

Appendix 4: Key clinical practice recommendations

1. *Clinical examination is recommended to assess for significant laxity of the UCL (**low evidence**).*
2. *X-rays in orthogonal planes should be obtained to check for fractures and joint subluxation.*
3. *There is insufficient evidence to mandate the routine use of ultrasound (USS) or magnetic resonance imaging (MRI).*
4. *Patients without significant joint laxity should be treated non-surgically.*
5. *It is reasonable to offer early surgery or non-surgical immobilisation of the MCPJ to patients with significant joint laxity on clinical examination (**very low evidence**).*

Appendix 5: Patient flow algorithm

