More Than a Fracture: The Real Impact of Hand & Wrist Injuries in Personal Injury Claims

Claims that initially appear relatively minor can involve significant long-term functional loss, chronic pain, reduced grip strength, psychological impact, and future surgical risk - particularly where tendon, ligament, or nerve damage is involved.

This guide explores how these injuries should be assessed in practice, using real medico-legal case examples to examine prognosis, valuation, future treatment needs, and the functional consequences that often drive settlement value far more than the original diagnosis itself.

Solicitors will learn:

- Why imaging and function often correlate poorly
- Which injuries carry the highest long-term risk
- How grip loss, stiffness, and dexterity limitations affect valuation
- Why early settlement can be risky in evolving hand injury claims
- How psychological impact and loss of hobbies influence damages
- The medico-legal significance of tendon, ligament, and nerve injuries
- What experts look for when assessing prognosis and future surgery

**Please note that this ebook contains some graphic images*

Produced by INNEG based on key clinical and medico-legal insights shared during our webinar on Hand & Wrist Injury in PI Claims led by Mr Rupert Wharton, Orthopaedic Surgeon on 06 May 2026

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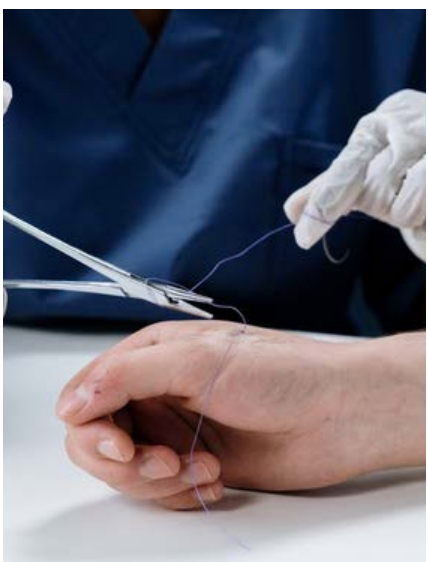
These Claims Are Often Undervalued

Hand and wrist injuries are frequently treated as straightforward orthopaedic claims.

However, in practice, the long-term impact of these injuries is often far more significant than the initial diagnosis suggests. Small fractures can lead to major functional limitation, tendon and nerve injuries may produce permanent deficits despite surgery, and even clinically successful treatment does not necessarily restore normal hand function.

This creates a recurring problem in personal injury litigation. Claims are often assessed primarily by reference to the injury itself, rather than the claimant's residual functional loss, ongoing symptoms, psychological impact, and future treatment needs. As a result, the true value of these cases can easily be underestimated.

Drawing on real clinical and medico-legal examples discussed during our webinar with Mr Rupert Wharton, Consultant Hand & Wrist Surgeon, this guide explores how prognosis, functional impairment, and future risk should be assessed in practice.



Rather than focusing purely on anatomy or diagnosis, this eBook examines the practical realities of hand and wrist injuries through case-led examples involving amputations, fractures, tendon injuries, ligament damage, and nerve injuries.

It also addresses recurring medico-legal issues including:

- why X-rays often correlate poorly with function
- the significance of grip strength and dexterity loss
- the psychological impact of visible hand injuries
- future surgical risk and degenerative change
- why settlement may be premature within the first 12-24 months
- the importance of assessing residual function rather than simply what was broken

For solicitors handling personal injury claims, these issues have direct implications for valuation, prognosis evidence, future loss claims, and rehabilitation strategy.

Ultimately, the central question is rarely whether an injury occurred. The more important issue is what the claimant can no longer do because of it.

Why Hand & Wrist Injuries Are Different

The hand is functionally unique. Unlike many orthopaedic injuries, hand and wrist injuries affect virtually every aspect of daily life simultaneously. They influence employment, independence, driving, communication, hobbies, domestic activities, and social confidence.

This becomes particularly important in medico-legal work because the severity of the injury itself does not always correlate with the severity of functional loss.

Some claimants with severe-looking X-rays continue to function remarkably well. Others with apparently minor injuries develop profound stiffness, pain, weakness, or sensory disturbance that significantly alters their daily life.

As Mr Wharton explained during the webinar, hand surgery frequently involves a disconnect between imaging and real-world function.

For example:

- severe arthritic deformity may still allow relatively good function
- small fractures around finger joints may cause major stiffness
- non-operative management does not necessarily indicate a minor injury
- multiple surgeries do not always mean the original injury was severe

This distinction is critical when assessing damages.

The key issue is not simply what structure was injured, but how the injury affects the claimant's

ongoing function.

Visible deformity can also carry significant psychological impact. Hands are socially visible structures. Scarring, shortening, deformity, or nail loss may affect confidence, social interaction, and self-image in ways that are not reflected on imaging.

