Recognizing Hand Problems

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Recognizing Hand Problems

Learning Objectives:

- Diagnose the problem
- Determine what can be done in clinic
- Determine when to send to hand therapy
- Determine when to send to hand surgeon



Recognizing Hand Problems

Different diagnosis managed in different ways

- Carpometacarpal Osteoarthritis of the Thumb
- DeQuervain's Tenosynovitis (of the Thumb)
- Trigger Finger (of the Thumb and Finger)



Carpometacarpal Osteoarthritis of the Thumb:

ICD Code #: M19.049

(AKA: Basilar Joint Arthritis of the Thumb)





Causes

- Aging / normal wear and tear
- Trauma
- Vocationally related
- Poor genes
- Rheumatic diseases



Symptoms

- Pain with pinching
- Difficulty holding a pen
- Cutting food
- Can't button





Symptoms

Chronic swelling

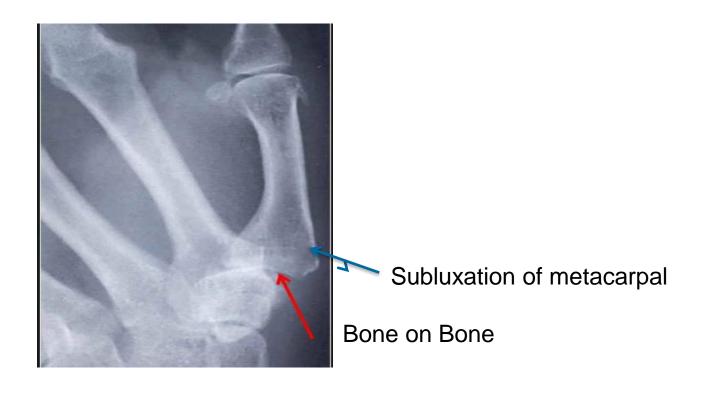


Swelling base thumb

Limited thumb opposition



Symptoms
X-rays show loss of joint space





Provocative Testing

(CMC) Carpometacarpal Grind Test

CMC Grind Test

- Rotate the metacarpal against trapezium
- Anterior / posterior shift
- Feel grind or painful

False negatives





Carpal Metacarpal Osteoarthritis

Treatment options in Doctors office

- Arthritis education
- Anti-inflammatories for pain and swelling
- Splinting



Carpal Metacarpal Osteoarthritis

Splint:

- Provide support
- Allow functional
- Limit motion at CMC joint only



"Bad Splint"



"Good Splint"



Splint available in your clinic



"Comfort Cool, Hand Based Thumb Spica Splint" High patient compliance for wear



When to wear splint

- Wear 24 hours a day (remove for skin check)
- Heavy work
- To prevent further deformity
- Stop wearing when pain stops

Make sure your patient can put splint on



When to send to Hand Therapy
For custom orthotic









When to send to Hand Therapy

- Patient education
- Home exercises
- Adaptive aids for increased independence
- Modalities for pain







When to send to Hand Surgeon

- Severe joint deformity
- Hand dysfunction
- Excessive pain
- Splinting and therapy didn't help





Hand Surgeon can offer

- Anti-inflammatories / injections
- Surgical options
 - CMC Soft Tissue Arthroplasty





Hand Surgery (CMC Soft Tissue Arthroplasty)

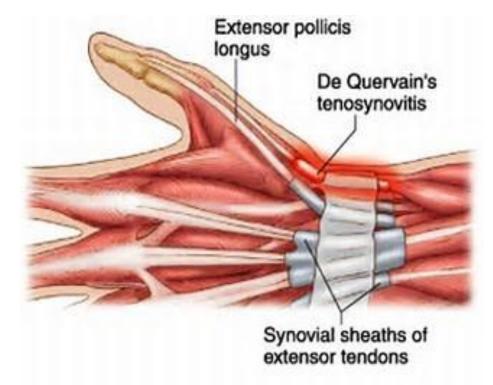
- Restores function
- Pain eliminated
- Great success rate
- Long term solution





Radial styloid tenosynovitis [De Quervain's]

ICD Code #: M65.4





Causes

- Repetitive radial or ulnar deviation of wrist
 - new parents, dental assistants, use of computer mouse, use of scissors
- Trauma
- Hormones
- Women vs: Men, 4:1
- 35-55 years old



Symptoms

- Radial-sided wrist pain at 1st dorsal compartment
- Pain worse with movement
- Swelling likely at 1st dorsal compartment



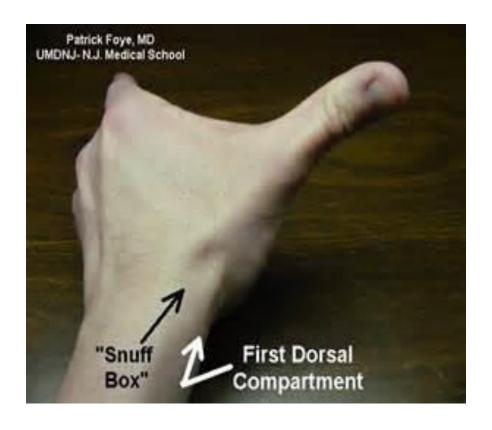
De Quervain's Tenosynovitis Special Test



- Compare right vs left
- Active and passive
- Pain vs Stretch
- Pain with resisted thumb extension.



