

Wrist, Hand and Fingers

Falls, floorwork, weight bearing, tendon load, and finger trauma

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What this guide helps you do. Use this guide to recognize injuries from falls, handstands, freezes, floorwork, acrobatics, gripping, and partner contact, with special attention to hidden wrist fractures, growth-plate pain, dislocation, and circulation or nerve signs.

Scope. Educational guidance for dancers, families, and teachers. It supports safer decisions and clearer communication; a clinician determines diagnosis and individualized restrictions.

Contents

1	How to use this guide	2
2	Know the region	2
3	Find the symptom pattern	3
4	Common wrist, hand, and finger patterns	4
5	What to do today	5
6	Wrist- and hand-specific class modifications	6
7	Returning to dance	6
8	Reducing recurrence	7
9	Bring this information to an assessment	8
10	Evidence scope and limitations	8
	Selected evidence and guidance	8

1 How to use this guide

This guide is designed for a dancer who has pain now, or who keeps developing the same problem. Its job is to help you describe the pattern, make a safe class decision, and communicate clearly with a parent, teacher, or clinician. It cannot determine the diagnosis from symptoms alone.

Key idea

Use four observations together: **exact location, how it began, which movement provokes it, and what happens later that day or the next morning.** One symptom by itself is rarely specific enough.

1.1 The four-question check

1. **Where?** Point with one finger. A one-fingertip spot on bone is more concerning than broad, symmetrical muscle soreness.
2. **When?** Sudden fall, twist, pop, collision, or landing; or gradual pain that built over several classes.
3. **What load?** Walking, stairs, pli , relev , turnout, extension, jumps, pointe, floorwork, lifts, or repeated rehearsal.
4. **What response?** Better after warm-up, steadily worse with repetition, painful at rest, or worse the next morning.

MODIFY

Mild but recurring or movement-specific pain: remove the painful element and tell a teacher, parent, or guardian.

STOP

Pain changes technique, grows with repetition, causes limping, weakness, swelling, loss of motion, or instability.

SEEK CARE

Focal bone pain, deformity, inability to use or bear weight, locking, neurologic signs, rest/night pain, or a serious fall.

SEEK MEDICAL CARE

A dancer who is a minor should tell a parent or guardian about a significant injury. Urgent evaluation is appropriate for deformity, inability to use or bear weight on the part, rapidly increasing swelling, an open wound, a cold or pale limb, persistent numbness, progressive weakness, or serious head, neck, or spine symptoms.[1]

2 Know the region

The wrist contains eight small carpal bones between the forearm and hand. Ligaments stabilize the joint, tendons move the wrist and fingers, and the triangular fibrocartilage complex supports the small-finger side. In floorwork, handstands, freezes, acrobatics, and some partnering, the wrist becomes a weight-bearing joint. Breakdance literature identifies wrist and finger injuries among the most common injury sites, and adolescent repetitive weight bearing can also affect the wrist growth plate.[2–4]