Similarly, loss of hobbies or leisure activities can have a major psychological impact, particularly where claimants lose important outlets for stress relief, exercise, or identity.

In medico-legal practice, the assessment therefore needs to move beyond diagnosis alone and focus on:

- residual function
- pain
- grip strength
- dexterity
- cold intolerance
- psychological impact
- future treatment requirements
- employment implications
- loss of hobbies and independence

The Assessment Process: Subjective vs Objective Evidence

Assessment of hand and wrist injuries requires both subjective and objective analysis.

Subjective evidence includes what the claimant reports regarding pain, weakness, restriction, sensory disturbance, and functional limitation.

Objective evidence involves findings on examination, including:

- range of movement
- grip strength
- joint stiffness
- tenderness
- instability
- sensory deficit
- muscle wasting
- neurovascular status

Patient-reported outcome measures can be particularly useful in these claims.

Mr Wharton highlighted the DASH score (Disabilities of the Arm, Shoulder and Hand questionnaire) as an important tool for understanding the claimant's lived functional experience.

These questionnaires help identify how the injury affects:

- dressing
- washing
- carrying objects
- writing
- gripping
- driving
- lifting
- hobbies
- work activities

Importantly, objective examination may either support or undermine the claimant's account.

For example, callosities across the hands may indicate ongoing heavy grip activity despite reported functional limitation. Conversely, disuse changes or loss of skin creases around joints may corroborate longstanding stiffness and reduced use.

These subtle clinical findings often become important during medico-legal assessment because they help establish whether the reported functional limitations are consistent with objective evidence.

Case Study: Thumb Tip Amputation

The Injury

A self-employed healthcare worker in their 40s sustained a crush injury resulting in traumatic amputation of the thumb tip.

The amputated tissue was considered unsuitable for replantation and the claimant underwent terminalisation surgery.

At the time of assessment, over a year later, the claimant remained unable to:

- write normally
- wash their hair effectively
- open jars
- perform various daily activities requiring pinch grip

Why The Functional Impact Was Significant

At first glance, distal thumb injuries may appear relatively limited.
However, thumb length is critically important for pinch function.

Even modest shortening may significantly impair:

- grip strength
- fine dexterity
- opposition
- pinch mechanics
- functional hand span

In addition, terminalisation procedures carry a substantial risk of neuroma formation.

This means the cut nerve endings may develop hypersensitive scar tissue that produces severe electric shock-

type pain when touched.

Mr Wharton noted that neuropathic pain following these procedures can become permanently disabling.

These subtle clinical findings often become important during medico-legal assessment because they help establish whether the reported functional limitations are consistent with objective evidence.

Medico-Legal Issues

This case demonstrates several recurring valuation issues:

1. The Psychological Impact

Visible deformity and thumb shortening may carry major psychological consequences.

The claimant may develop:

- embarrassment
- reduced confidence
- avoidance behaviours
- social anxiety
- distress associated with altered appearance

2. Future Surgery Risk

Future reconstruction may include:

- toe-to-thumb tissue transfer
- bone graft reconstruction
- revision surgery
- neuroma surgery

However, being offered surgery does not mean the claimant will necessarily undergo it.

The burden of additional surgery, rehabilitation, time off work, and uncertain outcomes often influences decision-making.

3. Functional Loss Drives Valuation

The true impact of this injury was not determined purely by tissue loss.

It was determined by what the claimant could no longer do.

Case Study: Complex Thumb Base Fracture

The Injury

A software engineer sustained a comminated fracture at the carpometacarpal joint of the dominant thumb.

The fracture caused instability of the thumb base joint.

Due to the degree of fragmentation, surgical reconstruction was not considered feasible and the claimant underwent treatment with an external fixator.

Despite apparently appropriate treatment, the claimant continued to experience:

- weakness
- pain
- instability
- reduced grip strength
- difficulty cycling
- inability to perform heavy household tasks

Why These Injuries Matter

Thumb base injuries frequently produce long-term consequences because the thumb carpometacarpal joint is heavily involved in:

- pinch
- grip
- twisting movements
- force transmission

Even relatively small residual instability can significantly impair hand function.

Future Risk

This claimant faced a substantial future risk of:

- post-traumatic osteoarthritis
- steroid injections

- further therapy
- future reconstructive surgery

Importantly, arthritis was not merely possible.

It was effectively inevitable due to the intra-articular nature of the fracture.

The Valuation Problem

These cases are often underestimated where the claimant returns to work relatively early.

However, return to work does not necessarily mean recovery.

Many claimants continue functioning despite:

- chronic pain
- reduced endurance
- compensatory movement patterns
- inability to participate fully in hobbies or domestic life

The medico-legal assessment therefore needs to consider not simply employability, but the quality and sustainability of function.

