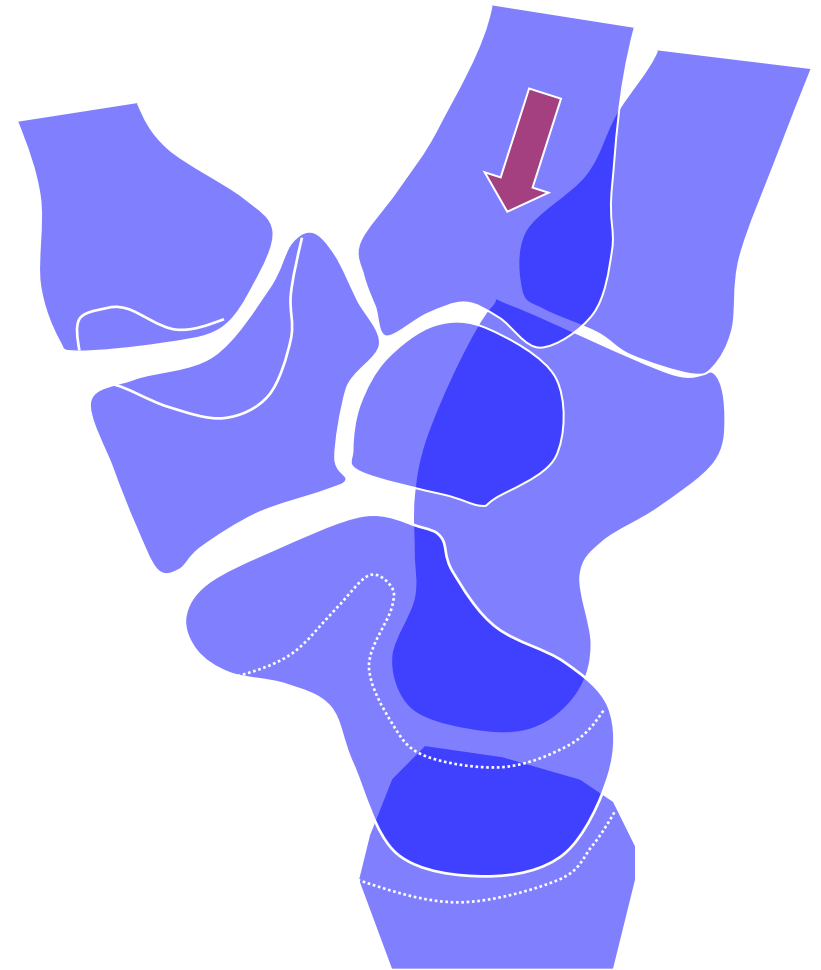
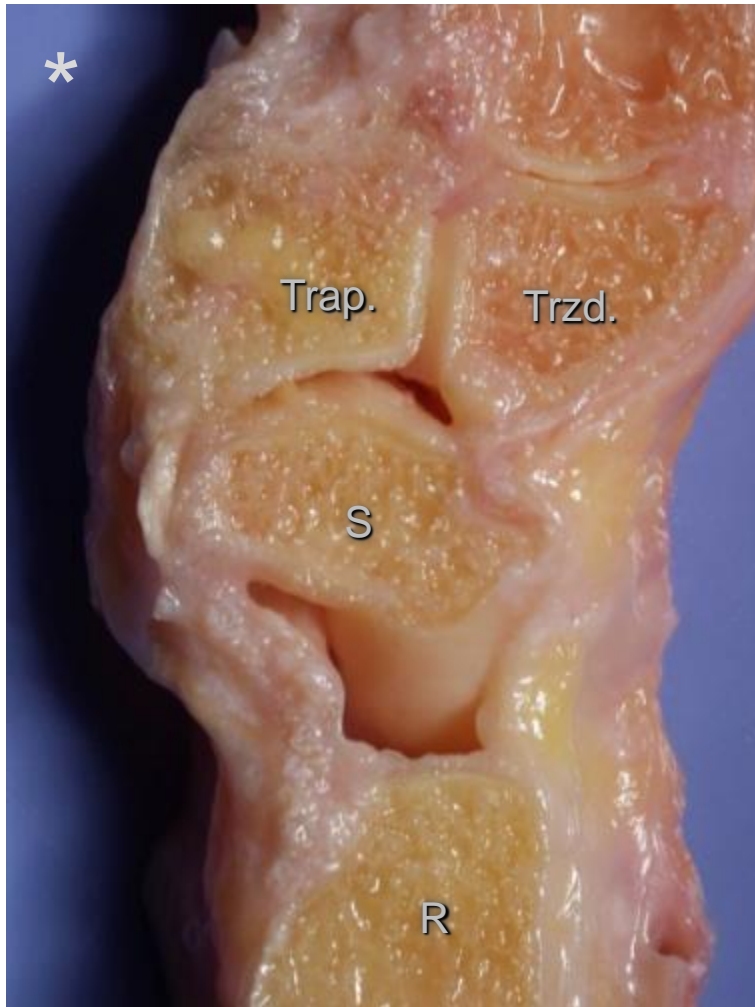
Maximal pressure: 201 N / cm<sup>2</sup>

Total force: 258 Newtons

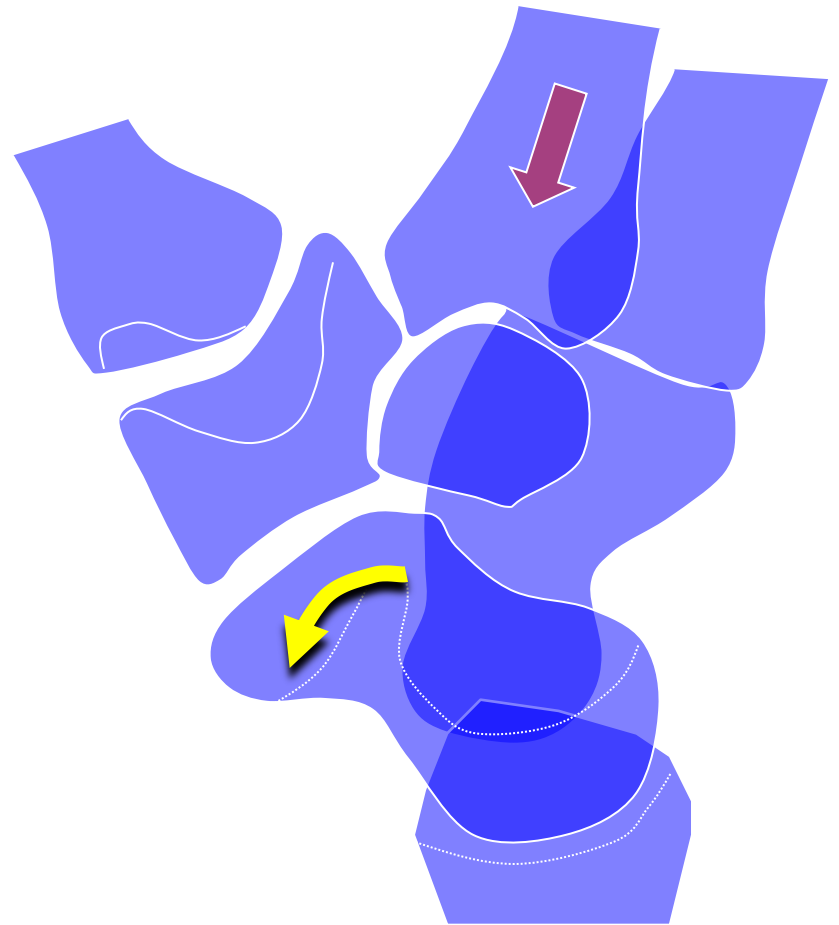
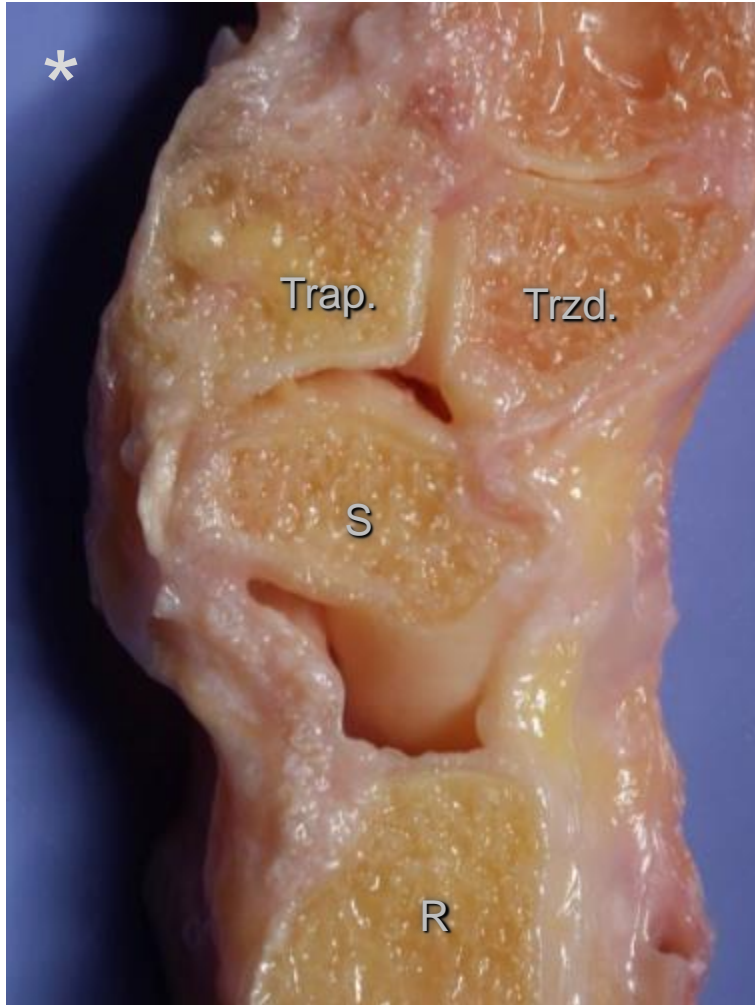
**Results:** The sensor delivered reproducible measurements of forces across the radioulnocarpal joint and their distribution in the cadaver experiment. *In vivo*, 2 centers of force transmission were identified. None of these centers correlated with previous findings in the literature. More force is transmitted across the ulnar side of the radioulnocarpal joint than previously thought. The results are consistent with clinical findings.

# The latest in wrist biomechanics

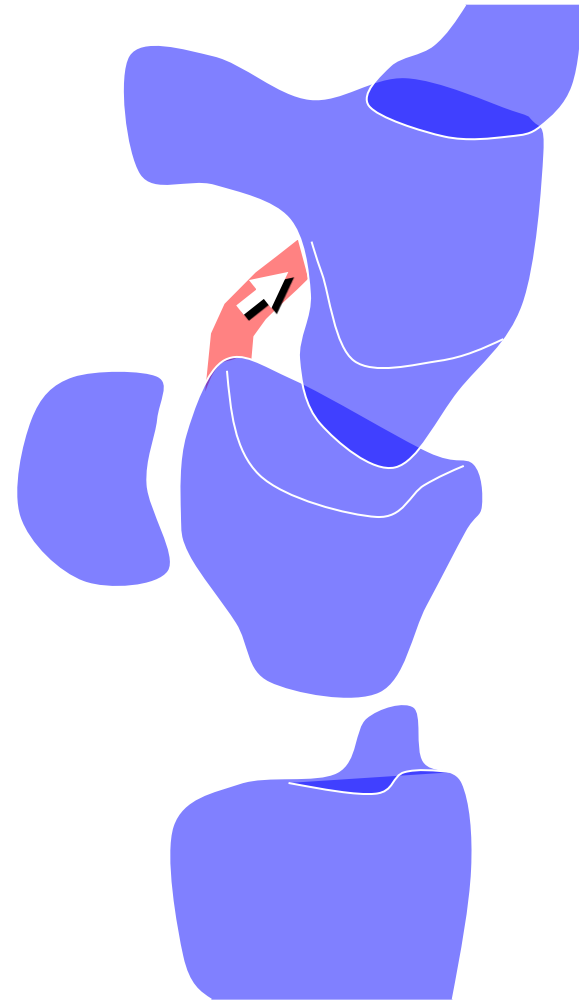
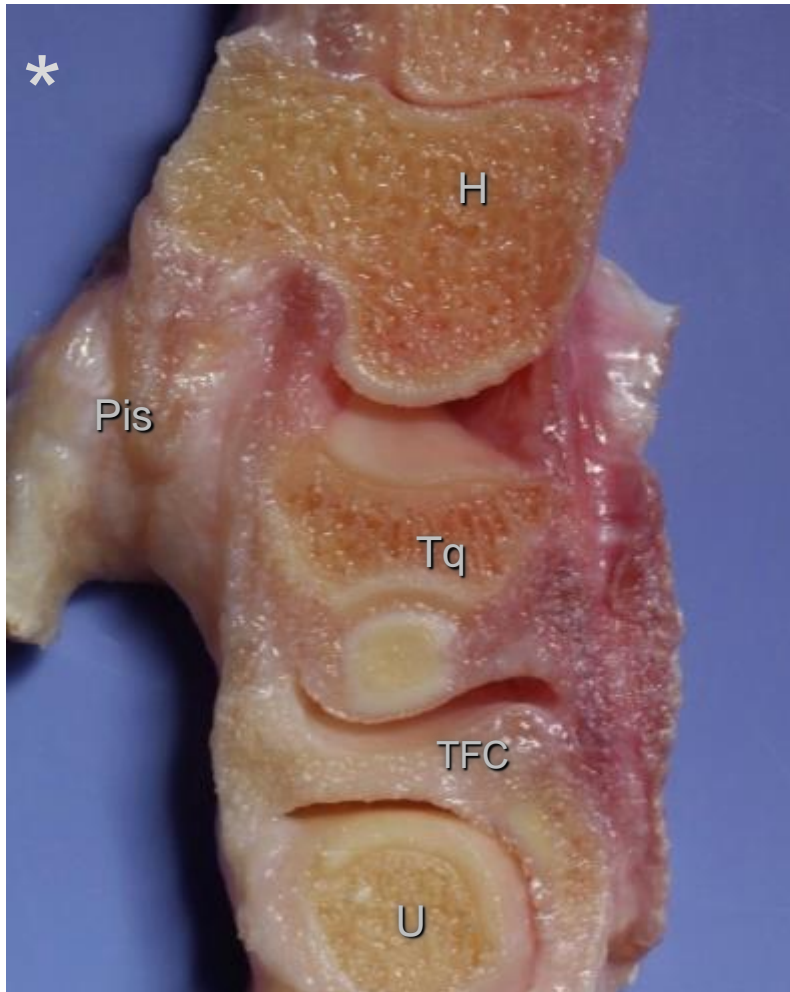
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Under load, the scaphoid **flexes**,...

