

How to Know If You Have a Scaphoid Fracture After a Car Accident

Thumb-Side Wrist Pain Can Be Easy to Dismiss, Even When the Bone Is Broken

A wrist can look almost normal after a car accident and still have a fracture that matters. Scaphoid fractures are a good example. The scaphoid is a small carpal bone on the thumb side of the wrist, and a break can cause only modest swelling and deep aching at first. Some people can still move the wrist, grip light objects, or assume they have a sprain.

The problem is that scaphoid fractures are also well known for being missed on the first examination or X-ray. The bone has an unusual blood supply, especially toward its proximal end, so a fracture that isn't recognized and protected can heal slowly, fail to unite, or develop complications that affect wrist motion and strength.

At Gary Martin Hays & Associates, our [Georgia car accident lawyers](#) know why that diagnostic delay can become important both medically and in an injury claim. If thumb-side wrist pain continues after a crash, the absence of a dramatic deformity or a normal first X-ray shouldn't be the end of the investigation.

Key Takeaways

- **Thumb-Side Tenderness Matters:** Pain in the hollow at the base of the thumb, often called the anatomic snuffbox, is one of the classic findings doctors look for when they suspect a scaphoid fracture.
- **The First X-Ray Can Miss It:** Some scaphoid fractures are occult on initial radiographs. Persistent clinical suspicion can lead to immobilization, repeat X-rays, MRI, or CT rather than an immediate conclusion that the wrist is only sprained.
- **Fracture Location Changes the Risk:** Breaks near the proximal pole generally heal less predictably than distal fractures because the scaphoid's blood supply reaches the bone in a retrograde direction.
- **Delayed Diagnosis Can Matter:** A missed fracture can progress to delayed union, nonunion, avascular necrosis, stiffness, and degenerative arthritis, which can turn a small bone injury into a long-term wrist problem.

What Is the Scaphoid Bone?

The wrist contains eight carpal bones arranged between the forearm and hand. The scaphoid sits on the thumb side just above the radius and helps connect the two rows of carpal bones. Its position makes it important to both wrist motion and stability.

Most scaphoid fractures occur through the waist, or middle portion of the bone, although fractures can also involve the distal pole closer to the thumb or the proximal pole closer to the

forearm. The [American Academy of Orthopaedic Surgeons](#) explains that the location and displacement of the break are major factors in deciding how it should be treated.

The scaphoid is also the most commonly fractured carpal bone. That makes it an important part of any broader evaluation of [hand, wrist, and finger injuries](#) after a collision.

How Can a Car Accident Break the Scaphoid?

A scaphoid fracture classically happens when the wrist is forced backward while weight or force travels through the hand. In a car crash, that can happen when a driver braces against the steering wheel, a passenger reaches toward the dashboard, or the wrist is forced into an extended position during the impact.

The exact mechanism doesn't have to look like a textbook fall on an outstretched hand. What matters is whether the collision placed enough axial load and extension force through the wrist to crack the scaphoid.

A person can also have more than one wrist injury at the same time. A scaphoid fracture may occur with a distal radius fracture, ligament injury, bruising, or other trauma. That overlap can make it harder to identify which structure is responsible for the pain during the first hours after a crash.

Where Does a Scaphoid Fracture Hurt?

The most recognizable symptom is pain on the thumb side of the wrist, especially in the small hollow between the thumb tendons on the back of the hand. Doctors call that area the anatomic snuffbox.

According to the [National Library of Medicine](#), scaphoid fractures are commonly missed during the initial clinical and radiographic evaluation. Tenderness in the snuffbox is sensitive for the injury, but it isn't specific enough to prove a fracture by itself.

Other symptoms can include swelling near the base of the thumb, pain with wrist movement, discomfort when pinching or gripping, and pain when pushing through the hand. A [wrist fracture after a car accident](#) can sometimes feel surprisingly mild, so the amount of pain isn't a reliable way to rule a fracture in or out.

A Normal-Looking Wrist Doesn't Rule Out a Fracture

Scaphoid fractures often don't produce the obvious deformity people associate with a broken wrist. The hand may look normal. Swelling may be limited. The person may be able to move the wrist even though doing so hurts.

