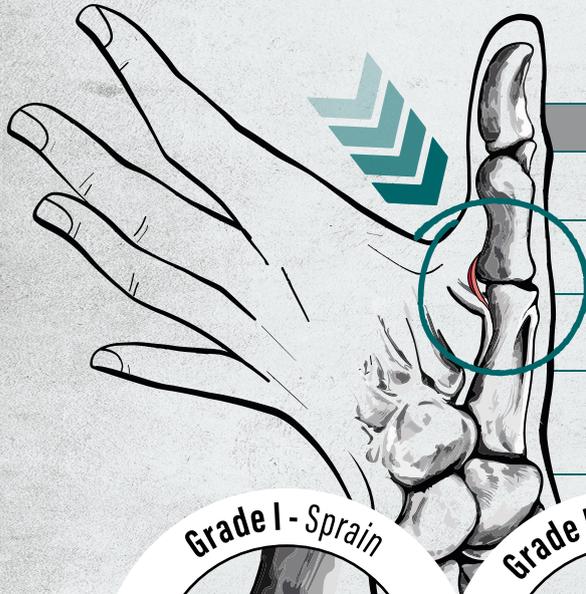


THUMB UCL INJURY: QUICK REFERENCE TOOL

INJURY GRADES & MANAGEMENT OVERVIEW



Grade	Description	Common Treatment
Grade I	Mild sprain or stretch of the UCL, no tear or instability.	Immobilize (thumb spica or brace) ~4 weeks + early motion
Grade II	Partial tear of the UCL, some laxity or pain but no obvious displacement.	Rigid thumb brace immobilize MP + CMC joints; consider therapy
Grade III	Complete UCL tear or avulsion, with joint instability on stress test.	Often surgical repair followed by post op immobilization
Stener's Lesion*	UCL ruptured and displaced beneath the adductor aponeurosis, preventing spontaneous healing.	Surgical intervention required (repair/reconstruction)

Grade I - Sprain



Grade II - Partial Tear



Grade III - Full Tear/Avulsion



Stener's Lesion - Full Tear/Displacement



Key Clinical Tips for Gamekeepers Thumb

- Always perform valgus stress test at the MP joint in $\sim 30^\circ$ flexion to assess UCL integrity.
- Order stress radiographs (or appropriate imaging) if joint laxity or avulsion suspected.
- When instability or a Stener's lesion is suspected, early referral to a specialist can reduce long term sequelae.
- Rigid immobilization of the MP (and often CMC) joints enhances healing while preserving IP joint motion.
- For your clinic: **Helly & Weber Liga Loc™** (Part #1020) – a rigid thumb spica designed to immobilize MP & CMC joints, leave IP free, reducing burden for patients while supporting healing.



Liga-Loc™

LOCK IN HEALING. KEEP LIFE MOVING.



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