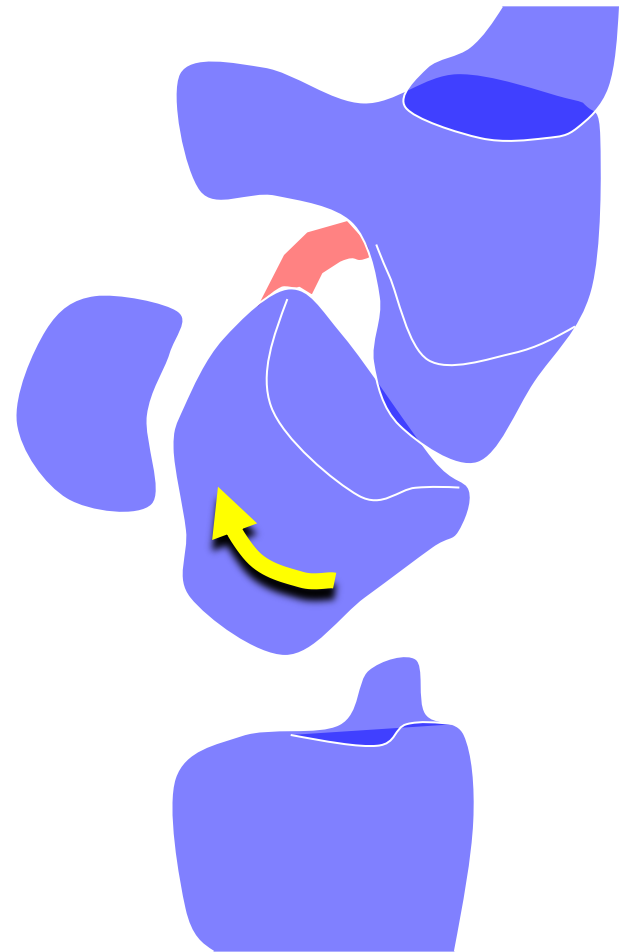
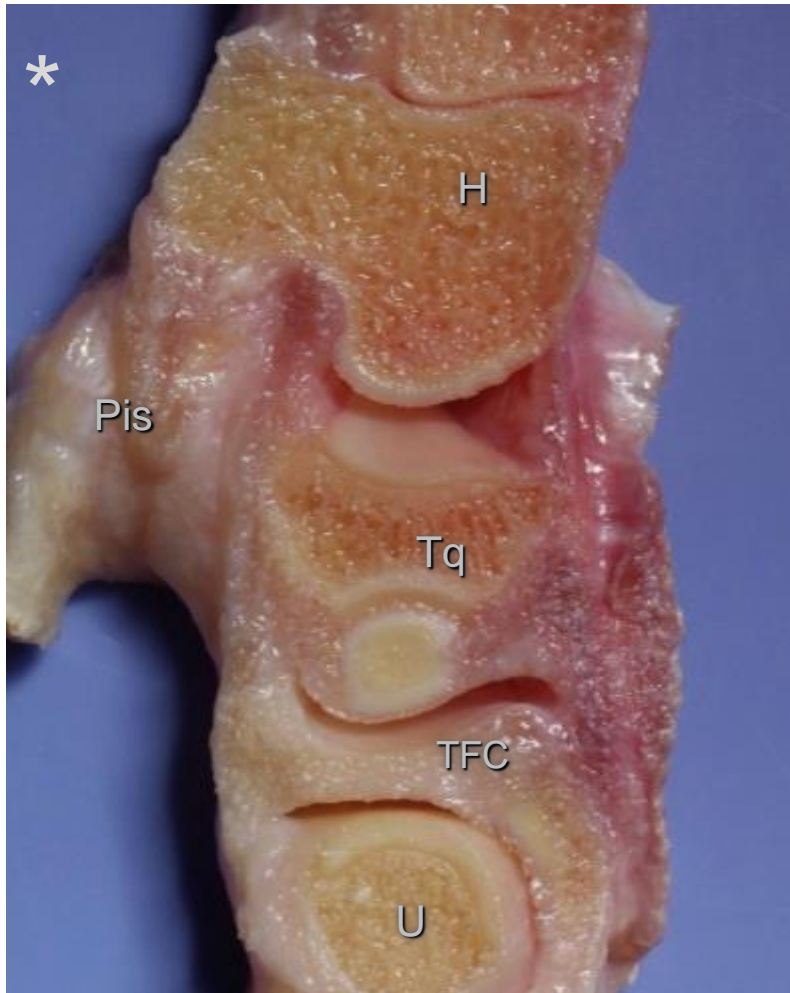


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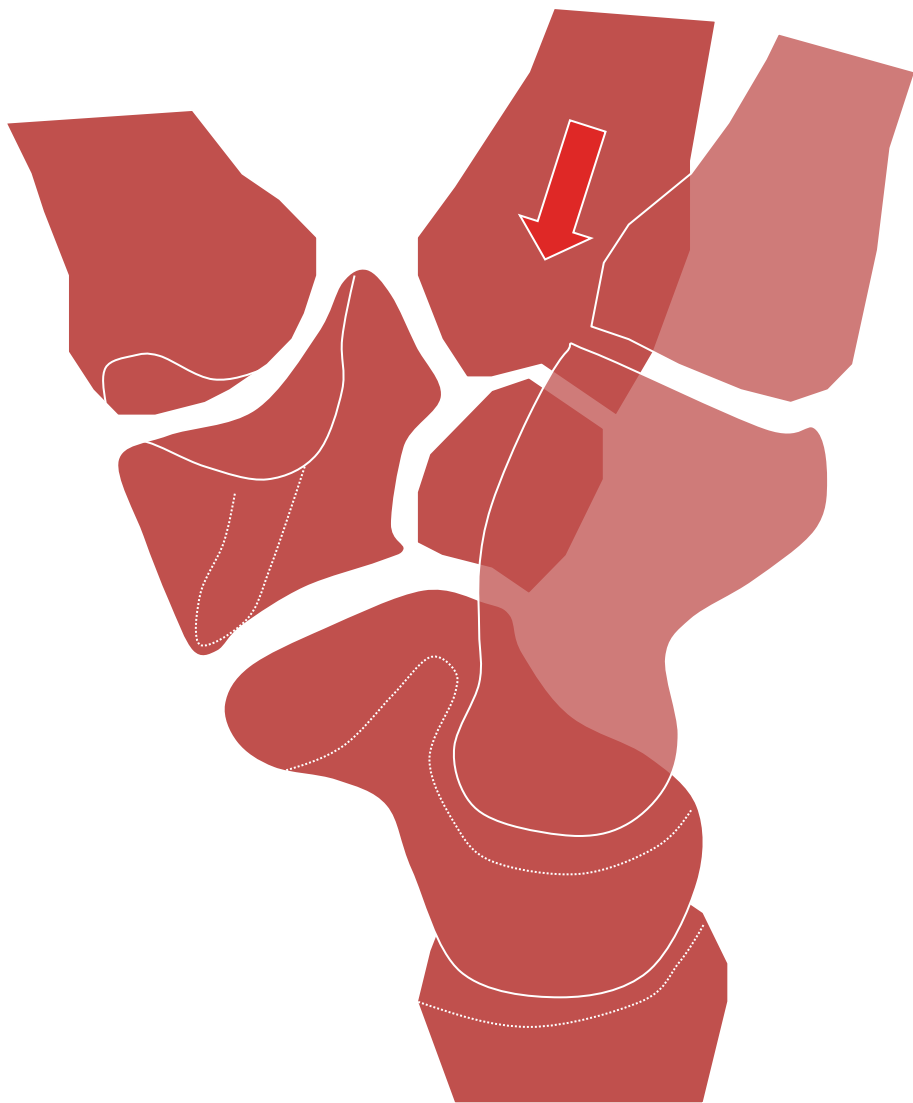


Under load, the scaphoid **flexes**, but the triquetrum **extends**

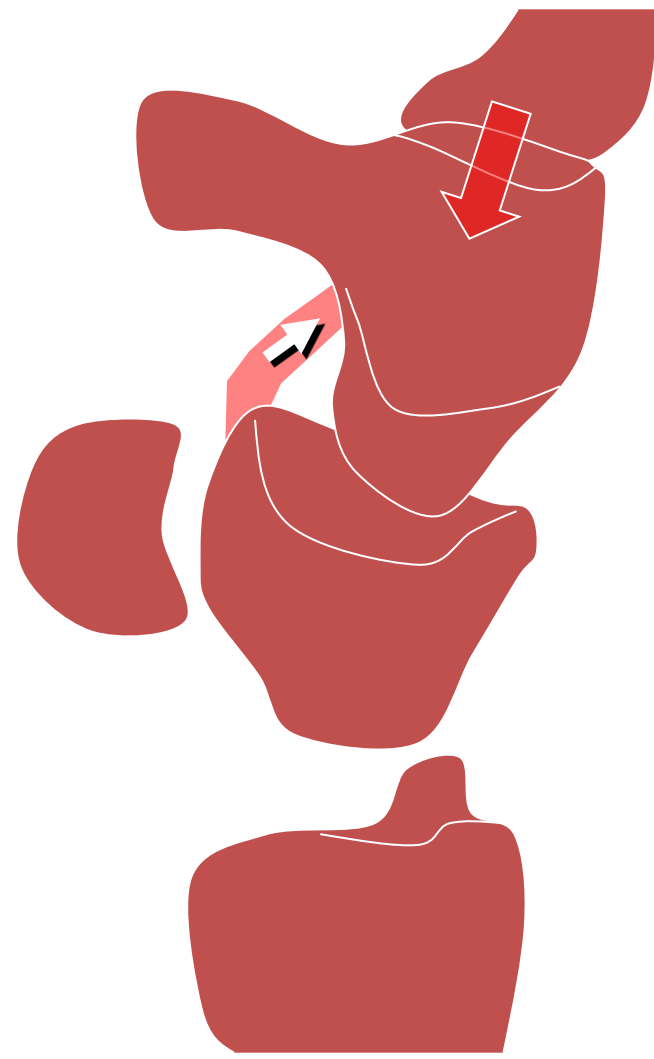




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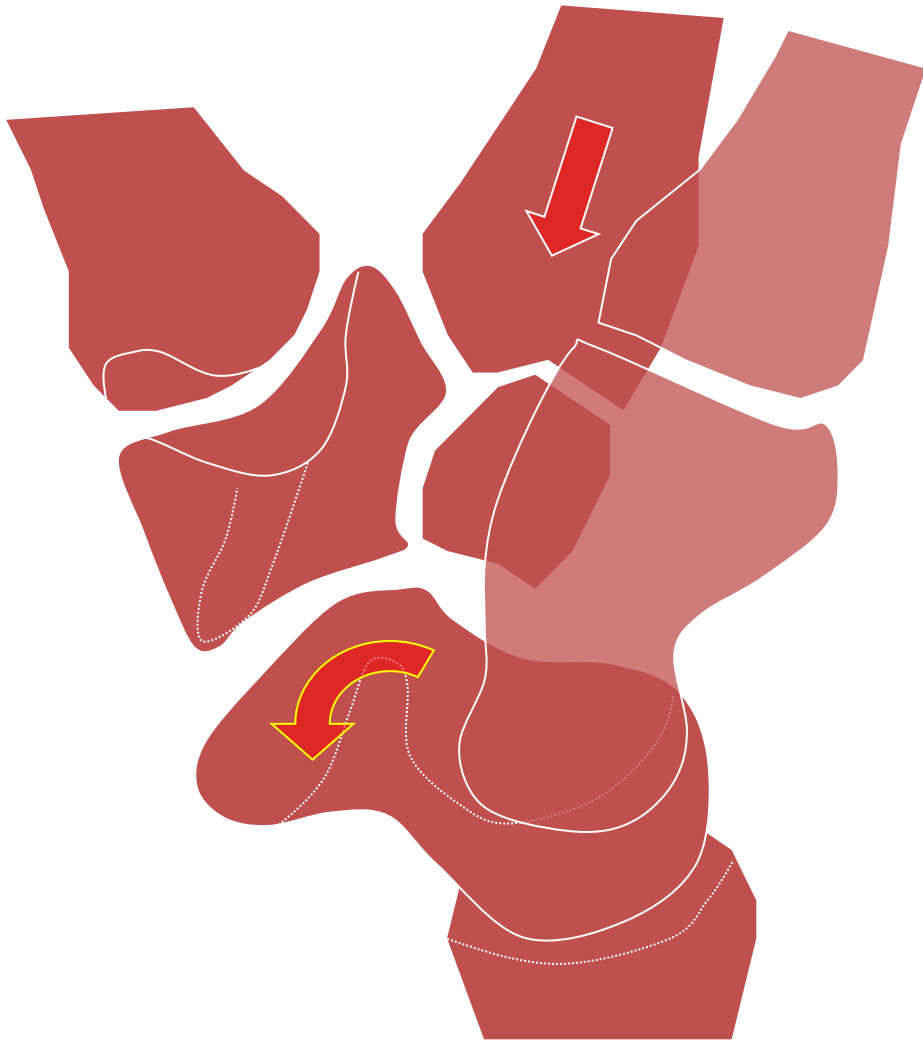