That can create a false sense of reassurance after a collision. Someone leaves the emergency department with a diagnosis of wrist pain or sprain, goes home, and expects the soreness to

fade. Instead, thumb-side pain remains every time they open a jar, turn a key, lift a bag, or push themselves up from a chair.

Persistent pain deserves follow-up. [Seeing a doctor promptly after a car accident](#) can help establish what symptoms were present and give the medical team a chance to immobilize the wrist or order further testing before the injury is aggravated.

Why the First X-Ray Can Be Negative

Plain X-rays are usually the first imaging test for suspected wrist fractures, but an acute scaphoid fracture isn't always visible immediately. The fracture line can be too subtle, the angle can hide it, or the break may become easier to see only after healing changes begin.

AAOS notes that when a doctor strongly suspects a scaphoid fracture but the first X-ray is negative, the wrist may be placed in a splint or cast and rechecked later. MRI can sometimes show a fracture before it becomes visible on X-ray, while CT can define the fracture and displacement in greater detail.

The [American College of Radiology](#) lists repeat radiographs in 10 to 14 days, MRI without contrast, and CT without contrast as appropriate next imaging options when acute hand or wrist trauma is suspected and the initial radiographs are negative or equivocal.

That distinction is especially important in an injury claim. A normal first X-ray doesn't necessarily mean the later fracture appeared out of nowhere. [Medical imaging after a car accident](#) has to be evaluated alongside the examination findings, mechanism of injury, follow-up symptoms, and later studies.

What Doctors May Do When They Suspect an Occult Scaphoid Fracture

If the first films don't show a break but the examination still raises concern, the medical team may treat the wrist as fractured until the diagnosis is clearer. That can mean a thumb-spica splint or cast, activity restrictions, and follow-up imaging.

MRI is useful because it can detect bone marrow changes and an occult fracture early. CT is particularly helpful for evaluating displacement, fracture geometry, healing, and whether the bone fragments are aligned. The choice depends on the clinical question and what's available.

A delayed diagnosis doesn't automatically mean the medical care was negligent. Some scaphoid fractures truly are difficult to see at first. The important question is whether ongoing symptoms and examination findings were followed appropriately rather than ignored.

What If Your Wrist Is Still Hurting a Week After the Crash?

Suppose a driver walks away from a rear-end collision with soreness in the right wrist but no obvious deformity. The emergency-room X-rays are read as negative, and the driver is told the injury is probably a sprain.

Over the next week, the pain becomes more noticeable whenever the driver grips the steering wheel or pushes open a heavy door. The most tender spot is just below the base of the thumb. At follow-up, the clinician again finds snuffbox tenderness and orders an MRI. The scan shows a nondisplaced scaphoid waist fracture.

That sequence is medically plausible and shows why [delayed injury symptoms](#) and delayed imaging findings shouldn't automatically be treated as proof that a crash injury is unrelated. The medical timeline has to be read as a whole.

Why Blood Supply Makes the Scaphoid Different

Most bones receive blood in a direction that makes intuitive sense, from the part closer to the body toward the end. The scaphoid is different. Much of its blood supply enters distally and travels back toward the proximal pole.

That retrograde pattern is why proximal-pole fractures can be harder to heal. A fracture can interrupt blood flow to the portion of bone above the break and increase the risk of avascular necrosis, where bone tissue loses its blood supply.

Fracture location is therefore more than an anatomical detail in the radiology report. It can affect how long the wrist is immobilized, whether surgery is recommended, and how closely doctors watch for healing problems.

Treatment Can Range From Casting to Surgery

Nondisplaced fractures closer to the distal end of the scaphoid often heal well with immobilization. Some nondisplaced waist fractures can also be treated in a cast, depending on the exact pattern and the patient's circumstances.

Surgery becomes more likely when the fracture is displaced, unstable, located in the proximal pole, associated with other wrist instability, or fails to heal. Fixation usually involves a screw placed across the fracture to compress and stabilize the bone.

