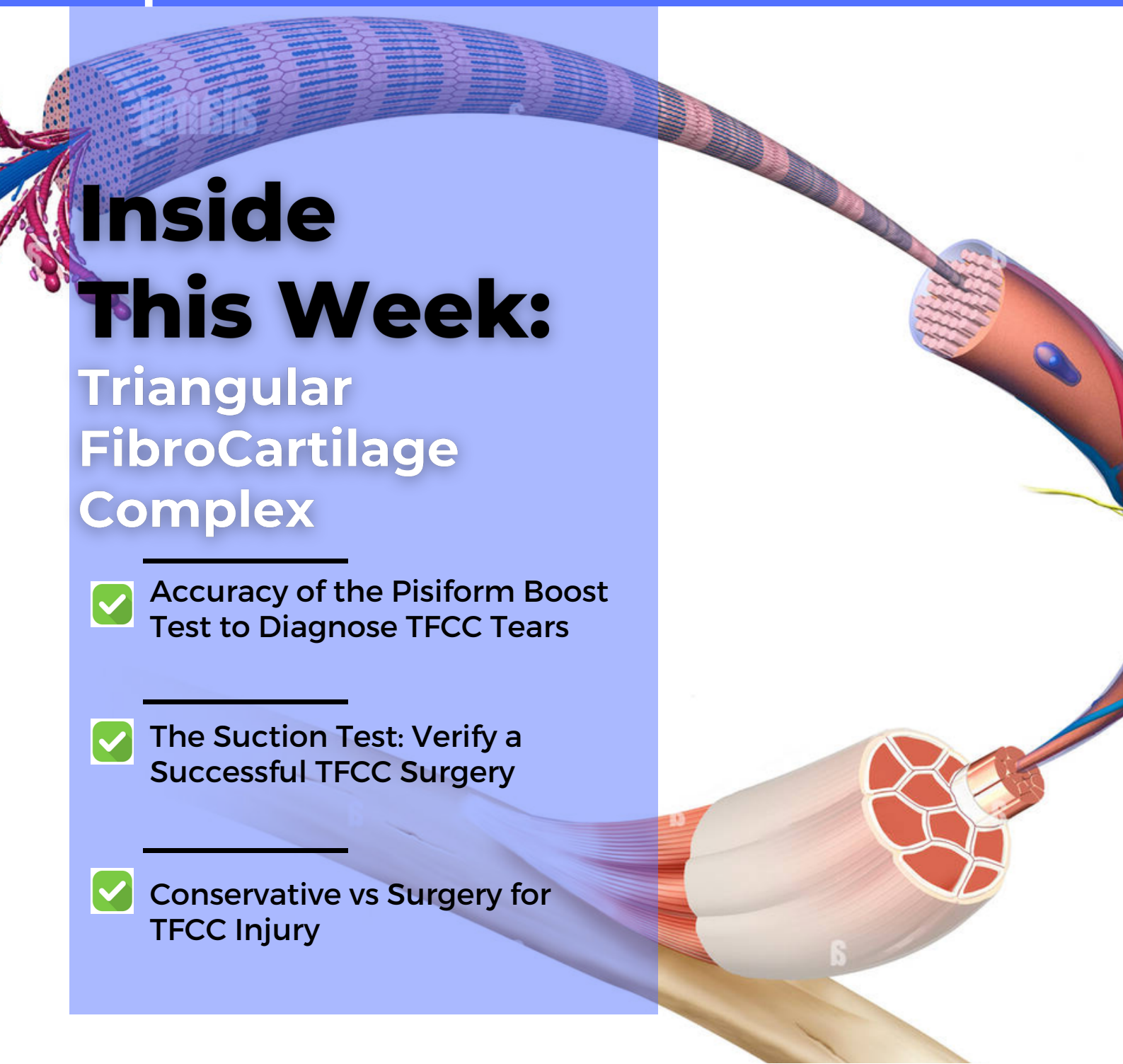
RAPID RESEARCH

@physicaltherapyresearch

September 2023



Inside This Week:

Triangular FibroCartilage Complex

- Accuracy of the Pisiform Boost Test to Diagnose TFCC Tears
- The Suction Test: Verify a Successful TFCC Surgery
- Conservative vs Surgery for TFCC Injury

ACCURACY OF PISIFORM BOOST TEST TO DIAGNOSE TFCC TEARS

SEPTEMBER 2023

Click for Full Text (Robb et al. 2022)

This retrospective study evaluated the diagnostic accuracy of the 'Pisiform Boost Test,' in diagnosing a triangular fibrocartilage complex (TFCC) tear.