Scaphoid  
flexion

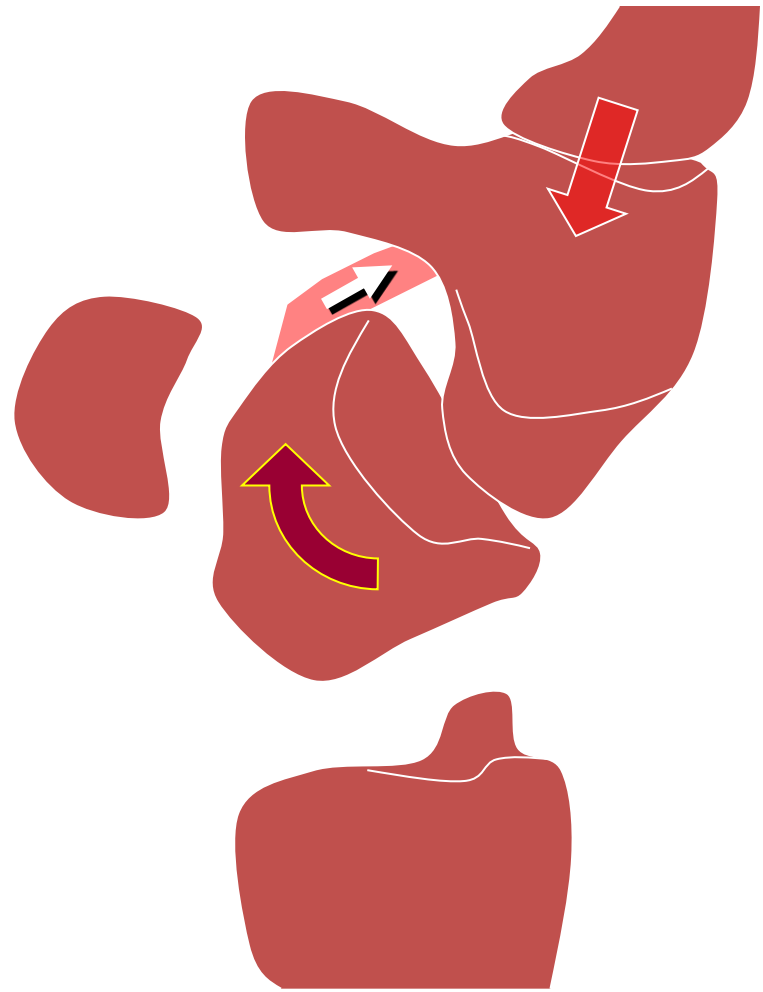


Triquetrum  
extension

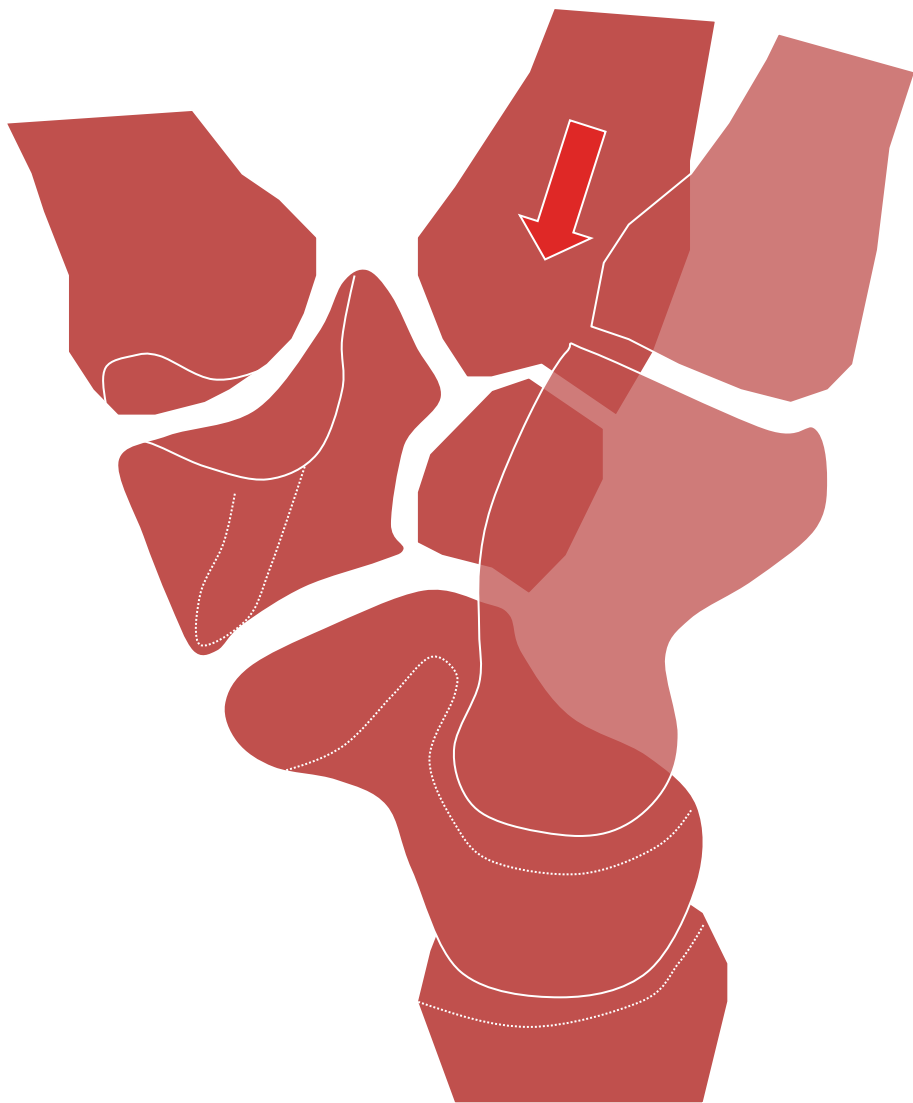




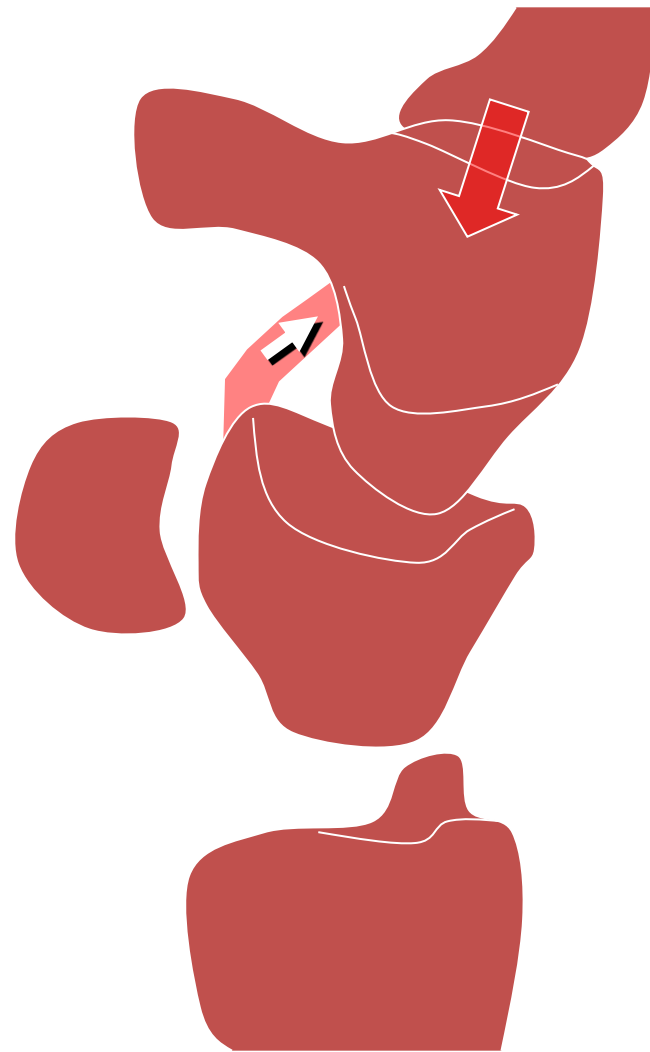
Scaphoid  
flexion



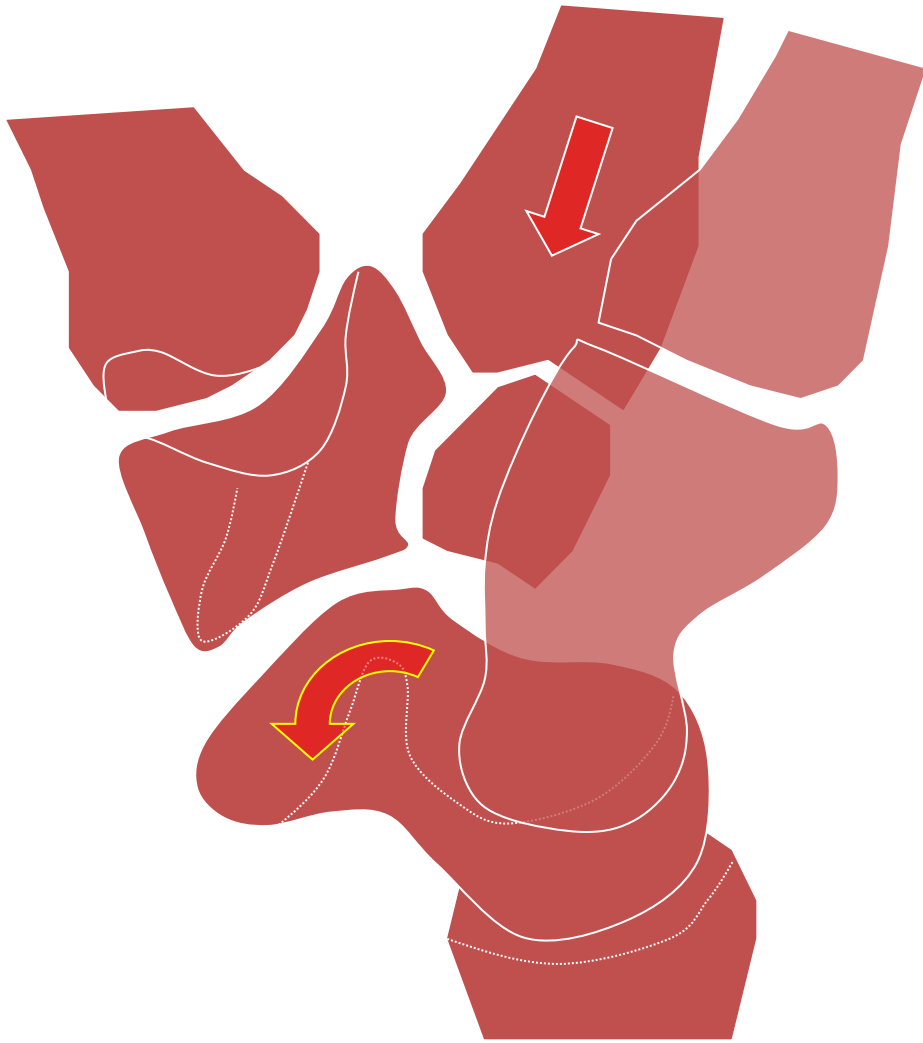
Triquetrum  
extension



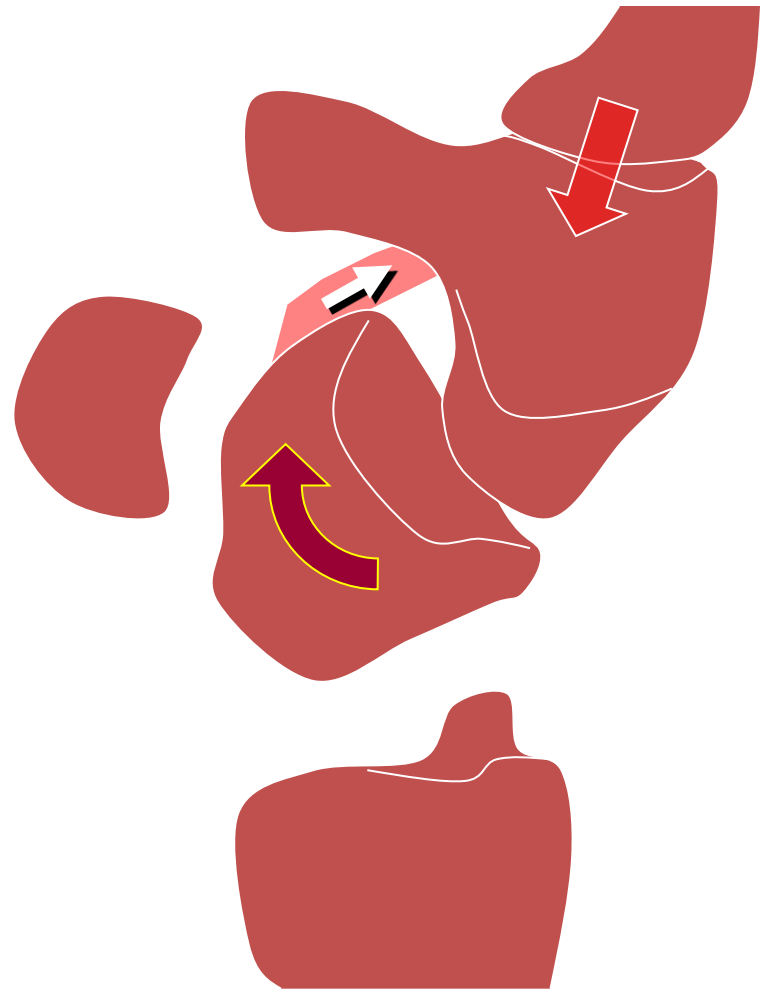
Scaphoid  
flexion



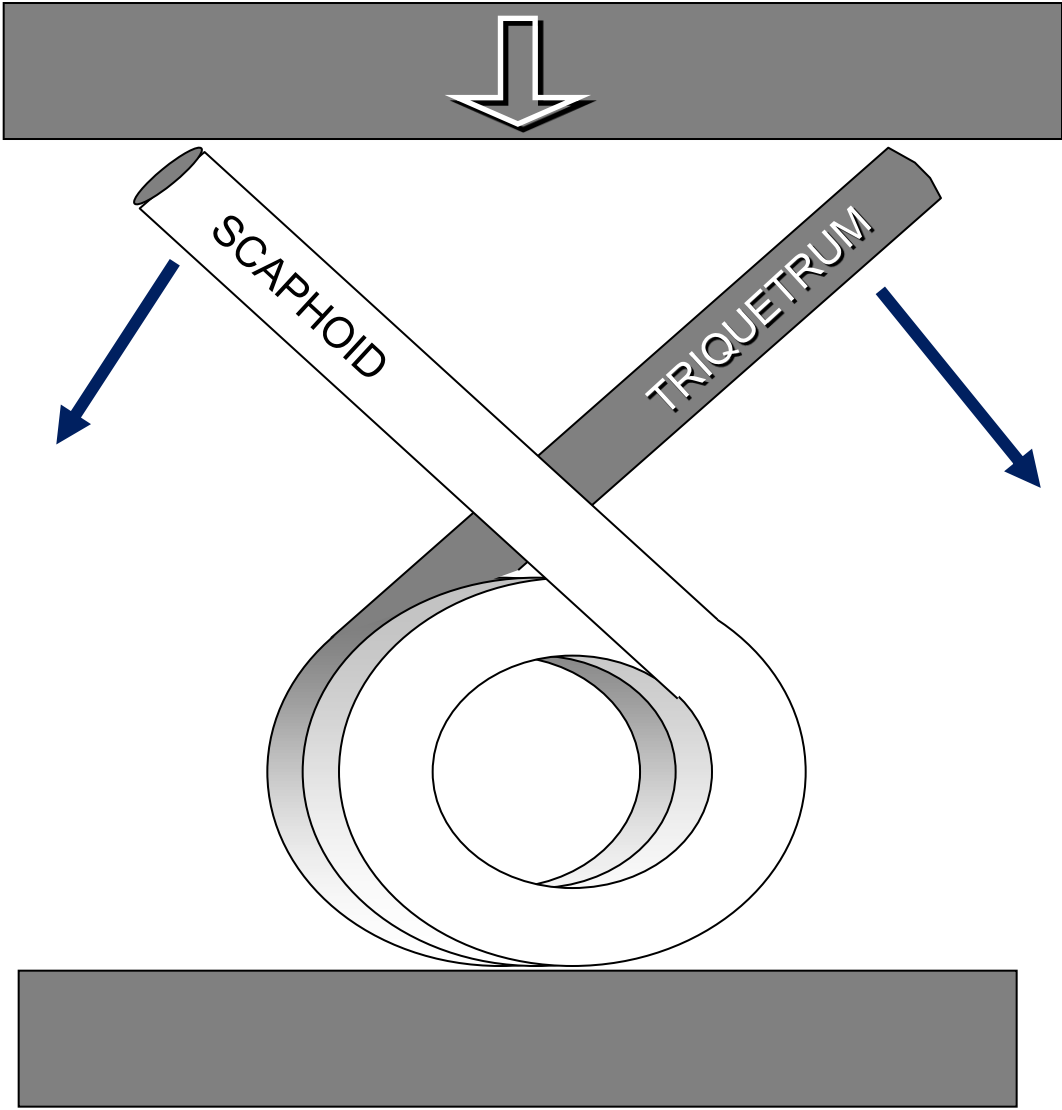
Triquetrum  
extension