The [American Society for Surgery of the Hand](#) notes that missed fractures, comminuted fractures, proximal-pole fractures, and fractures with displacement or deformity carry a higher risk of delayed union or nonunion.

If a fracture doesn't unite, treatment can become more involved. A surgeon may need to refresh the nonunion site, add bone graft, correct deformity, and stabilize the scaphoid with

hardware. In some cases with compromised blood supply, a vascularized bone graft may be considered.

A Missed Scaphoid Fracture Can Become a Much Bigger Wrist Problem

The scaphoid plays a central role in the way the carpal bones move together. When a fracture never heals, the two fragments can move abnormally and alter the mechanics of the wrist.

Over time, that instability can lead to scaphoid nonunion advanced collapse, often shortened to SNAC wrist. Arthritis develops in a predictable pattern as the carpal bones shift and joint surfaces wear.

That's one reason so-called [minor fractures can cause major long-term impairment](#). The original fracture may involve a small bone, but the consequences can include chronic pain, loss of grip strength, restricted wrist motion, arthritis, and additional surgery.

Watch What the Injury Does to Everyday Hand Function

Scaphoid injuries can be especially disruptive because so many ordinary tasks load the thumb side of the wrist. Driving, typing, opening containers, lifting groceries, carrying a child, using hand tools, pushing a door, and getting up from a chair can all become painful.

Dominant-hand injuries may be particularly noticeable at work. A mechanic, electrician, carpenter, nurse, warehouse employee, cook, stylist, or anyone who repeatedly grips, pinches, twists, or lifts may have restrictions that last far longer than the initial swelling.

Keeping a [pain journal](#) can help capture those functional limits between medical appointments. The useful details aren't just pain scores. They include which tasks caused symptoms, whether grip strength changed, what work duties couldn't be performed, and how long the wrist needed to recover after activity.

The Medical Record Should Show More Than the Day the Fracture Was Found

In a scaphoid claim, the chronology can be as important as the diagnosis. The record should show when wrist pain began, where the tenderness was located, what the first X-rays showed, whether the wrist was immobilized, when follow-up imaging occurred, and how the fracture ultimately healed.

An insurer may focus on the negative initial X-ray or a gap before the fracture was confirmed. The response comes from the actual medical record: persistent thumb-side symptoms, repeated examinations, later MRI or CT findings, and an orthopedic opinion connecting the injury to the crash.

If the fracture keeps someone out of work or forces reduced hours, [lost wages](#) can become part of the damages claim. A delayed union, nonunion, surgery, or permanent loss of motion may also affect future earning ability depending on the person's occupation.

A Scaphoid Fracture Shouldn't Be Valued Like a Simple Wrist Sprain

The value of a serious wrist injury isn't determined by the size of the bone that broke. What matters is the treatment, duration of immobilization, whether surgery was needed, how long the person couldn't use the hand normally, whether the fracture united, and whether permanent problems remain.

Long-term damages can include medical expenses, lost income, pain, reduced grip strength, limited motion, arthritis, hardware-related symptoms, and the possibility of additional treatment. Even a healed fracture may continue to affect a person whose work or daily life depends heavily on hand strength and wrist motion.

[Gary Martin Hays & Associates](#) has spent decades handling Georgia injury claims where the diagnosis doesn't tell the whole story. With a scaphoid fracture, the details that matter may be buried in repeat imaging, orthopedic notes, work restrictions, and months of small daily limitations rather than one dramatic hospital event.

Get the Wrist Checked Before a Hidden Fracture Becomes a Long-Term Problem

Persistent pain near the base of the thumb after a car accident deserves medical attention, especially when gripping, pinching, pushing, or wrist movement makes it worse. A normal first X-ray doesn't always close the door on a scaphoid fracture.

If another driver caused the crash and a scaphoid fracture has affected your work, hand function, or long-term health, [contact Gary Martin Hays & Associates](#) for a free consultation. You won't need to pay attorney's fees upfront while you're trying to get your wrist back. Our fee comes from the recovery we obtain, so you pay no attorney's fee unless we recover compensation for you.