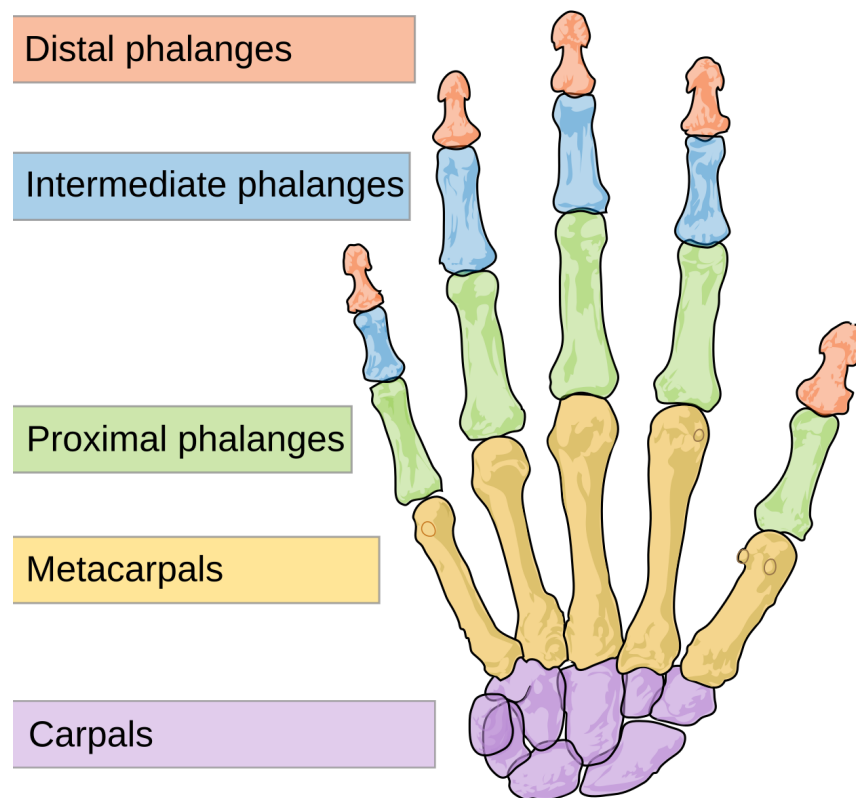


Figure 1. The bones of the hand grouped as carpals, metacarpals, and phalanges. After a fall, the exact painful bone region matters more than whether the wrist or fingers can still move. Source: Mariana Ruiz Villarreal (LadyofHats), retouches by Nyks; public domain, via the [Wikimedia Commons source page](#); cropped for layout.

Key idea

A wrist can move despite a fracture. After a fall, thumb-side “snuffbox” tenderness, focal bone pain, swelling, or persistent pain with gripping or push-up position deserves assessment rather than repeated weight-bearing tests.[3]

3 Find the symptom pattern

Location and behavior	Pattern it can resemble	Dance clues	First decision
General wrist pain after fall on hand	Wrist sprain or fracture	Swelling, focal tenderness, painful push-up/grip	Stop weight bearing and assess fracture signs
Thumb-side wrist tenderness after fall	Scaphoid fracture pattern	Snuffbox pain, gripping or wrist extension pain	Immobilize/protect and obtain prompt evaluation
Small-finger-side wrist pain or clicking	TFCC or ulnar-sided injury pattern	Floor support, twisting, gripping, forearm rotation	Reduce weight bearing and rotation; assess persistent clicking/instability

Gradual wrist pain in a growing dancer doing repeated hand support	Growth-plate stress pattern	Handstands, freezes, acrobatics, repeated loaded extension	Stop painful weight bearing and obtain assessment
Finger swollen after jam or impact	Sprain, fracture, or dislocation	Partner contact, floor collision, failed catch	Remove rings; assess alignment and motion
Finger visibly crooked or out of place	Dislocation/fracture	Acute trauma	Do not force straight; urgent evaluation
Tendon pain with gripping or repeated wrist motion	Tendon irritation	Lifts, apparatus, repeated floor transitions	Reduce grip and repetition; assess weakness or persistent swelling
Numbness, tingling, pale/cold hand, or rapidly increasing swelling	Nerve/circulation compromise	Trauma, tight wrap, dislocation	Urgent/emergency care; loosen constrictive items

4 Common wrist, hand, and finger patterns

Wrist sprain after a fall

Usually feels like. Pain and swelling after landing on the hand, with painful extension, gripping, or floor support.

Do today. Stop hand weight bearing, protect the wrist, remove rings or tight jewelry before swelling increases, and arrange assessment when focal tenderness or function loss is present.

Why distinction matters. A fracture can resemble a sprain, particularly early.[3]

Scaphoid fracture pattern

Usually feels like. Thumb-side wrist pain or tenderness in the hollow at the base of the thumb after a fall, sometimes with little swelling.

Action. Protect the wrist and obtain prompt evaluation. Do not return to handstands or push-ups because the wrist “still moves.” Some scaphoid fractures are difficult to see on initial imaging.[3]

TFCC and ulnar-sided wrist pain

Usually feels like. Pain or clicking on the small-finger side of the wrist with weight bearing, rotation, gripping, or pushing from the floor.