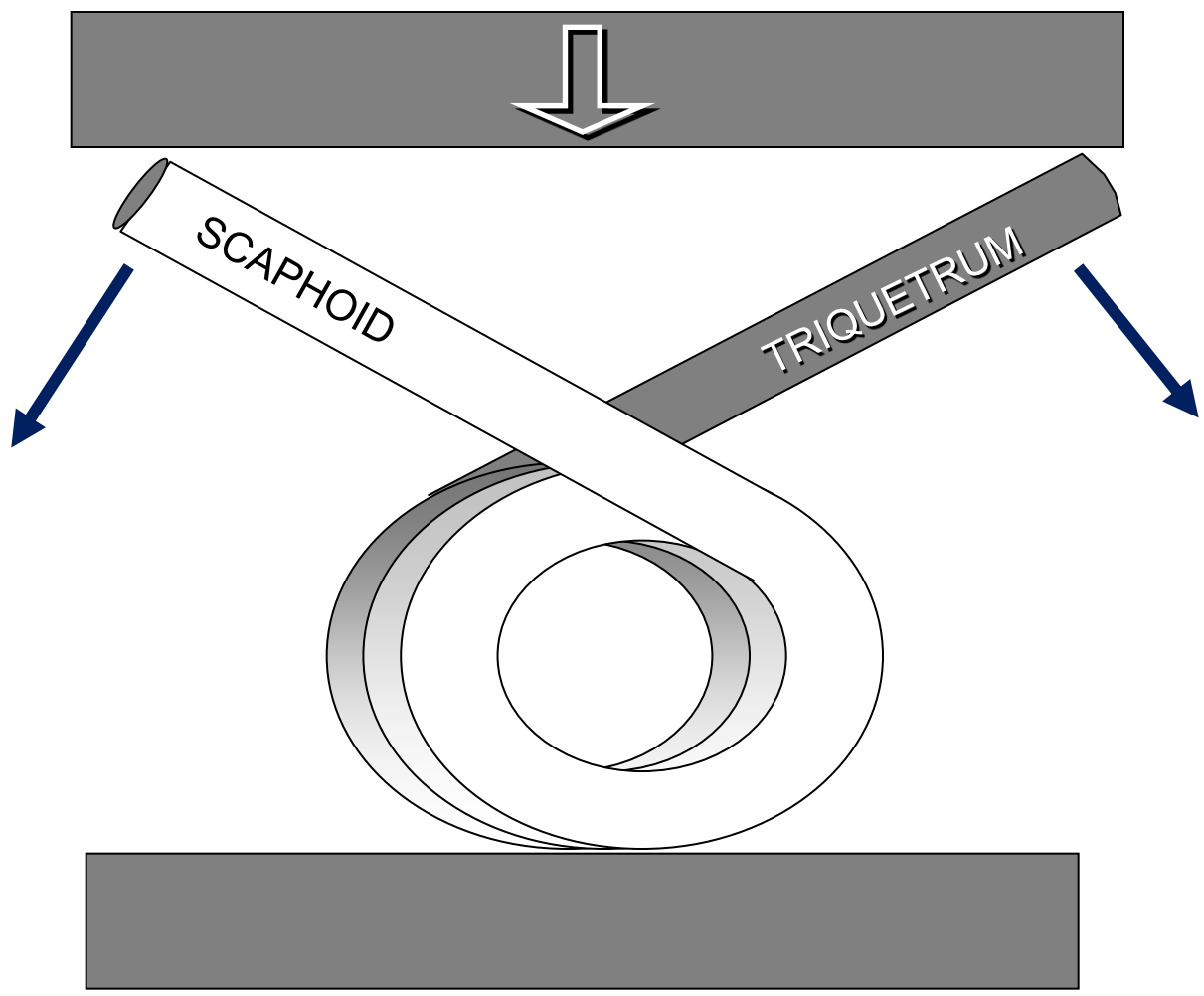


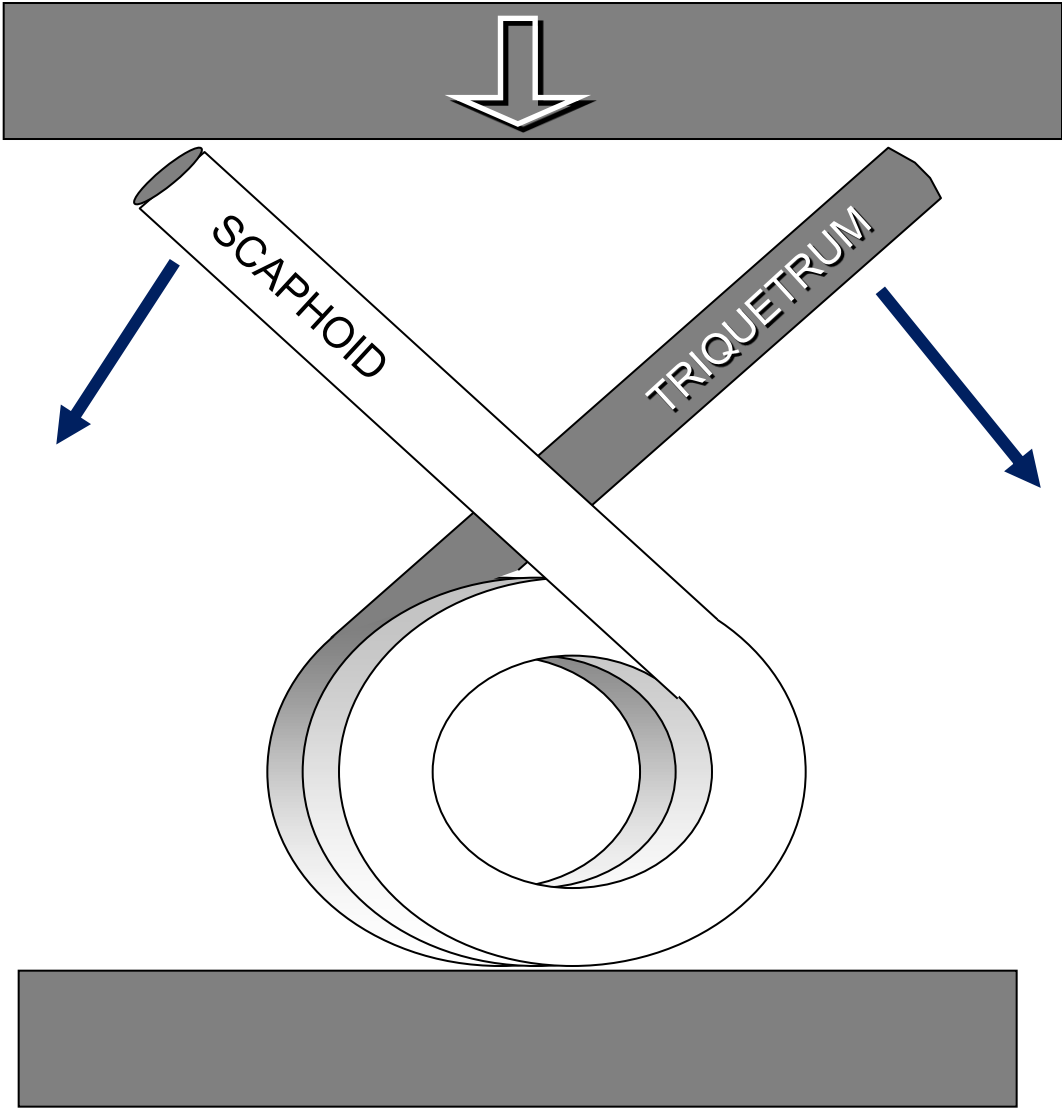
Scaphoid  
flexion

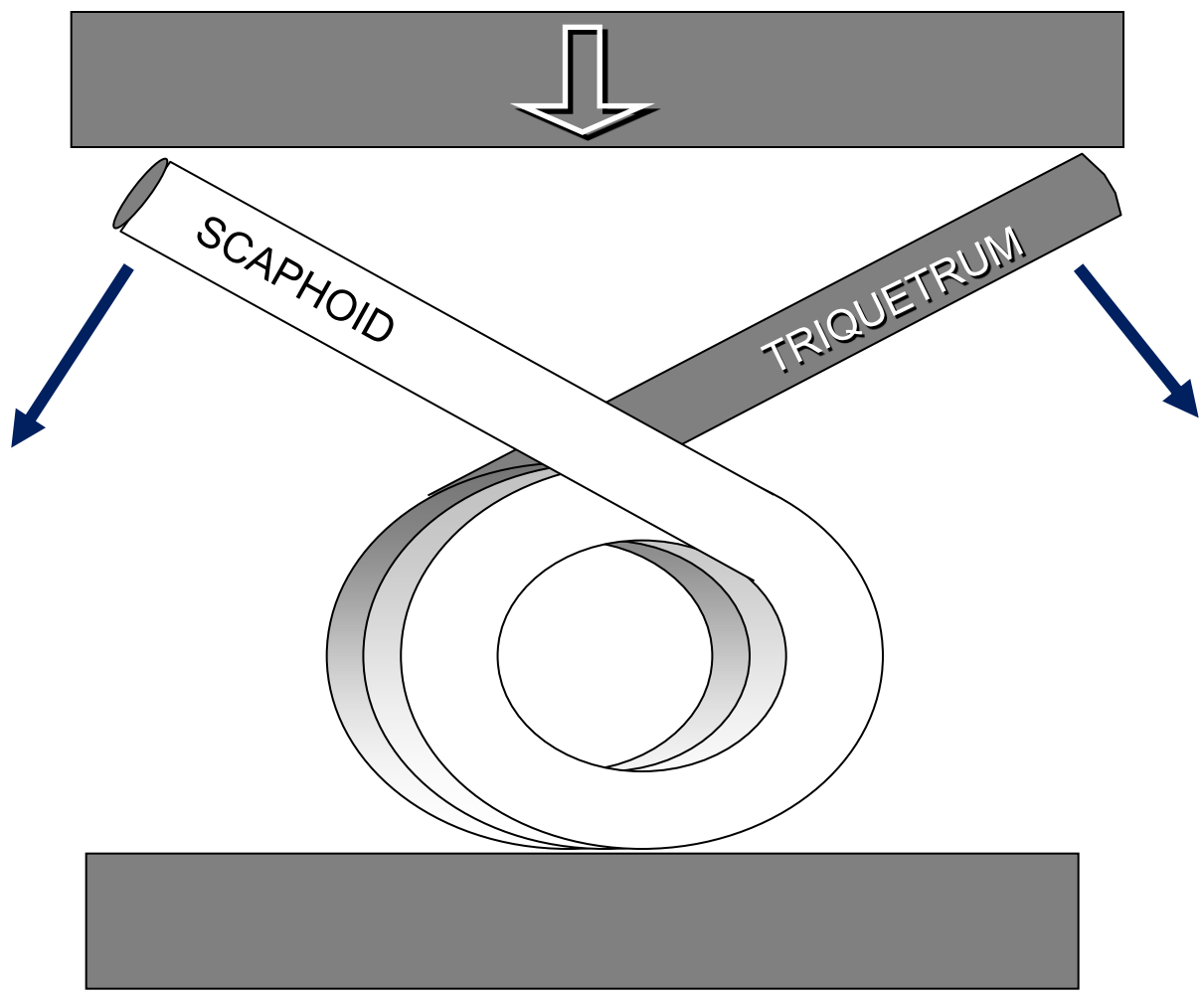


Triquetrum  
extension







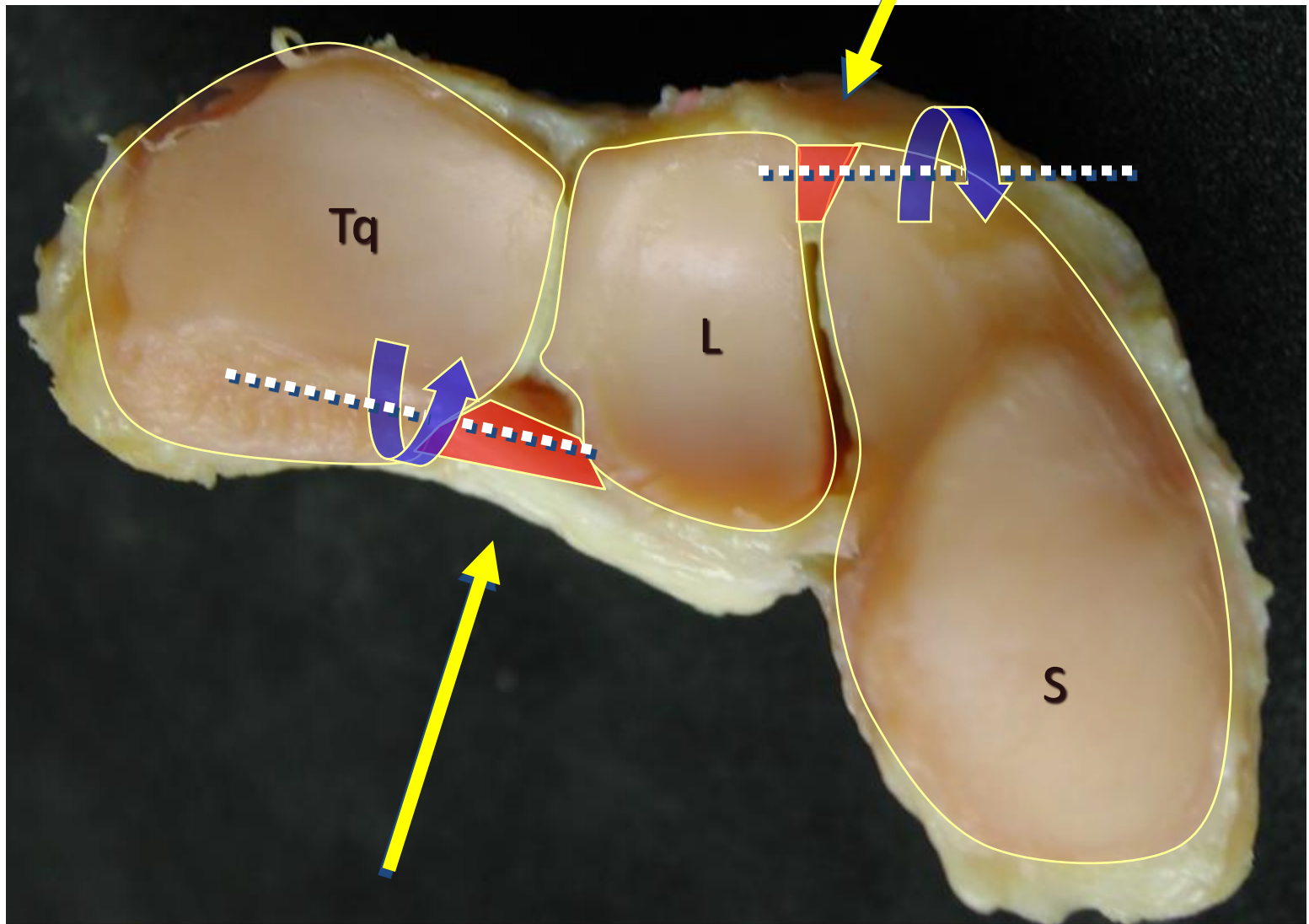


# Shock-absorbers system





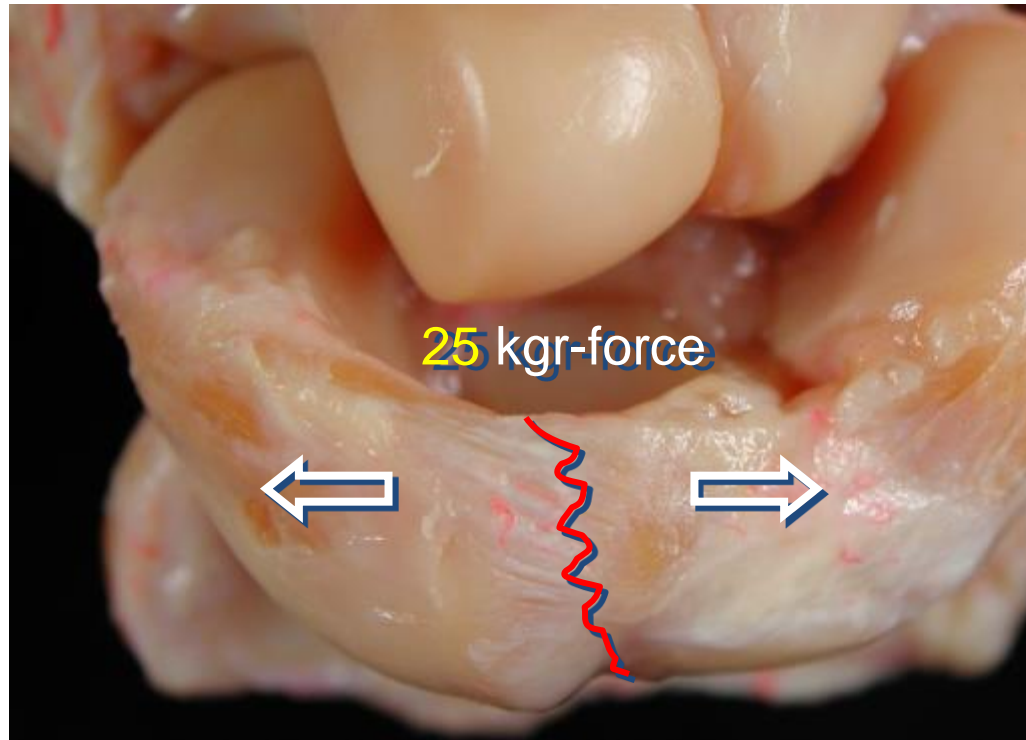
Dorsal SL ligament



Palmar LTq ligament



Are ligaments the only carpal stabilizers ?