Surface Anatomy:





Treatment options in Doctors office

- DeQuervain's Education
- Anti-inflammatories
- Icing
- Splinting



Splints available in your clinic:

 Comfort Cool forearm-based thumb spica splint





Fitting Splint

- Not too tight.
- Prevent thumb flexion
- Prevent wrist flexion
- Prevent wrist ulnar deviation
- Must be comfortable for splint compliance



Splinting wear guidelines

When to wear this splint:

- Wear 24 hours a day (remove for skin check)
- 6 weeks duration (or till symptoms stop)
- Wean out of splint slowly



When to send your patient to Hand Therapy:

- Custom orthotic fabrication
- Patient education
- Activity modification
- Adaptive equipment
- Modalities for pain and inflammation



Example of custom orthosis





When to send to Hand Surgeon

- Crepitus of tendon
- Needs steroid injection
- Chronic condition
- Therapy not helping
- Needs surgery
 - Firsts dorsal compartment release
 - Highly successful

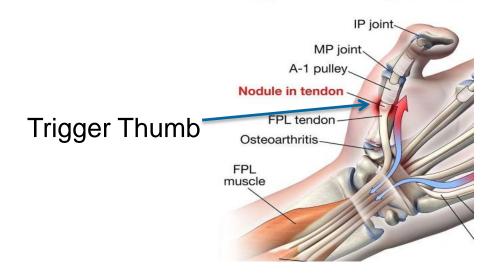




Trigger Thumb:

ICD Code #: M65.31

(AKA: Tenosynovitis of the Thumb)

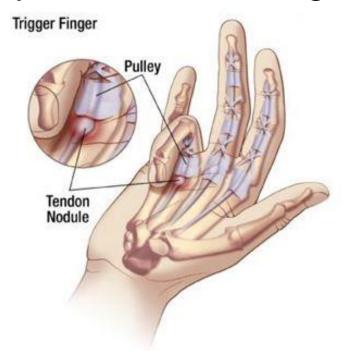




Trigger Finger:

ICD Code #: M65.30

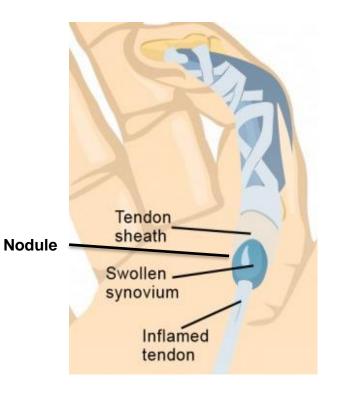
(AKA: Tenosynovitis of the Finger)





What is Triggering?

- Tendon and sheath swell
- Increased tendon friction
- Tendon fibers create nodule
- Digit catches or locks





Causes

- Associated with RA, Gout and Diabetes
- Post carpal tunnel release
- Hormonal changes (multiple digits at times)
- Vocationally related
- Repetitive pinching or pressure on tendon

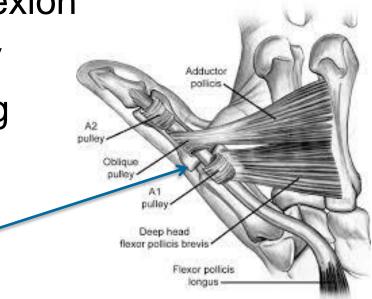


Symptoms

Catching / triggering with flexion

Pain / swelling at A-1 pulley

Triggering worse in morning





- Advanced cases, digit locks
- Need to manually extend





Treatment options in Doctors office

- Trigger finger education
- Anti-inflammatories
- Splinting



Splinting Goal

- Decrease MCP or IP joint movement
- Allow function so patient will wear.



Splint available in your clinic



"Comfort Cool, Hand Based Thumb Spica Splint" High patient compliance for wear



Splint available in your clinic



"Premier Thumb Splint with Stays"



When to wear

- Wear 24 hours a day (remove for skin check)
- Wean out when no trigging x 2 weeks



When to send to Hand Therapy

Custom Trigger Thumb Orthosis



Trigger Finger Orthosis





When to send to Hand Therapy

- Patient education
- Activity modification
- Adaptive aids for increased independence
- Modalities for pain / stiffness



When to send to Hand Surgeon

- Digit locks > 3 times a day
- Triggering for longer 3 months
- Splinting and therapy didn't help



Hand Surgeon

- Steroid injections to A-1 pulley
- Surgery
 - A-1 pulley release
 - Restores function
 - Short recovery
 - Long term solution

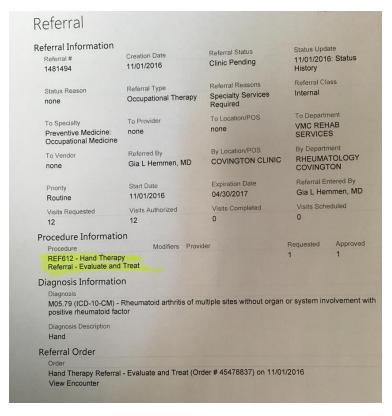




How to refer to Hand Therapy

Referring to Hand Therapy

- Procedure Information
 - REF612- Hand Therapy
 - Referral Evaluate and Treat





Recognizing Hand Problems

Questions?

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References

Skirven, T.M., Osterman, A.L., Fedorczyk, J.M., (2002). Rehabilitation of the Hand and Upper Extremity. Philadelphia, PA: Elsevier Mosby

Stack Splints

Comfort Cool

Able Wear Splints

Krames on Demand