Case Study: Wrist Fracture With Ligament Injury

The Injury

A motorcyclist sustained:

- a distal radius fracture
- a scapholunate ligament injury
- a fifth metacarpal fracture

The claimant underwent surgery involving:

- plate fixation
- ligament reconstruction

Radiologically, the reconstruction appeared highly successful.

However, the claimant continued to suffer:

- pain
- stiffness
- reduced grip strength
- functional limitation

The Important Medico-Legal Point

This case highlights one of the most important principles in hand and wrist litigation:
A technically successful operation does not necessarily restore normal function.
Scapholunate injuries are notoriously associated with:

- chronic instability
- progressive arthritis
- ongoing pain
- future salvage surgery

Future Surgical Options

If arthritis progresses, future procedures may include:

- denervation surgery
- partial wrist fusion
- total wrist fusion

These procedures may reduce pain but often at the cost of permanent movement restriction.

This creates a recurring dilemma in valuation.

Many claimants may technically be surgical candidates, but reasonably choose to live with pain rather than sacrifice wrist movement.

Future treatment recommendations therefore need careful, realistic analysis.

Case Study: Flexor Tendon Injury

The Injury

A roofer sustained lacerations resulting in:

- complete flexor tendon injury
- partial tendon injury to an adjacent finger

Despite repair surgery, the claimant continued to experience:

- stiffness
- restricted movement
- impaired grip
- functional difficulty with work tasks

Why Tendon Injuries Are Difficult

Flexor tendon surgery frequently produces stiffness because:

- the tendon must glide through a confined pulley system
- surgery disrupts surrounding structures
- postoperative scar tissue forms rapidly
- rehabilitation is prolonged and delicate

Even excellent surgical outcomes may still leave residual stiffness.

This creates a mismatch between claimant expectation and realistic prognosis.

Claimants often expect surgery to restore normal function.

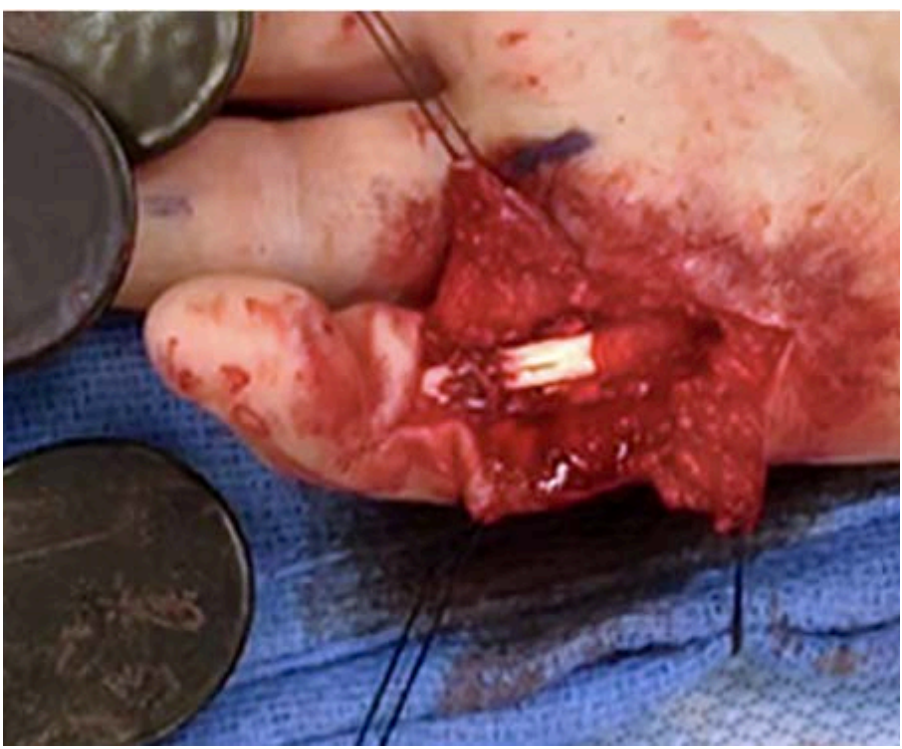
In reality, a clinically successful outcome may still involve permanent impairment.

Long-Term Consequences

This claimant also required:

- prolonged hand therapy
- thermal protective gloves
- workplace adaptation

Cold intolerance was expected to persist long term.
This is commonly overlooked in valuation despite having major practical implications for claimants working outdoors.



Case Study: Nerve Injury

The Injury

A glazier sustained:

- radial artery injury
- superficial radial nerve injury
- tendon injury

All structures were surgically repaired.