Average yield strength of the dorsal Scapholunate ligament: **260 Newtons**

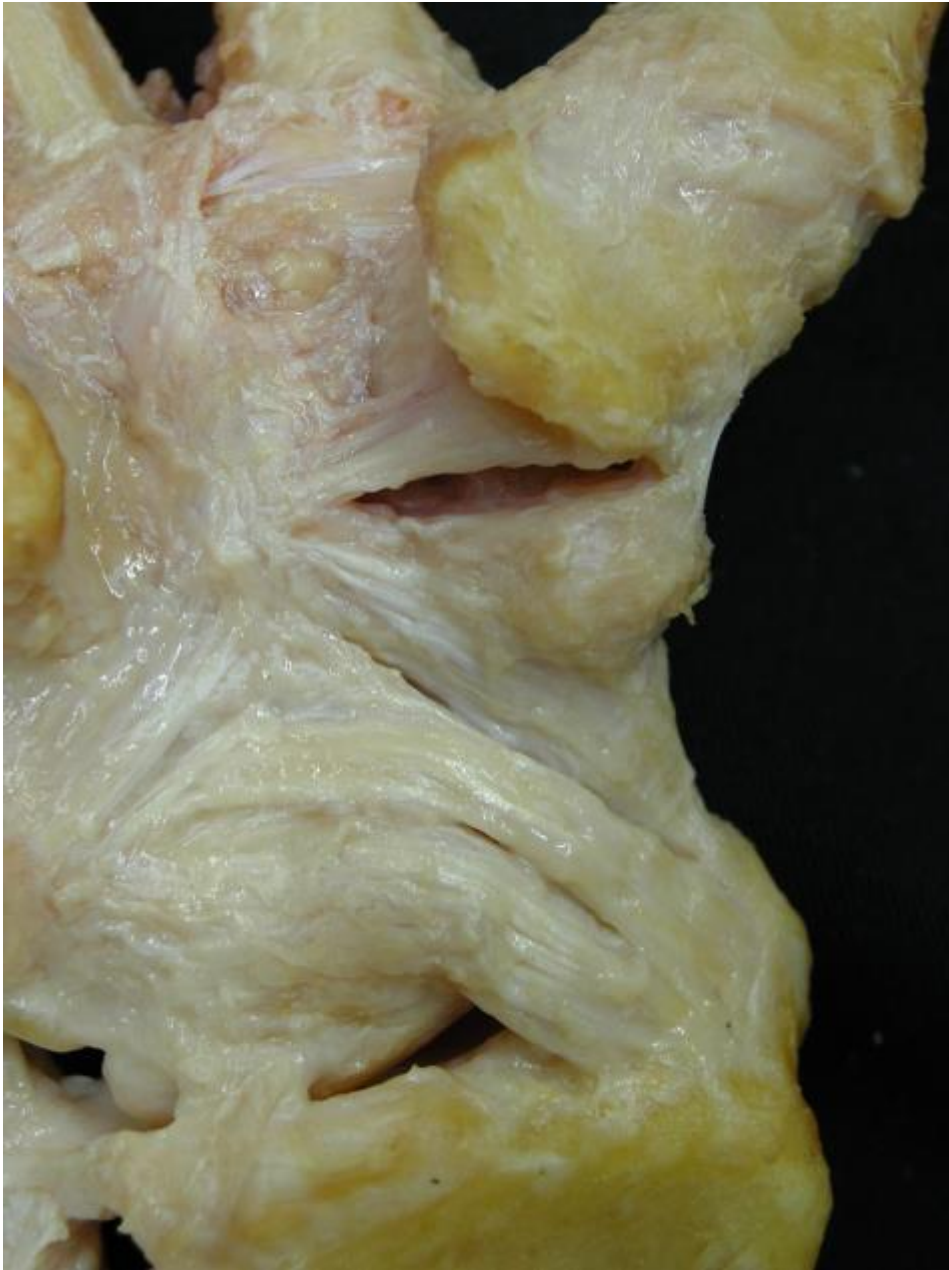
Berger et al. J Hand Surg 24A:953-962, 1999

# Axial loading of the wrist

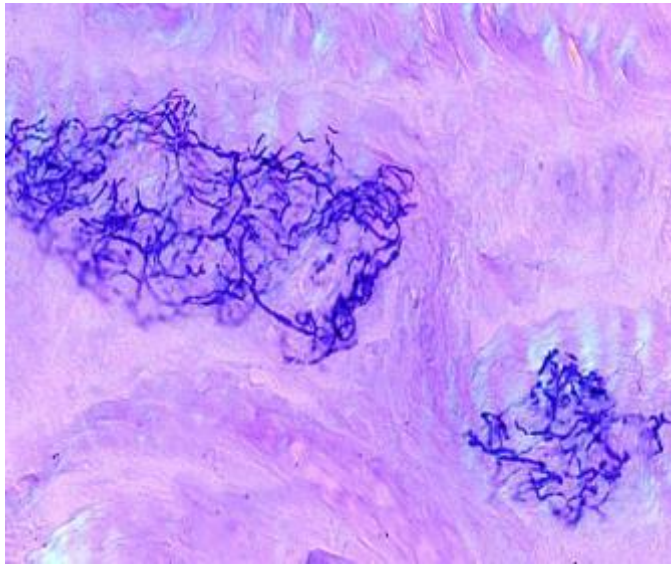


**Wrist can resist much more force**





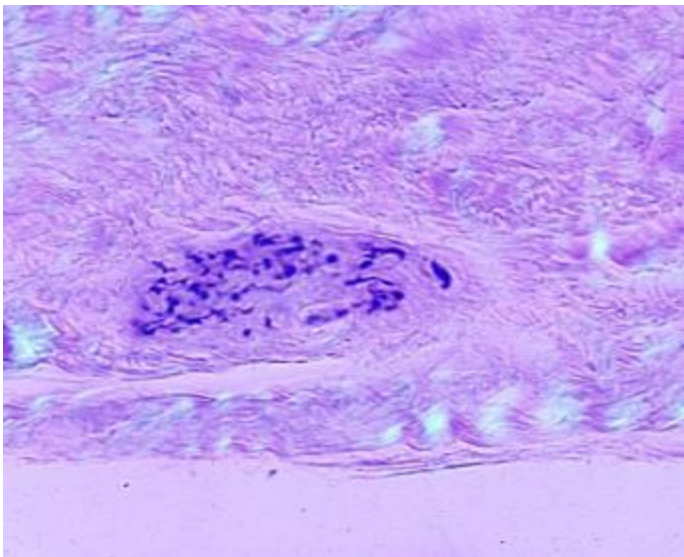
Ligaments are not stiff cables aimed to resist tension...



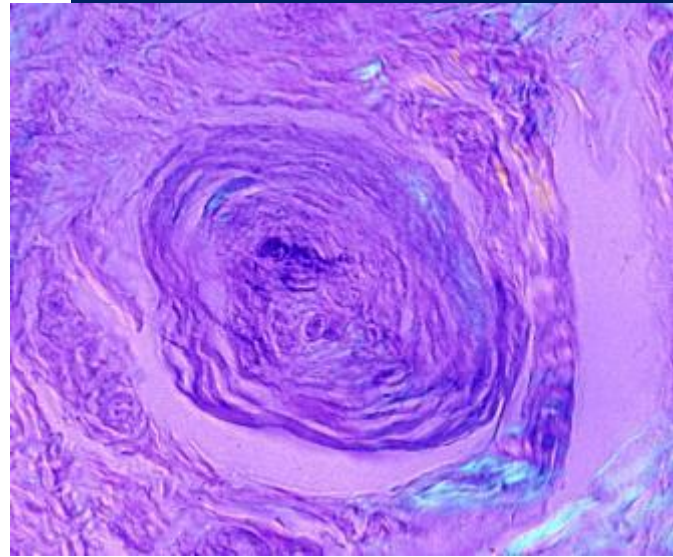
Golgi

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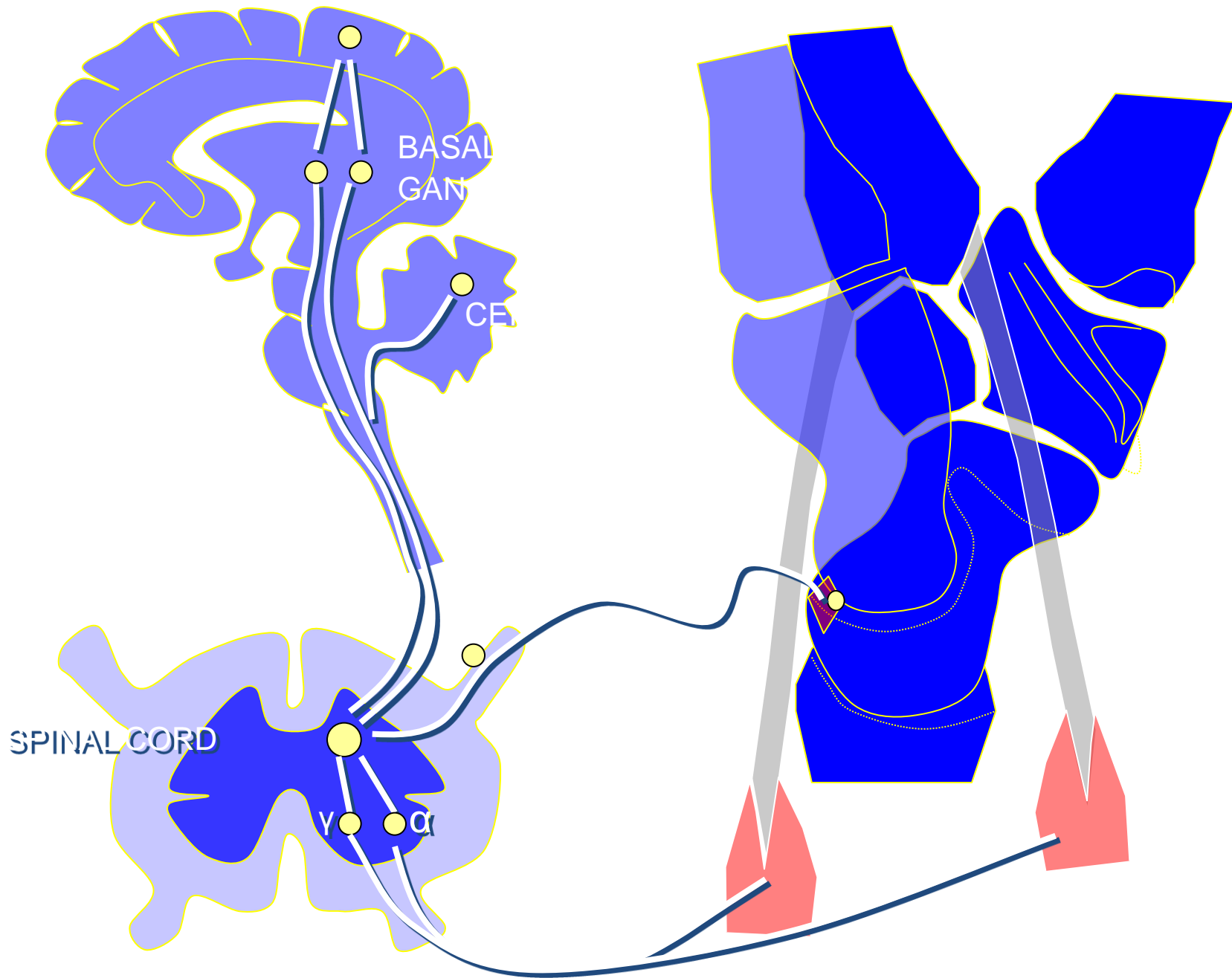
...but complex structures containing **mechanoreceptors**