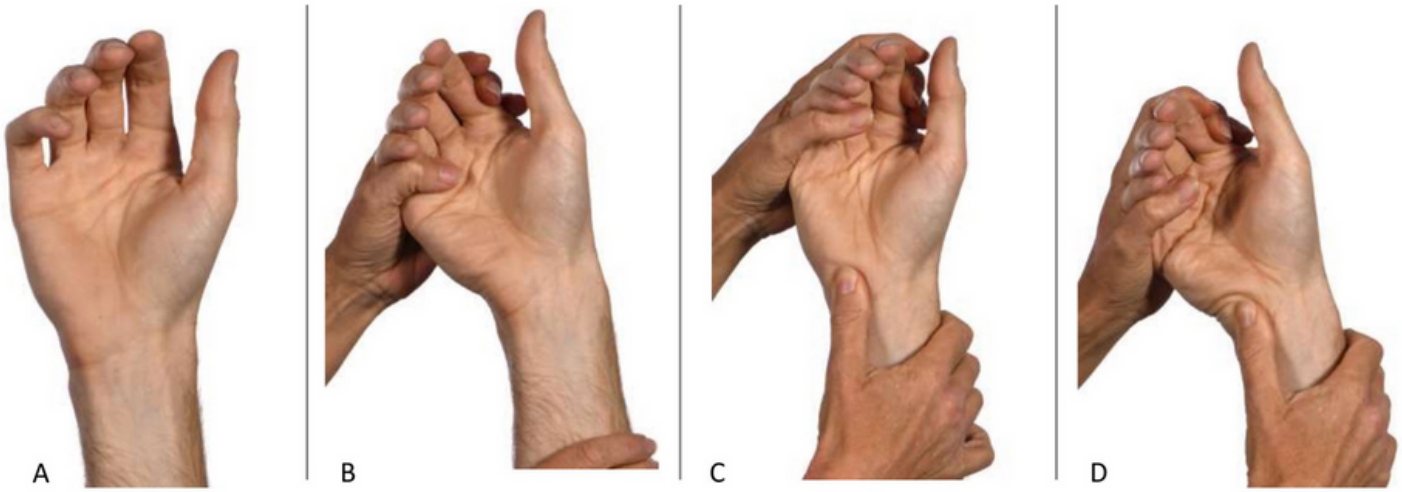


Figure 1. Pisiform Boost Test Technique. A) Patient position. B) Testing for localized ulna fovea pain on passive ulna deviation of the wrist. C) Clinician applying digital pressure over the pisiform. D) Passive ulna deviation while applying digital pressure over the pisiform.

KEY FINDINGS

184 patients had wrist arthroscopies performed
82 underwent Pisiform Boost Test

Pisiform Boost Test:
Sensitivity [91%]
Specificity [33%]
Positive Predictive Value [83%]
Negative Predictive Value [50%]
Accuracy 78%]

+ve Pisiform Boost Test vs. Arthroscopy-confirmed TFCC tear:
58/82 +ve for both tests
42 had isolated central TFCC tear
5 had peripheral TFCC tears.

MAIN TAKEAWAYS

The Pisiform Boost Test demonstrates high sensitivity for TFCC tears (0.91).

Specificity (0.33) is similar to that in the ulnar grinding test.