Why Nerve Injuries Are Different

Unlike fractures, nerves rarely recover completely.

Even technically successful nerve repairs often leave:

- altered sensation
- neuropathic pain
- weakness
- hypersensitivity
- permanent sensory deficit

Neuroma formation may produce severe electric shock pain with minor contact.

This can become particularly disabling for manual workers whose hands are repeatedly knocked during work.

The Importance of Prognosis

Nerve recovery is prolonged and uncertain.

Motor recovery may be incomplete.

Sensory symptoms may persist indefinitely.

Future surgery may include:

- neuroma excision
- neurolysis
- nerve grafting
- tendon transfer surgery

These injuries frequently carry substantial long-term functional implications despite relatively modest external appearance.

Why Early Settlement Can Be Dangerous

One of the clearest themes from the webinar was that early settlement in hand and wrist claims may be risky.

Many injuries continue evolving over 12-24 months.

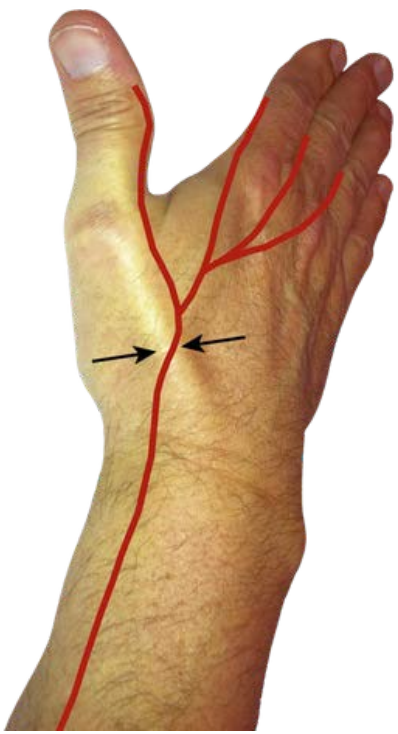
This is particularly true where claimants have:

- wrist fractures
- ligament injuries
- tendon injuries
- nerve injuries
- developing stiffness
- evolving arthritis

At an early stage, it may simply be impossible to determine:

- whether symptoms will improve
- whether surgery will be required
- whether arthritis will develop
- whether neuropathic pain will persist
- the true level of permanent impairment

Premature valuation therefore risks underestimating long-term loss.



The Psychological Impact Often Goes Under-Recognised

Psychological injury is extremely common following hand and wrist trauma.

This may arise from:

- visible deformity
- loss of independence
- inability to work
- chronic pain
- inability to participate in hobbies
- fear of re-injury
- altered self-image

Motorcyclists, cyclists, and manual workers may particularly struggle psychologically even after physical recovery.

Some claimants avoid driving or cycling entirely despite technically regaining sufficient physical function.

Others experience ongoing anxiety, reduced confidence, or social withdrawal.

Mr Wharton noted that many claimants have never undergone psychological assessment despite clear psychological impact.

This represents a significant gap in many claims.

The Central Issue: Residual Functional Loss

The most important medico-legal principle in hand and wrist litigation is this:

The value of the claim is rarely determined by what was broken.

It is determined by what no longer works.

Two claimants with identical fractures may experience entirely different outcomes.

One may return to unrestricted activity.

Another may develop:

- chronic pain
- weakness
- stiffness
- sensory loss
- arthritis
- psychological injury
- permanent functional limitation

This is why careful functional assessment is essential.

The true impact of these claims can only be understood by analysing:

- grip strength
- dexterity
- endurance
- employment impact
- hobbies
- independence
- pain
- future treatment needs
- psychological consequences

Ultimately, successful valuation depends not simply on diagnosis, but on understanding how the injury changes the claimant's life.

Access specialist orthopaedic expertise.

Orthopaedic Surgery (1,519 Experts) advising on fracture management, surgical outcome, and long-term functional limitation

Paediatric Orthopaedic (172 Experts) assessing developmental injury, growth-related complications, and paediatric recovery outcomes

Orthopaedic Spinal Surgery (268 Experts) providing opinion on spinal pathology, surgical intervention, and post-operative prognosis

Orthopaedic Physician (15 Experts) advising on musculoskeletal diagnosis, conservative treatment, and rehabilitation planning

General Surgery (503 Experts) assessing surgical management, complications, and recovery following acute or complex injury

Hand Therapy (14 Experts) advising on rehabilitation, grip function, dexterity, and return-to-activity outcomes

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In these cases, functional impact often carries more weight than the diagnosis alone. Subtle differences in interpretation can have a significant effect on both causation and valuation.

Through our panel of **4,683+ orthopaedic and musculoskeletal experts,** we help ensure the right expert evidence is in place when it matters most.

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