Ruffini



Pacinian



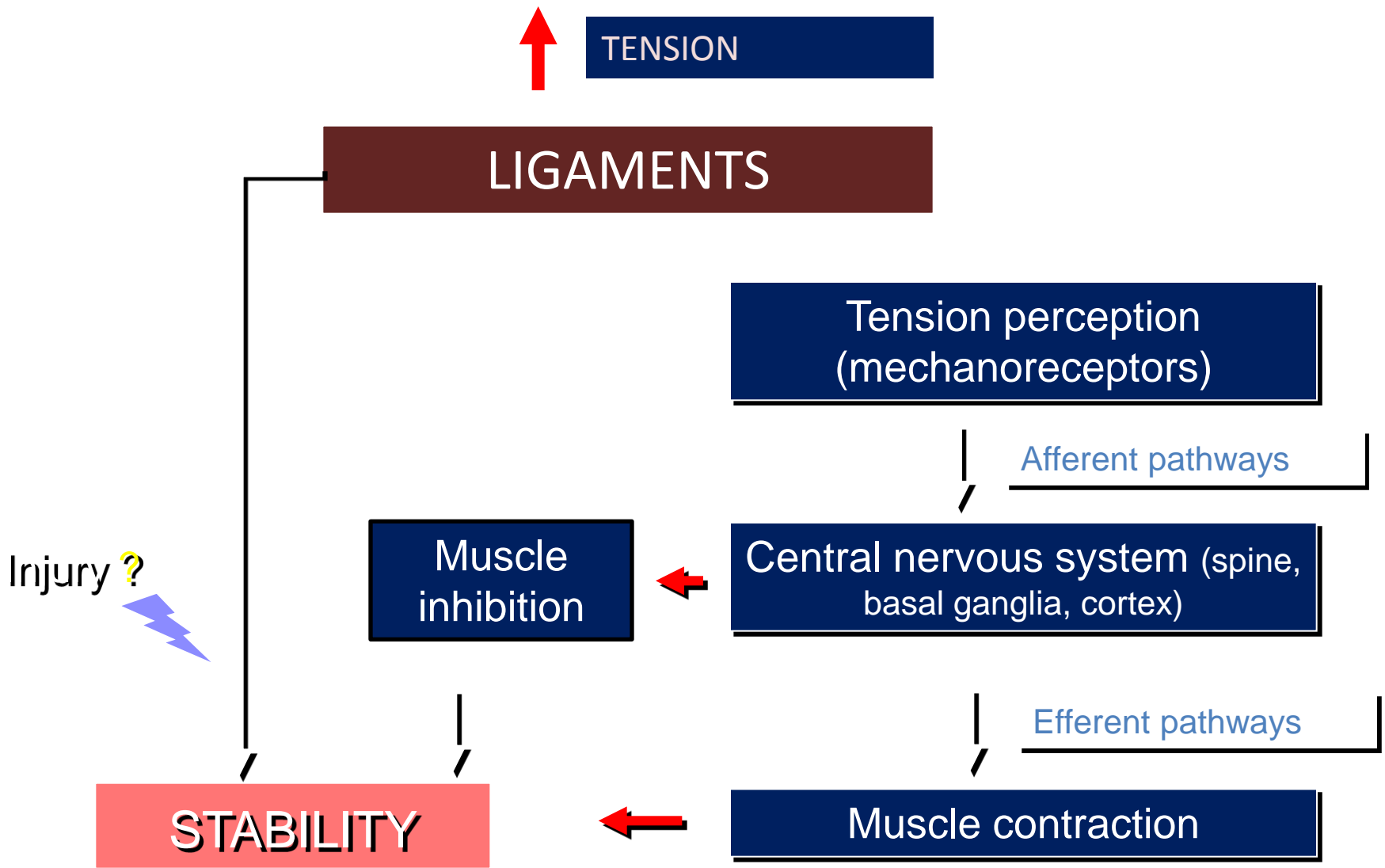


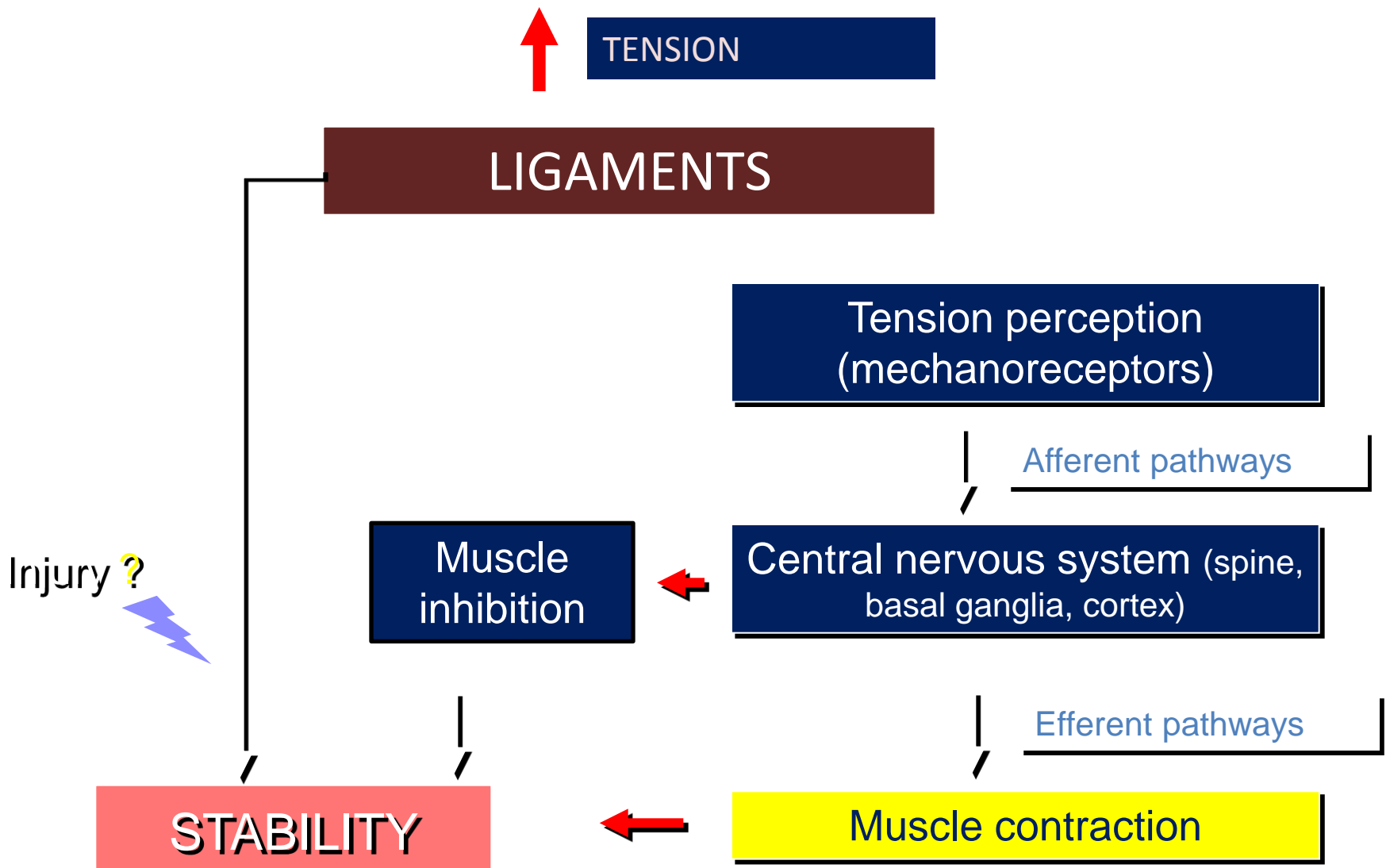


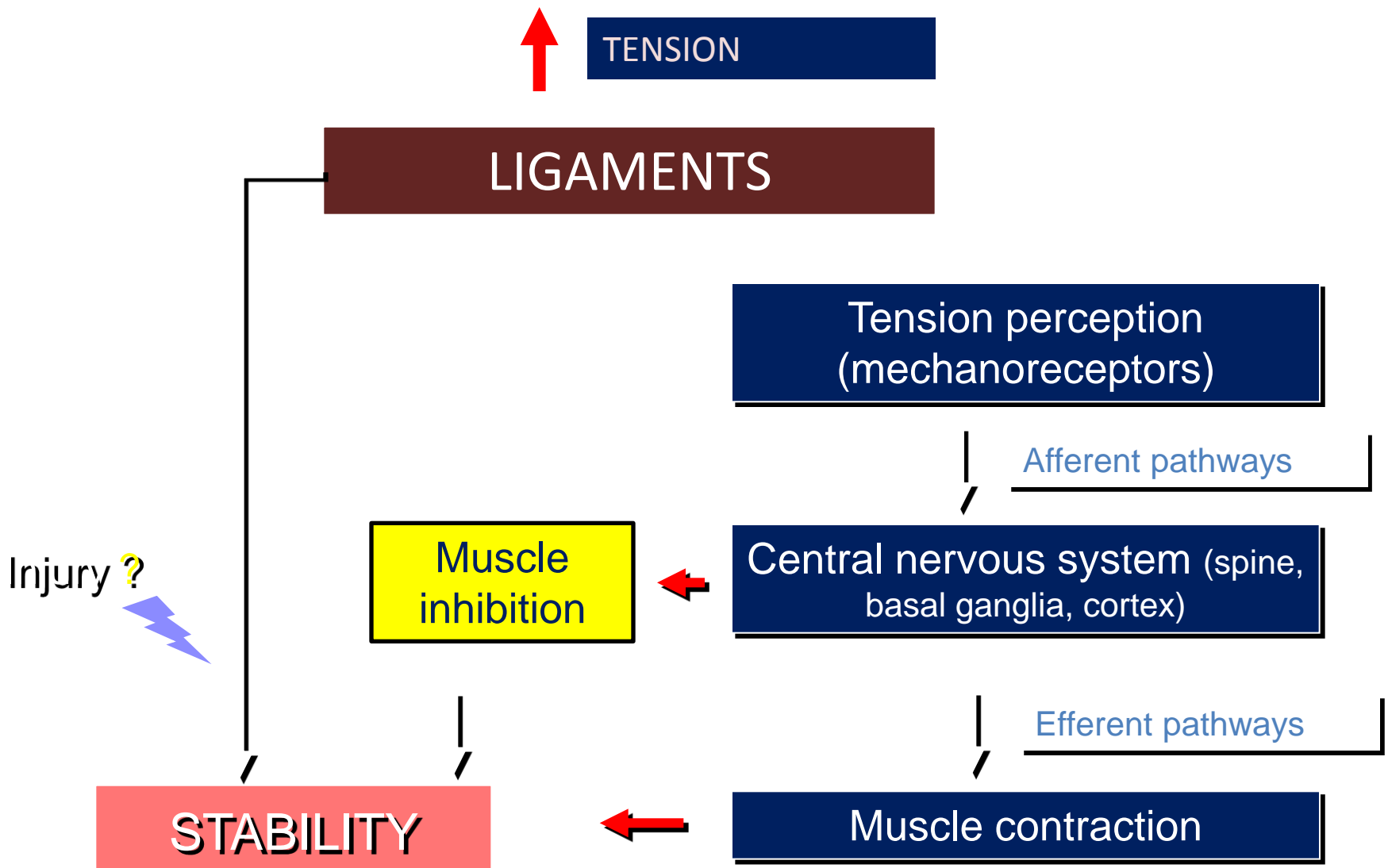


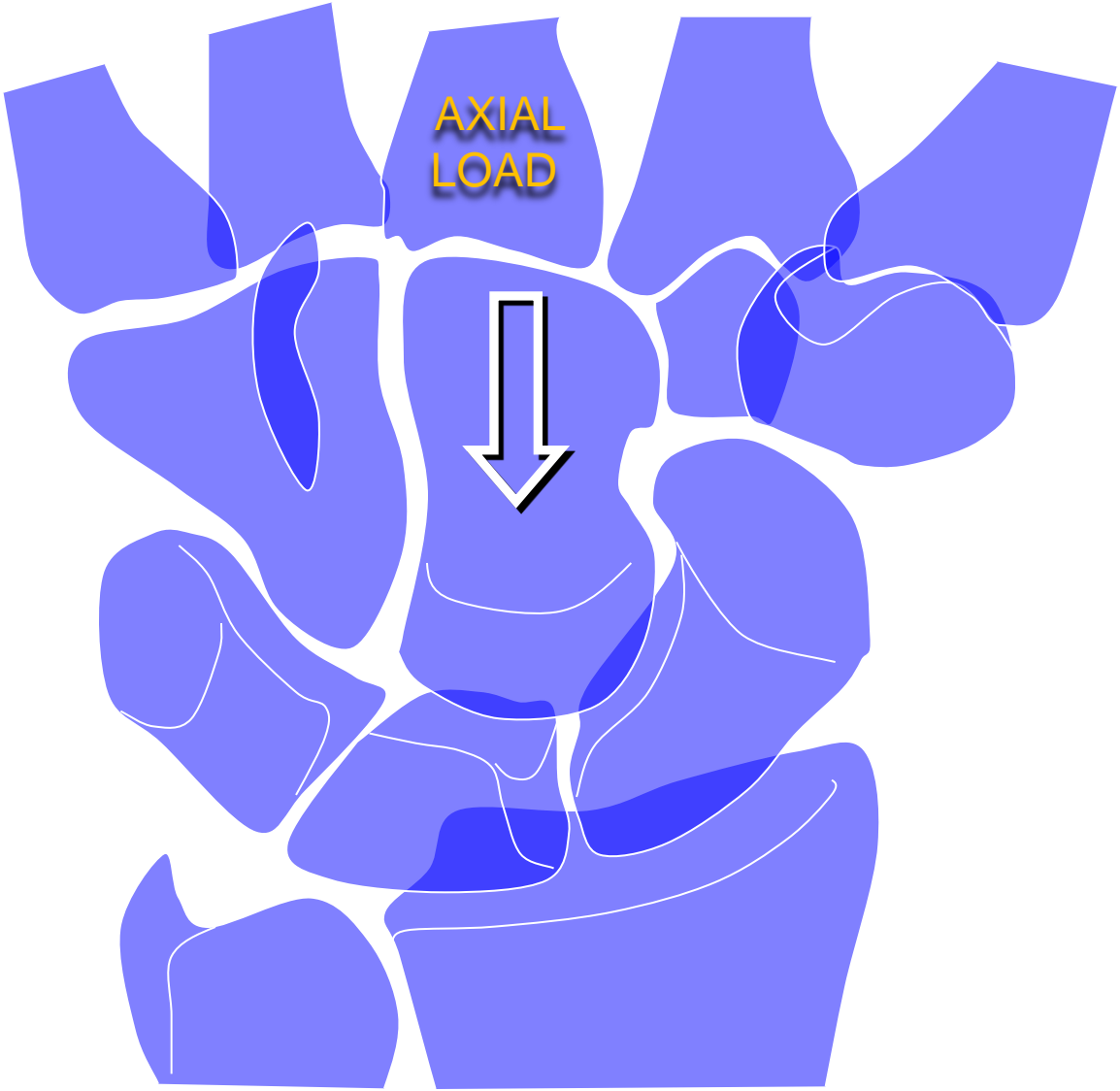
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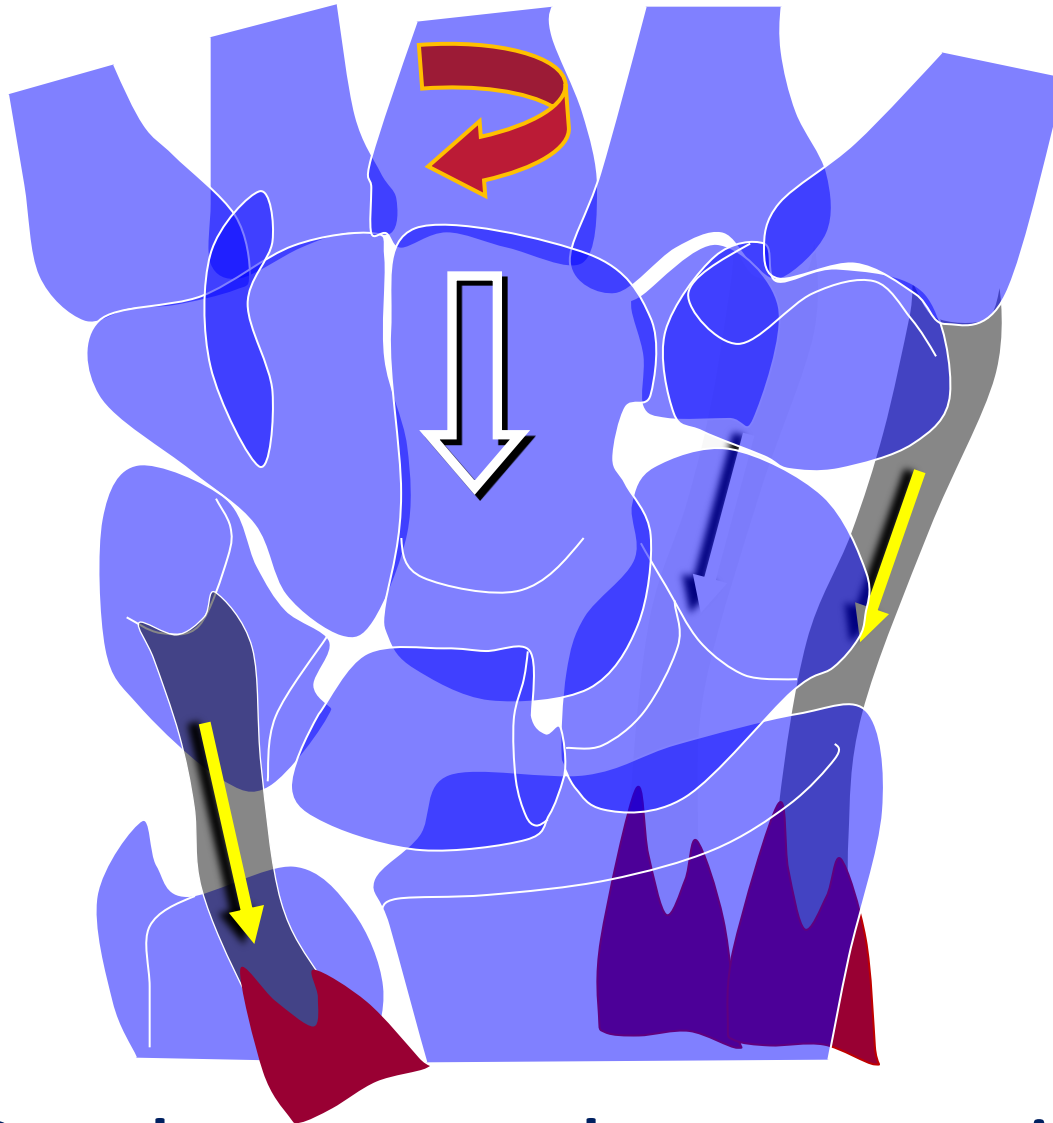