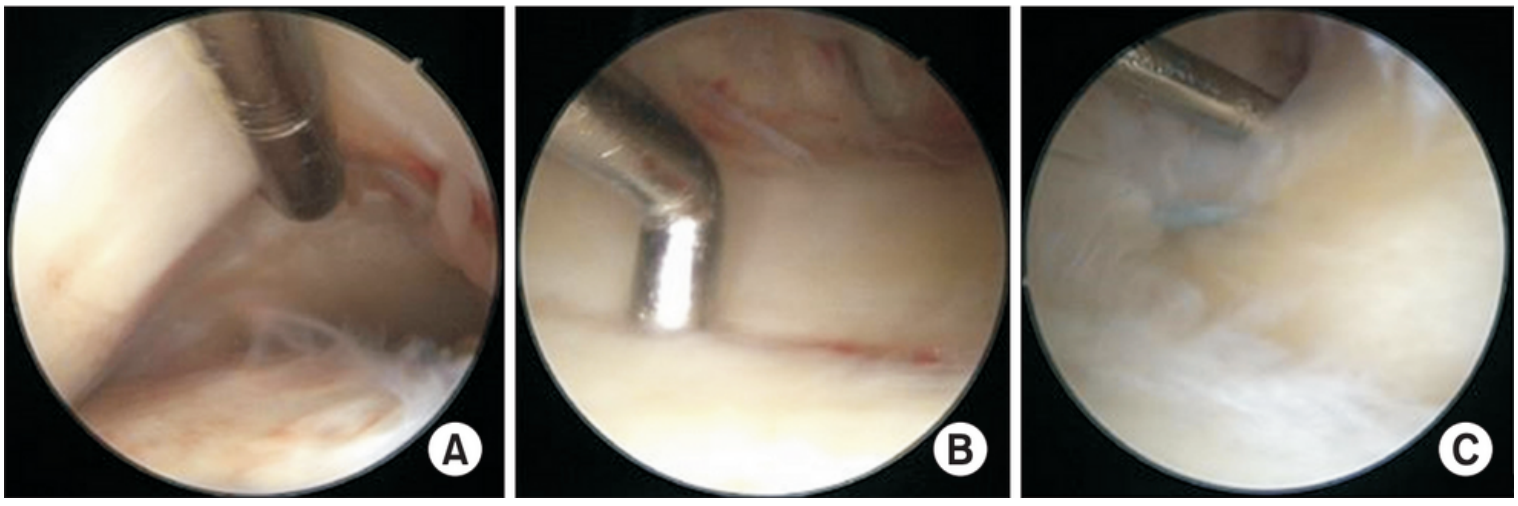
This test is best utilized with additional special tests for ulna-side wrist pain to allow clinicians to build a diagnostic picture.

SEPTEMBER 2023

THE SUCTION TEST: VERIFY A SUCCESSFUL TFCC SURGERY

Click for Full Text (Greene & Kakar 2017)

This case-study described the “suction test” to diagnose and confirm repair of peripheral sided TFCC injuries, alongside other validated tests.



KEY FINDINGS

A 26-year-old female presented with a peripheral Palmer 1B TFCC tear following failed conservative therapy.

The tear had scarred in and failed the “hook test” and the “trampoline effect” with the probe.

The peripheral TFCC tear was repaired and there was restoration of the “trampoline” effect, and tension in the TFCC using the “suction test”

MAIN TAKEAWAYS

The suction test provides a means to detect peripheral tears and to confirm restoration of its tension post repair.

Wrist arthroscopy remains the gold standard for the diagnosis of TFCC injuries.

