Common Hand and Wrist Problems- Identification and Management
The Wrist and Hand Can Be Confusing

- Extremely dynamic joints
- Hard to rest areas
- Lots of moving parts
- Hand and wrist scar down easily
- Befriend a hand surgeon if you can
De Quervain’s Tenosynovitis
- Tenosynovitis
- Overuse
- Pregnancy
- Middle aged women
- RA
- Underlying spur
Diagnosis of DeQuervain’s

- + Finkelstein’s test
- Tender to palpate EPL, EPB, APL
- Can be painful on asymptomatic patient
- Don’t miss the Scaphoid
- If pt. is older, may be the CMC jt.
Treatment for Dequervain’s

- Decrease repetitive movement
- Splint
- NSAID’s
- Injection
- Iontophoresis
- Surgery
Carpometacarpal Arthritis
Differential Dx. of CMC Arthritis

- + grind test
- Pain to palpate volar, dorsal and lateral aspect of the joint
- X-rays
Management of CMC Arthritis

- Long thumb spica
- Intra-articular Injection for acutely inflammed jt.
- Surgery-Anchovy procedure
CMC Arthritis Video
Scaphoid Fractures

- Early recognition is important!
- High risk for mal or non-union
- Pt. will lack extension
- Could have swelling in the snuff box
- Refer to orthopedist if suspicious.
- Brace immediately.
**Dupuytren's Contracture**

- Abnormal build up of collagen in the flexor tendons
- Usually affects the 4th and 5th fingers
- Can become quite disabling
- Can be associated with “Frozen Shoulder”
Treatment for Dupuytren's Contracture

- If caught early-stretch and static splinting
- Xiaflex injections
- Surgery
- Splinting & Therapy
Ganglion Cysts

- Most common lump in the hand
- Non-cancerous
- Females > males
- 15-40 y/o
- Arises from the joint
Treatment for Ganglion Cysts

- [YouTube Video](http://www.youtube.com/watch?v=A04iOTD2_ek)
- Rest can be very helpful
- Splinting
- Aspiration
- Surgical removal
Trigger Finger or Thumb

- Females > Males
- 40-60 y/o
- Cause by repetitive strain
- Gout & RA can be contributors
Trigger Thumb-Leona Video

Trigger Thumb

- Tight fibrous band over flexor tendon
- Nodule
Trigger Finger Video
Triangulo-Fibro Cartilage Complex
Common Symptoms of TFCC Tear

- Pain, at the base of small finger side of the wrist
- Pain worsens as the wrist is bent from side to side
- Swelling in the wrist
- Painful clicking in the wrist
- Loss of grip strength
Treatment of TFCC Tears

- RICE – Acutely
- Splint for 4 weeks
- PT or OT
- NSAID’s
- Injection
- X-rays to rule out fracture
- If no better- MRI 90% accuracy
- Possible surgery
Treatment of all Elbow, Wrist & Hand Injuries Should Include...

- **Cardiovascular exercises**
- **Thoracic Kyphosis reduction exercises**
- **Bring blood flow to the arms**
Ergonomics

- Select eyeglasses for correct focal length; anti-glare screen covers may help reduce eye strain.
- Take periodic stretch breaks or work on non-VDT job activities to reduce tension.
- Adjust chair back height and tension for lumbar support.
- Adjust chair height so that thighs rest horizontally, calves are positioned vertically, and feet rest squarely on floor or footrest.
- Use pedestal based chair to minimize possible tipping of chair.
- Use footrest to reduce leg tension, if necessary.
- Place terminal screen at viewing angle of 15-20 below operator's horizontal eye level.
- Place screen and document holder at the same distance from the eye to avoid constant changes of focus. Place document holder close to screen to avoid excessive movement of the neck or back.
- Adjust VDT angle and/or lighting to reduce neck/eye strain; adjust screen intensity for sharp images.
- Adjust keyboard height to 28-30 inches above floor. This height allows upper arms to hang straight down from shoulders and for forearms to be horizontal.
Questions?
Thank You