Do today. Remove loaded wrist extension, twisting, and heavy grip. Persistent clicking, instability, or trauma-related pain needs assessment.

Growth-plate stress in an adolescent wrist

Usually feels like. Gradual wrist pain during repeated handstands, freezes, tumbling, or other loaded extension in a skeletally immature dancer.

Action. Stop painful weight bearing and obtain sports-medicine evaluation. Continuing high-volume loading can prolong or worsen growth-plate injury. Evidence from adolescent gymnastics is particularly relevant to dance forms with repeated upper-limb weight bearing.[4]

Finger jam, sprain, fracture, or dislocation

Usually feels like. Pain, swelling, bruising, reduced motion, or deformity after direct impact, a failed catch, or floor contact.

Do today. Remove rings immediately. Do not pull or force a visibly deformed finger straight. Protect it and seek evaluation.

Urgent signs. Open injury, pale/cold fingertip, numbness, severe deformity, or uncontrolled bleeding.

Tendon irritation from gripping or repetitive hand use

Usually feels like. Gradual pain along a tendon with repeated gripping, wrist motion, apparatus work, or lifts, sometimes with creaking or swelling.

Do today. Reduce grip intensity and repetitions. Avoid repeatedly stretching or snapping the tendon. Persistent weakness, locking, or swelling warrants assessment.

5 What to do today

5.1 Protect the irritated area from repeated testing

- ✓ End the movement that reproduces sharp, focal, unstable, or escalating pain.
- ✓ Tell the teacher exactly which movements provoke symptoms. Replace those movements rather than silently reducing their quality.
- ✓ Keep ordinary movement that is comfortable and does not worsen symptoms later, unless a clinician has instructed complete rest or protection.
- ✓ Record location, onset, swelling, bruising, clicking, weakness, and the next-morning response.
- ▲ Avoid repeatedly hopping, forcing range, stretching hard, rolling directly over a focal bone spot, or “checking” the injury every few minutes.
- ▲ Do not use pain medicine, tape, or a warm-up as proof that the tissue is ready for full dancing. Symptom masking can hide worsening load intolerance.

Why this matters

A short period of protected cold may reduce discomfort after an acute injury if skin sensation is normal and the cold source is wrapped. It does not accelerate every type of healing and it is not a readiness test. Swelling, function, location, and response to load matter more than whether the area feels temporarily numb.

5.2 Communication script

Practical script

“The pain is at [exact location]. It began [suddenly / gradually] during [movement]. It is [better / the same / worse] with walking and is [better / worse] the next morning. I also notice [swelling, bruising, weakness, clicking, locking, numbness, or none]. I need to remove [specific movement] until this is assessed or settles.”

6 Wrist- and hand-specific class modifications

MODIFY AND REPORT

Possible substitutions include no hand weight bearing, fists or forearms only when specifically approved and comfortable, marking floor pathways upright, lower-body technique without gripping, and partnering without catches or load through the injured hand. Changing from palm to fist can shift load and is not universally safe.

STOP THE PROVOKING ACTIVITY

Stop if the wrist collapses, pain increases with each floor contact, grip weakens, a finger is deformed, or numbness/tingling appears. Remove rings and tight wrist items early after trauma.

SEEK MEDICAL CARE

Prompt assessment is appropriate for focal bone tenderness after a fall, snuffbox pain, persistent ulnar-sided clicking, growth-related pain with repeated handstands, inability to grip, or a deformed finger. Urgent care is required for open injury, circulation change, persistent numbness, severe deformity, or rapidly increasing swelling.[1, 3]

7 Returning to dance

Return should be based on function and symptom response rather than the number of days since the pain began. Dance-medicine literature supports staged progression from basic movement to dance-specific demand rather than a direct jump into full class.[5]

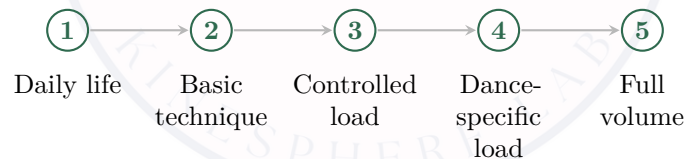


Figure 2. General return sequence. Advance only when the current step is controlled and does not create a meaningful symptom increase later that day or the next morning. Region-specific restrictions take priority.

