**Episode 52 – Commonly Missed Uncommon Orthopedic Injuries**

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**Distal Radius-Ulnar Joint (DRUJ) Injuries**

**Q: When would you suspect a DRUJ injury?**

After a FOOSH, either in isolation or associated with a wrist fracture, pain that is predominantly over the distal ulna is a DRUJ injury until proven otherwise.

**Q: What are physical exam findings in a DRUJ dislocation?**

Be suspicious of a DRUJ dislocation if:

1. The ulnar styloid is more or less prominent on the affected wrist or looks displaced.
2. You may feel crepitus and/or blocking on pronation or supination of the wrist.
3. You may feel the ‘piano key’ sign, which is the ability to ballot the ulnar styloid.
4. Look for the ulnar fovea sign (fig 8), which is point tenderness over the ulnar capsule, palmar to the extensor carpi ulnaris tendon.

**Q: What are the spectrum of DRUJ injuries?**

The spectrum of DRUJ injuries range from a simple sprain to a complete dislocation of the joint. DRUJ injuries are commonly associated with a FOOSH injury, with or without distal radius fractures. DRUJ injuries can also occur with other carpal injuries. In a patient with a suspected DRUJ injury, rule out a radial head fracture at the elbow.

**Q: What are x-ray findings of a DRUJ dislocation?**

On the AP x-ray of the wrist, look for widening of the joint > 2mm. On the lateral x-ray, look for displacement or subluxation of the distal ulna compared to the distal radius. The majority of DRUJ dislocations are dorsal.

**Q: How are subluxed or dislocated DRUJs reduced and immobilized?**

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Fig 8: Ulnar fovea sign
The majority of DRUJ subluxations or dislocations are dorsally displaced. In these cases, 
**supination** and pressure over the ulnar head typically reduces this injury. Post-reduction, place the patient in an above elbow splint in supination similar to the way you would immobilize a patient with a Smith’s fracture.

**Key References**