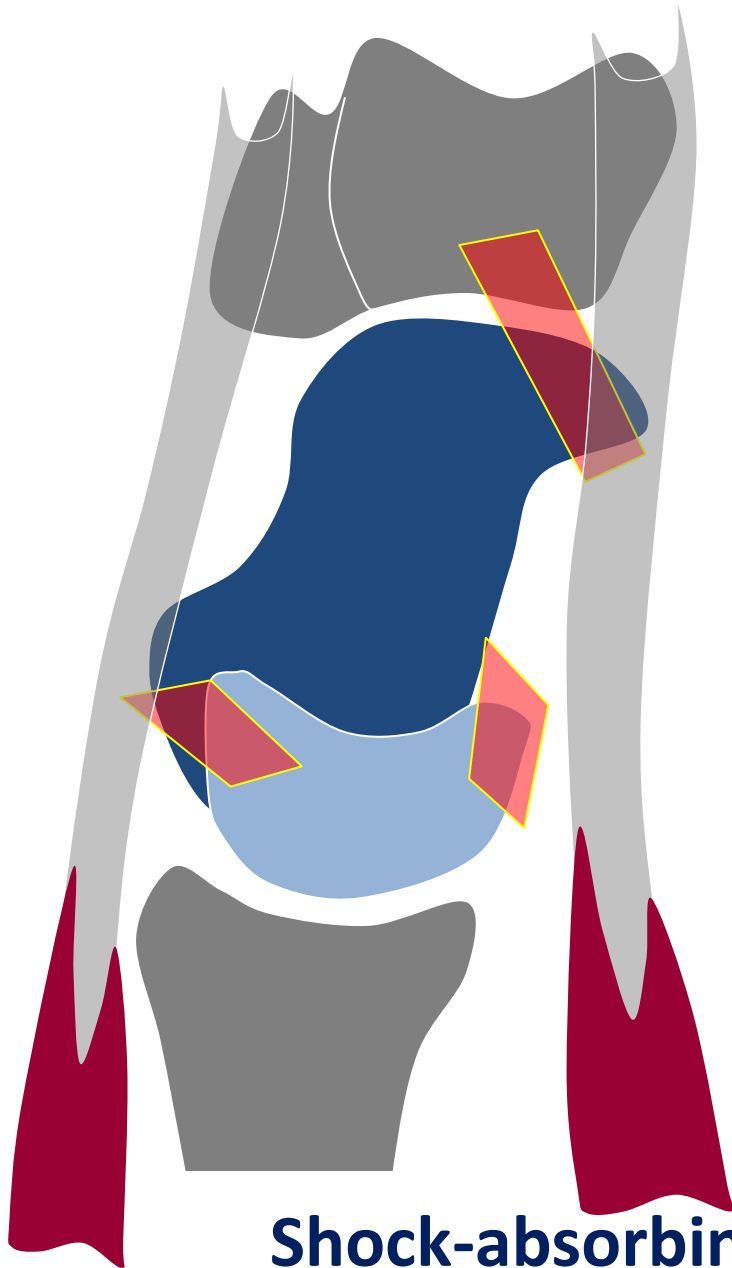




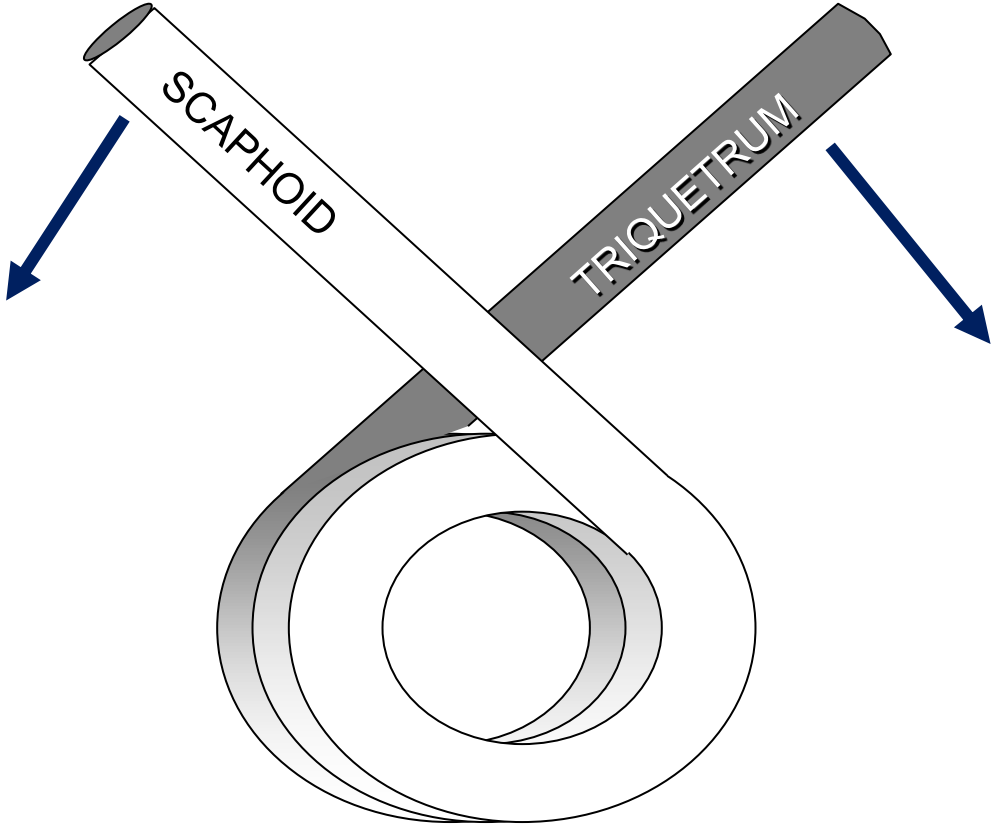
# Pronation



**MC tends to pronate due to antagonist's muscles**



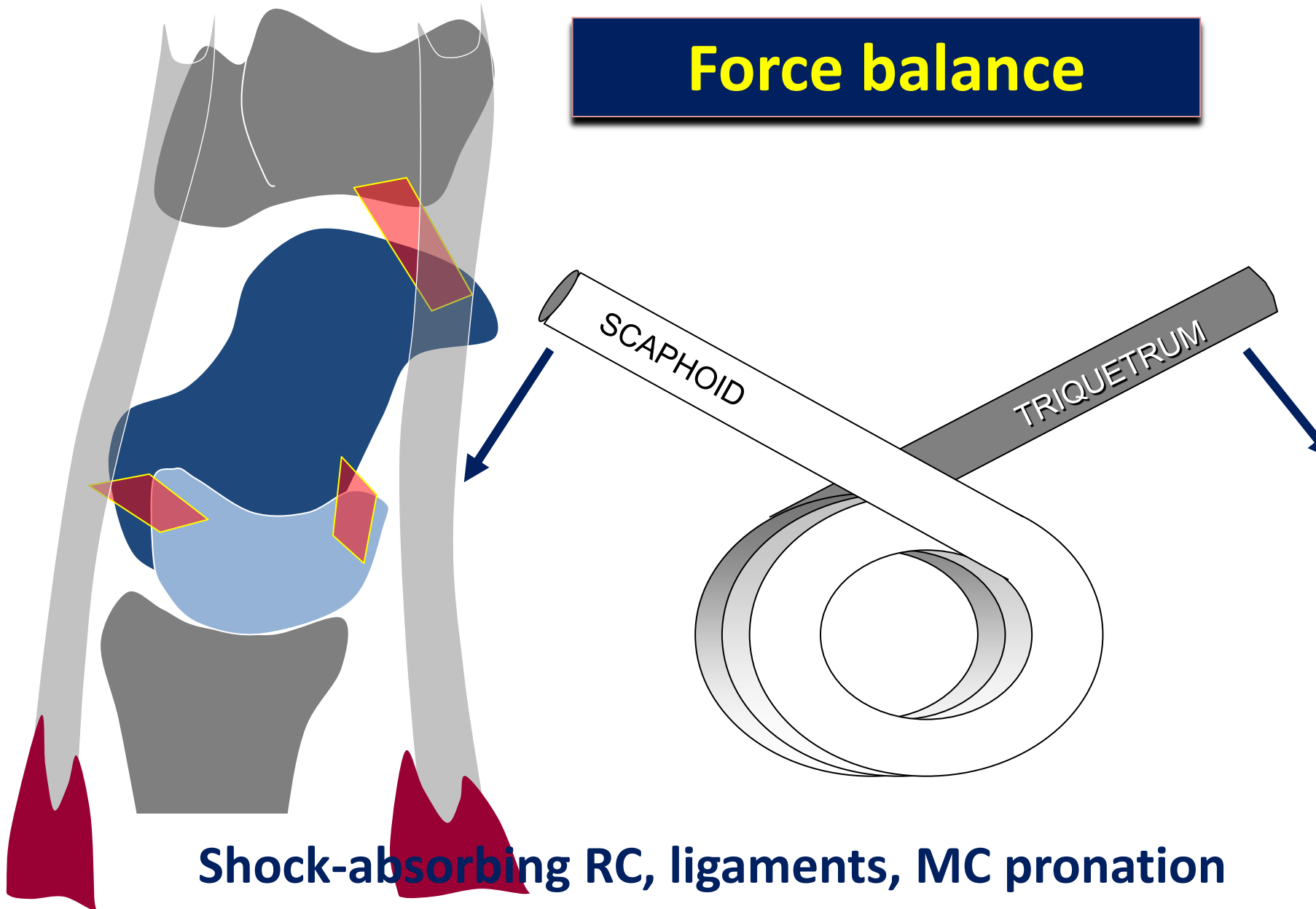
# Force balance



**Shock-absorbing RC, ligaments, MC pronation  
Muscle function**

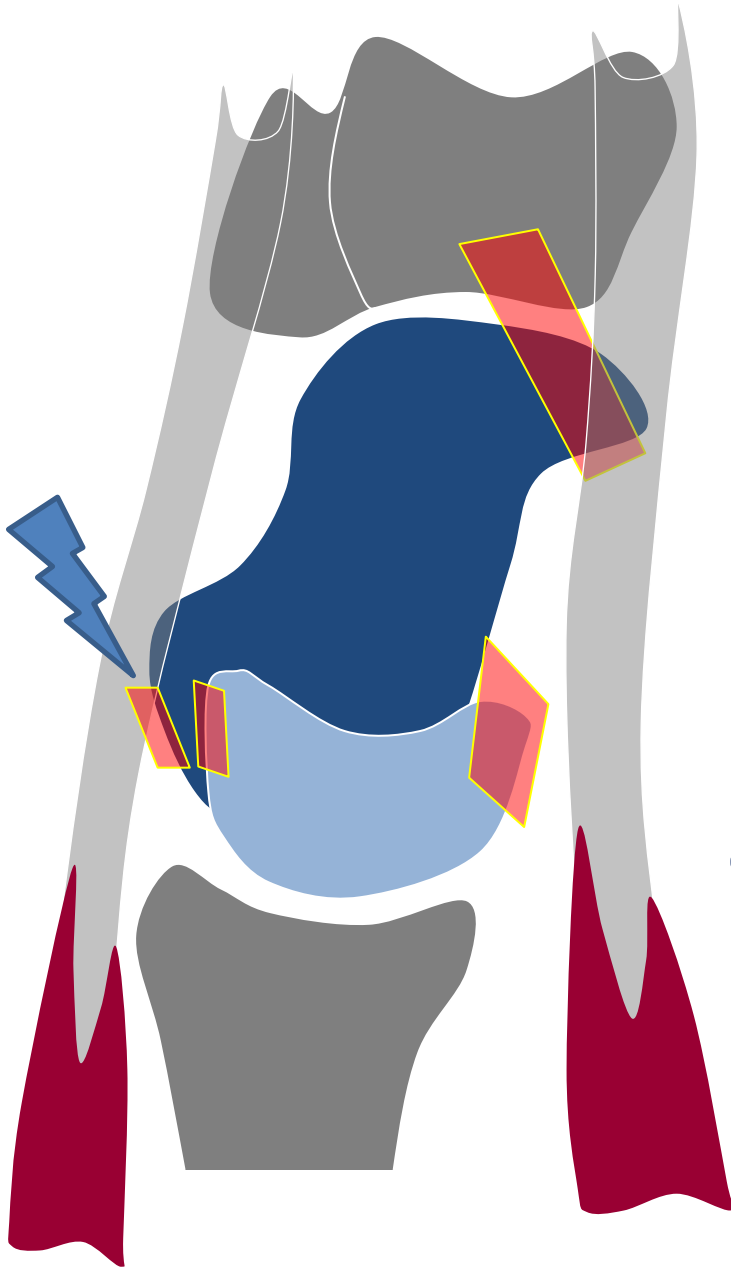


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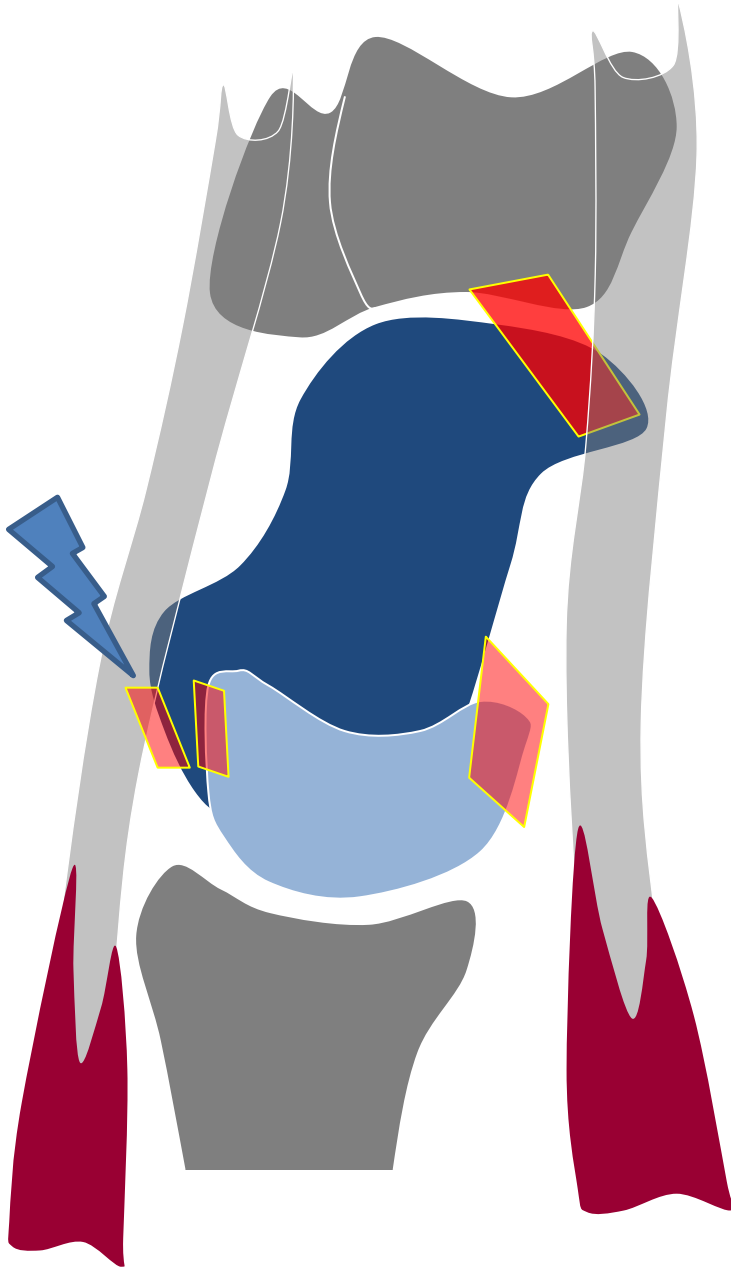
# Force balance