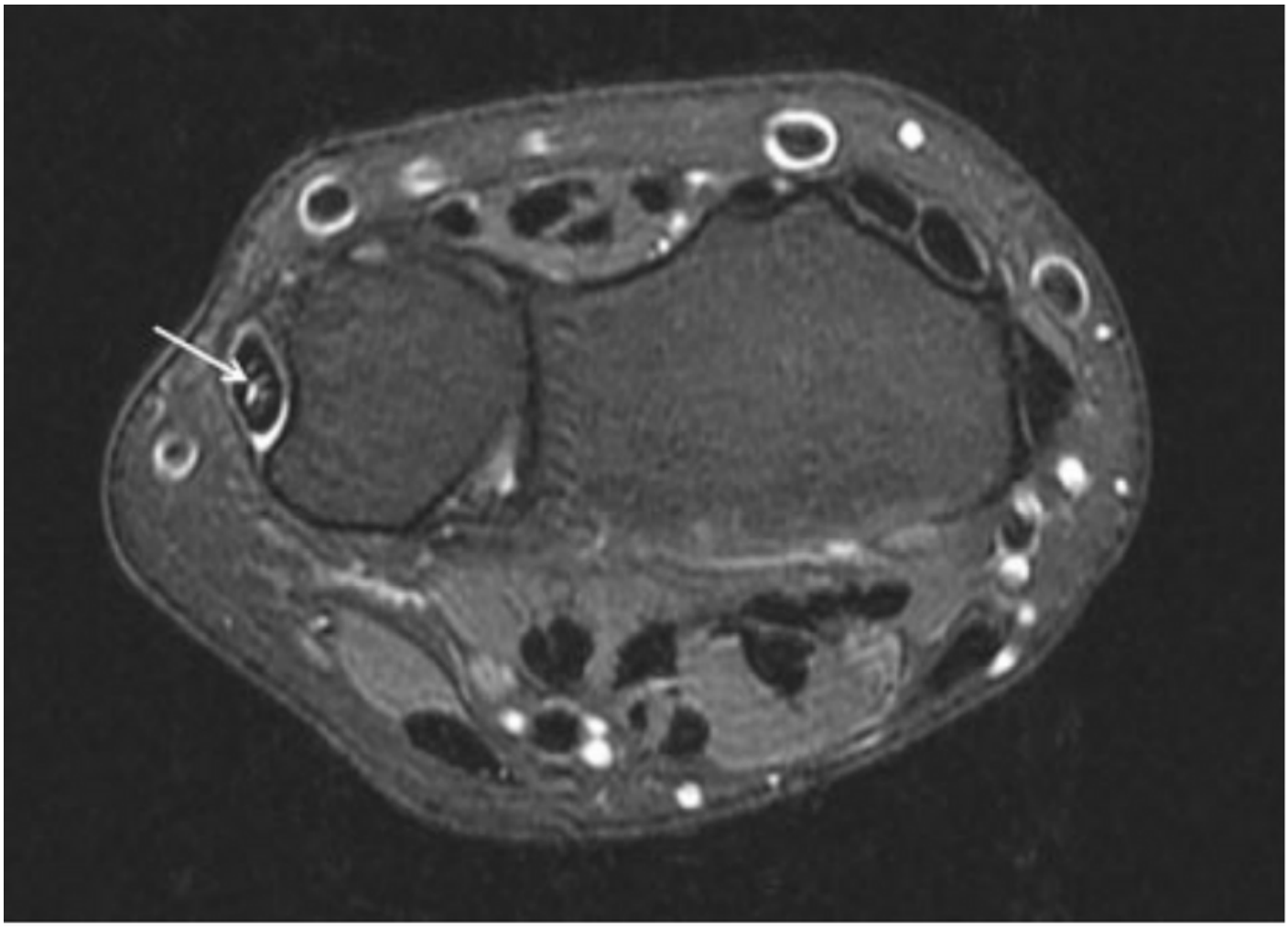
In chronic tears the use of a suction test can delineate the laxity of the TFCC after injury and confirm restoration of its tension after repair.

CONSERVATIVE VS SURGERY FOR TFCC INJURY

SEPTEMBER 2023

Click for Full Text
(Im et al. 2021)

This study compared the conservative and surgical treatments of TFCC injury of the wrist associated with distal radius fractures.



KEY FINDINGS

39 patients who received treatment for TFCC injury with distal radius fractures.
ROM, PRWE, DASH, Grip strength, DRUJ stability were measured.

Conservative Outcomes, AVG Scores:
DASH [11], PRWE [10], Grip strength [89% vs normal]
ROM [Extn 65°, Flx 51.5°, Supn 86°, Pro 85°]
DRUJ stability [Grade 0 in 58%, G1 in 31%, G2 in 10%, G3 in 0%.

Surgical Outcomes, AVG Scores:
DASH [13], PRWE [12], Grip strength [87% vs normal]
ROM [Extn 60°, Flx 53°, Supn 85°, Pro 86°]
DRUJ stability [Grade 0 in 66%, G1 in 25%, G2 in 8%, G3 in 0%.

MAIN TAKEAWAYS

No statistically significant differences in the clinical outcomes between the surgical and conservative treatment groups.

Stability of the DRUJ can be obtained with splinting treatment alone.

With normal radiological indices after treatment of distal radius fractures, DRUJ stability can be obtained by conservative treatment

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