Key idea

A stage is tolerated only when symptoms remain acceptable **during the activity, later that day, and the next morning**. New swelling, limping, altered alignment, loss of control, or a clear pain increase means the load exceeded current capacity.

7.1 Wrist, hand, and finger progression

1. Comfortable daily use, dressing, writing, and light grip.
2. Pain-free permitted wrist and finger range plus clinician-directed strength.
3. Light closed-chain load against a wall or barre.
4. Quadraped or modified floor support with neutral control.

5. Plank, push-up transition, or low-level floorwork as appropriate.
6. Handstands, freezes, tumbling entries, and faster transitions.
7. Partner catches, heavy gripping, apparatus, and repeated acrobatics.
8. Full choreography volume without swelling, weakness, or next-day pain increase.

Common mistake

Taping two fingers together or wrapping the wrist can reduce motion, but it does not identify whether a fracture, dislocation, growth-plate injury, or ligament injury is present. Protection and diagnosis come before performance use.

8 Reducing recurrence

No single stretch, shoe, or screening test prevents every dance injury. The most useful prevention system combines load management, technique, physical capacity, recovery, and early communication.[6, 7]

1. **Track meaningful load changes.** New pointe work, more jumps, longer rehearsals, harder flooring, a role change, a growth spurt, and added cross-training can all increase tissue demand.
2. **Build capacity outside choreography.** Strength, balance, landing control, trunk control, and gradual exposure give tissues a larger margin before fatigue changes technique.
3. **Use available range rather than forcing an ideal.** Turnout, extension, pointe range, and back extension should come from the joints that possess that motion, with control.
4. **Recover enough to adapt.** Sleep, rest days, and regular meals and snacks support repair. Recurrent bone-stress injuries, persistent fatigue, declining performance, delayed or disrupted menstrual function, or other signs of under-fuelling deserve confidential medical and nutrition support.[8, 9]
5. **Report early.** A small, repeatable symptom is easier to modify than a pattern that has already changed walking, class technique, or sleep.

9 Bring this information to an assessment

Exact location	_____
Date and mechanism of onset	_____
Sudden or gradual	_____
Dance movements that provoke it	_____
Walking, stairs, sleep, or rest symptoms	_____
Swelling, bruising, clicking, locking, weakness, numbness	_____
Recent change in class, rehearsal, pointe, jumps, floorwork, lifts, or cross-training	_____
What improves it; what worsens it the next morning	_____
Prior injury to the same area	_____

Key idea

Bring shoes or equipment associated with the symptoms when useful, and bring a short video only if recording was safe and the movement did not require provoking a potentially serious injury again.

10 Evidence scope and limitations

This guide prioritizes dance-medicine reviews, pediatric and sports-medicine guidance, clinical practice guidelines, and authoritative professional resources. Research on dancers is uneven across genres and body regions; evidence from related weight-bearing or artistic sports is used only where the mechanical demand is clearly similar. Individual diagnosis, imaging, treatment, and return restrictions belong to a qualified clinician who can examine the dancer.

Key idea

Medical review date: July 2026. Suggested review cycle: every two years, or sooner when a major guideline changes. Kinesphere Lab should obtain review by a physician or physical therapist with dance-medicine experience before studio-wide clinical distribution.

Selected evidence and guidance

- [1] American Academy of Pediatrics. *After a Sports Injury: When to See the Doctor*. 2025. URL: <https://www.healthychildren.org/English/health-issues/injuries-emergencies/sports-injuries/pages/After-a-Sports-Injury-When-to-See-the-Doctor.aspx> (visited on 07/18/2026).

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