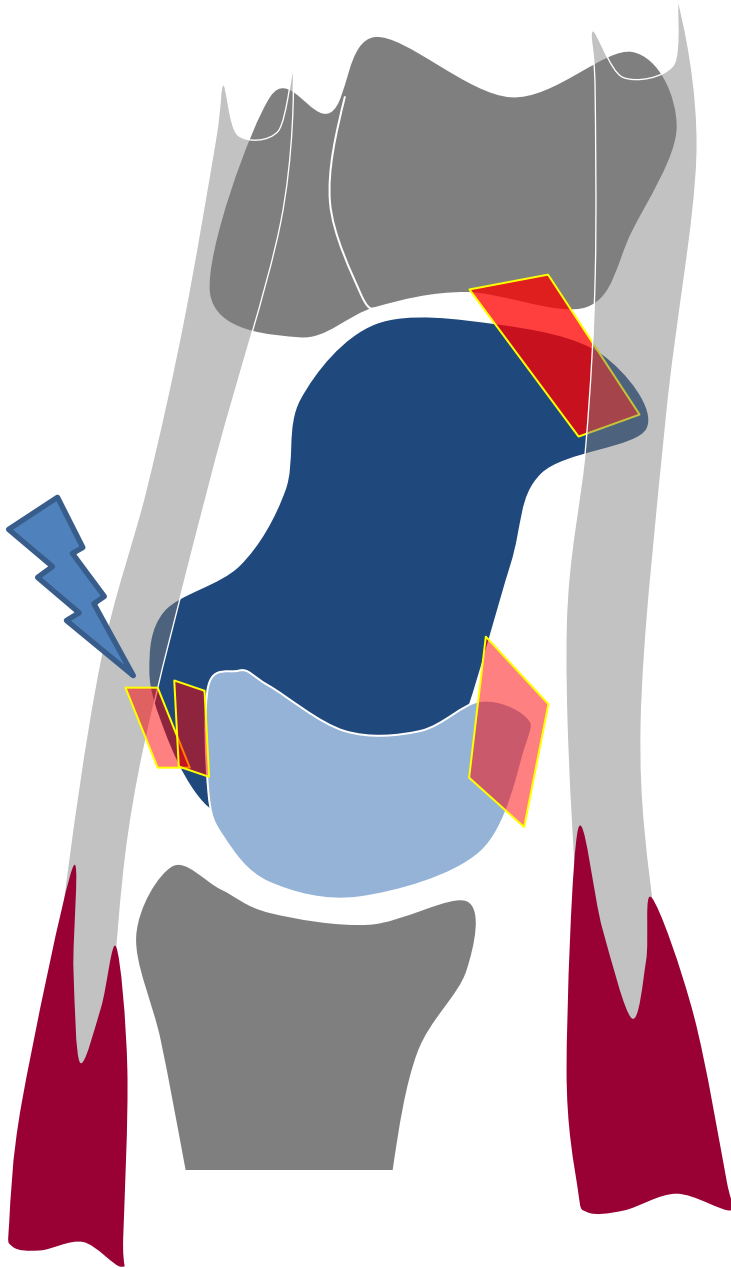
**Scapho-lunate rupture**

## Force balance

- Instability goes in stages

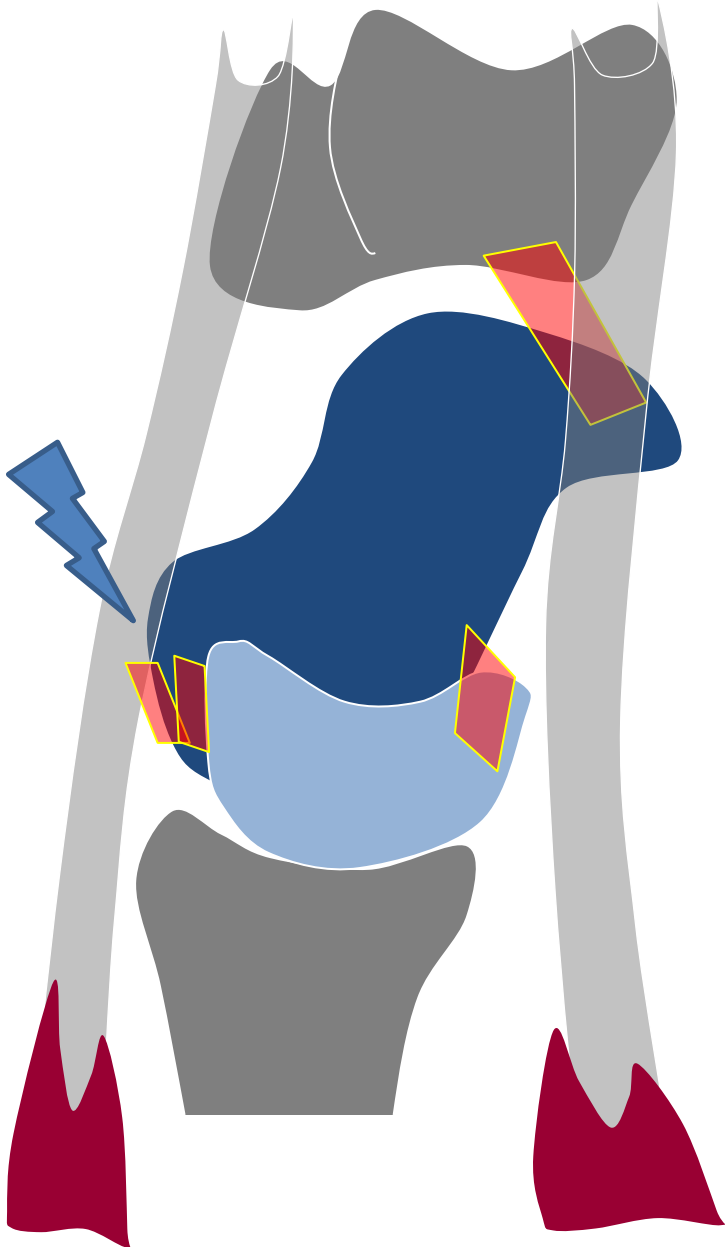


## Force balance



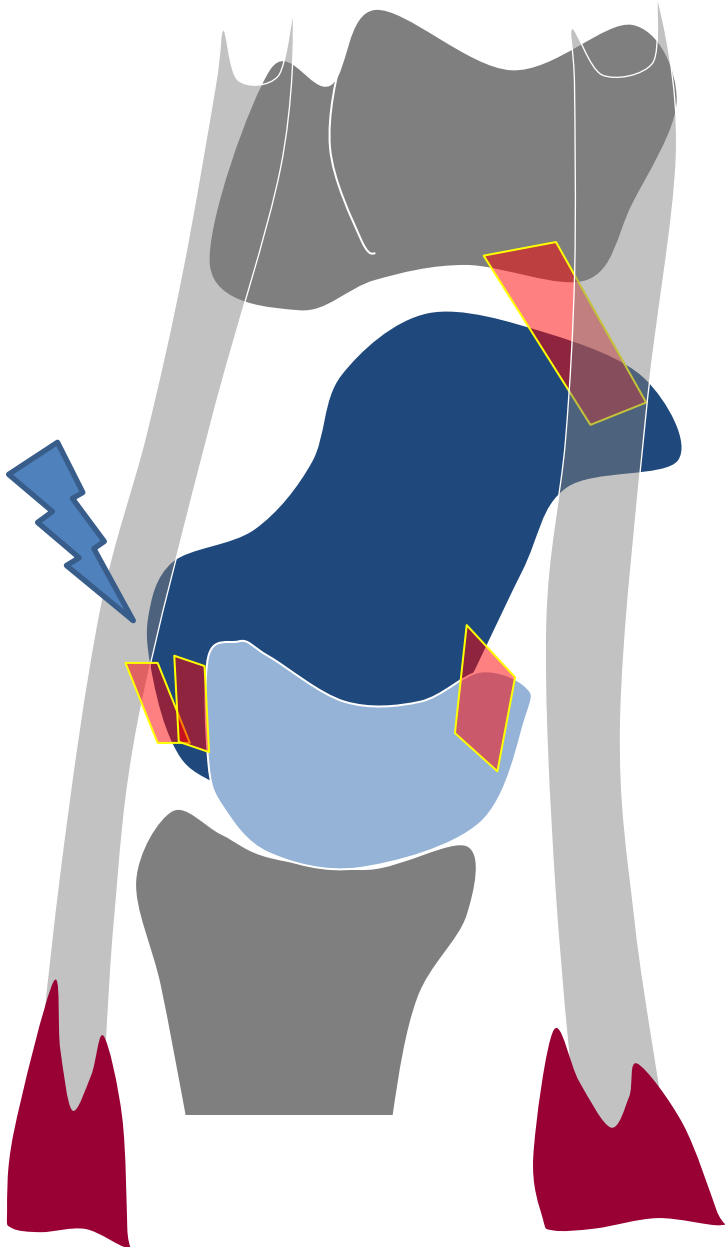
- **Stage I- pre-dynamic**
- Partial tear of SL
- Normal at rest and normal under load

## Force balance



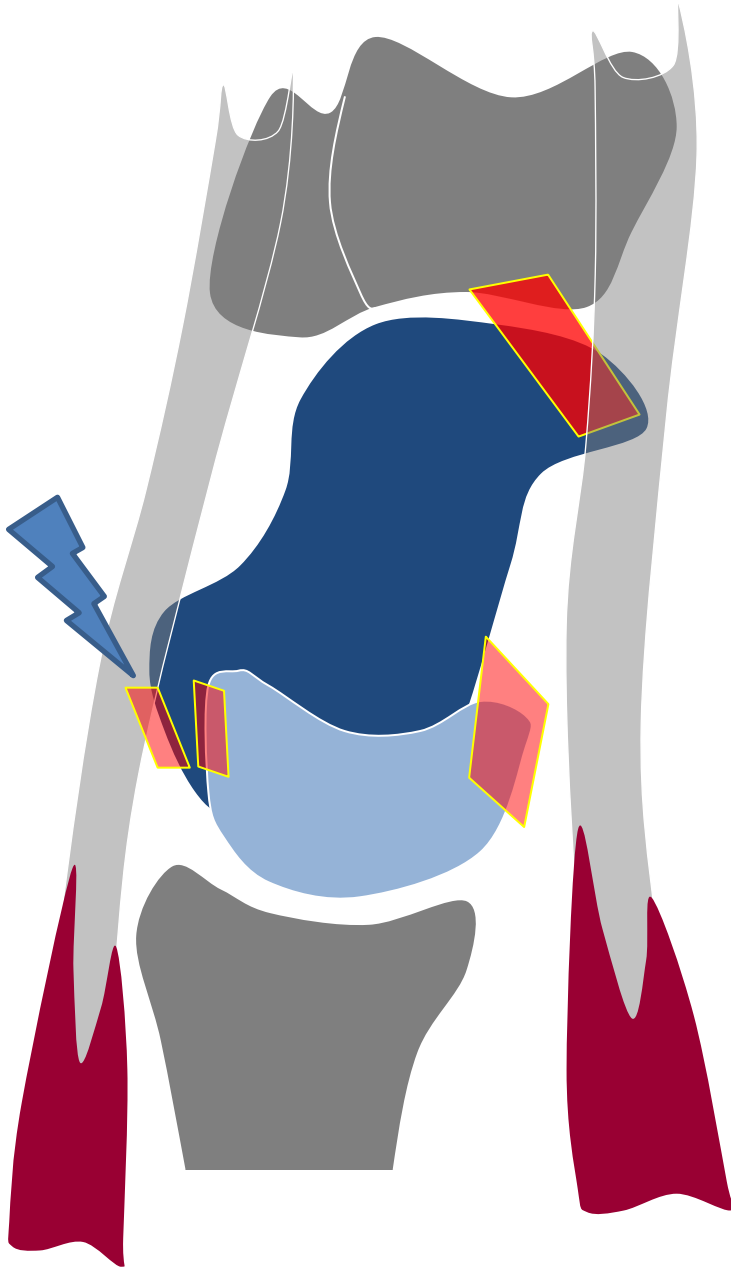
- **Stage I- pre-dynamic**
- Partial tear of SL
- Normal at rest and normal under load

## Force balance



- **Stage I- pre-dynamic**
- Partial tear of SL
- Normal at rest and normal under load
- identified only with MRI

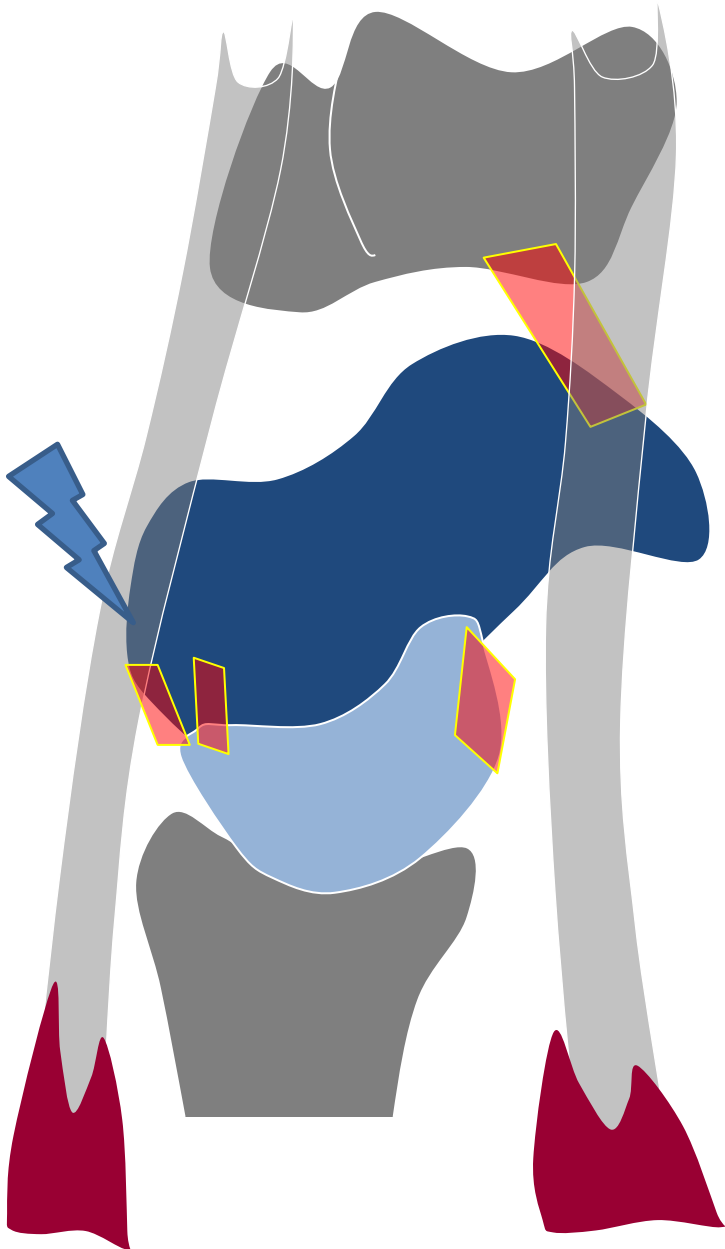
## Force balance



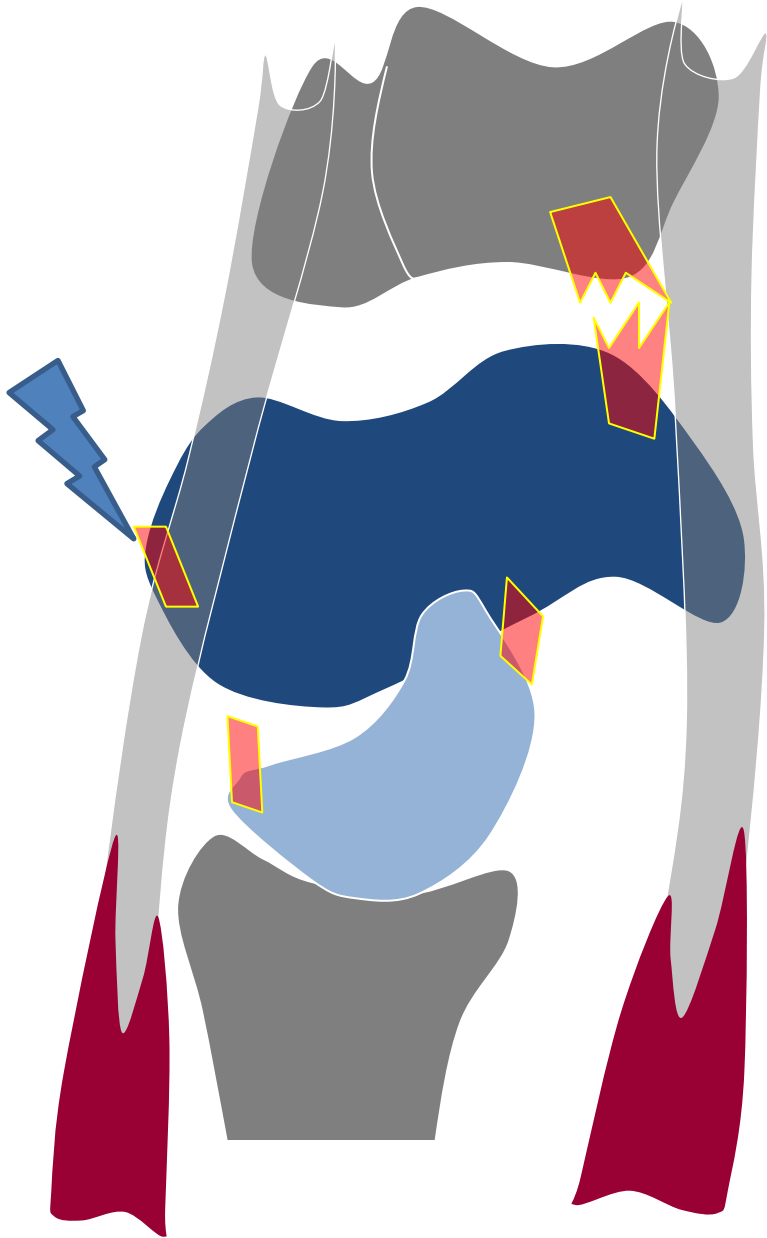
- **Stage II-dynamic**
- complete tear of SL
- Normal et rest and unstable under load

# Force balance

- Stage II-dynamic
- complete tear of SL
- Normal et rest and unstable under load







## Force balance

- **Stage III-static**
- complete tear of SL and secondary stabilizers
- Instability et rest
- DISI pattern

## Force balance



- **Stage IV - osteoarthritic**
- complete tear of SL and secondary stabilizers
- Instability et rest
- DISI pattern and SLAC

# Summary

- **The wrist is a very mobile, load bearing articulation that incorporates a complex arrangement of pulleys.**
- **From a functional point of view, the midcarpal joint is more useful than the radiocarpal joint**
- **Aside from their role as static constraints, wrist ligaments are sensory structures providing proprioception information to the central nervous system.**
- **Muscles are the ultimate wrist stabilizers, their efficacy depending on a proper intra-carpal pronosupination balance.**
- **SL dissociation is an example of this balance disturbing leading to instability and arthritic changes**

Thank you for your attention

