

Hand and Elbow

Diagnosis and Initial Management

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Sussex MSK Partnership

**Sussex MSK Partnership
is brought together by**



Plan

- Brief chat about the main conditions and how they relate to the pathways
 - Neuropathies CTS and Cubital tunnel
 - OA wrist/hand/base of thumb
 - Tendonopathies DeQuervains, tennis elbow and golfers elbow
- Not covering
 - Lumps/bumps/ganglions
 - Dupytrens
 - Trigger finger/thumb
- Assessment practical
 - Covering special tests for the above and general wrist pain and finger pain as we go along
- Case studies/problem patients/Questions as time allows

Carpal Tunnel Syndrome CTS

Symptoms (in CTS the diagnosis is made here)

- P&N or numb in median nerve distribution
- Worse at night; on waking; with prolonged gripping activities
- Ease by shaking hands
- Difficulty with dexterity; weakness

Increased in women; Pregnancy & DM
Can be due to hypothyroid or overactive pituitary

Examination

- Exclude C6 nerve root
- Look for muscle wasting thenar eminence
- Test sensation for median nerve distribution
- thumb abduction strength
- Tinel's and Phalen's Tests (sustained wr flex)

Management : night splint every night for minimum 6wks

Refer if **constant** symptoms or **muscle wasting**

MSK if :

- Diagnosis unclear
- Not resolving and patient would like to consider **injection** or **surgery** (carpal tunnel decompression)



Cubital Tunnel Syndrome

Ulnar neuropathy

Symptoms

- P&N or numb in little finger
- Pain inside of elbow

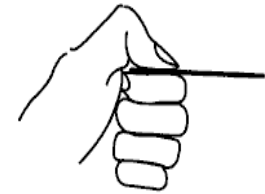
Examination

- Exclude C8 nerve root
- Look for intrinsic muscle wasting
- Test sensation ulnar nerve distribution
- Tinels at elbow
- Elbow sustained flexion test (increase with wr flex/UD)
- Froment's sign, clawing 4th & 5th fing, cross 2nd& 3rd fing

Normal



Froment's positive



Management

- avoid local pressure
- Cricket pad **elbow splint** every night for minimum 6wks to prevent elbow flexion



Refer if **constant** symptoms or **muscle wasting**

MSK if :

- Diagnosis unclear
- Not resolving and patient would like to consider **surgery** (cubital tunnel decompression)

Wrist & Hand OA

Symptoms

- Joint tenderness
- stiffness often eases with gentle movement
- Joint swelling/deformity
- Commonly small finger joints and base of thumb
- Often unilateral can affect single joints
- Often flare up and remission
- May be worse in cold/damp

Examination

- Bouchard's and Heberden's nodes
- Swelling/deformity small joints
- May be muscle wasting
- Painful and stiff active and passive movements
- Tender on palpation of joints

Thumb

- Loss of abd/ext
- Thenar eminence wasting
- Grind test

X-ray if severe

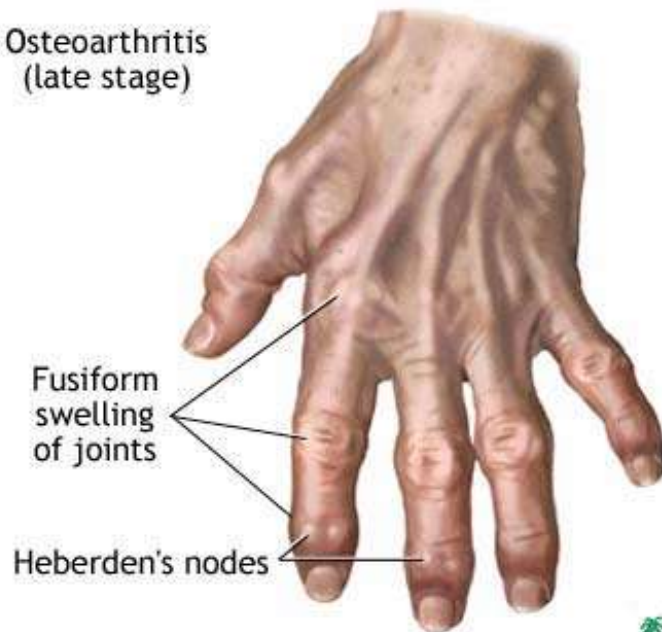
Management

- **relative rest** during a flare up consider use of thumb **splint** or wrist splint and activity modification for these areas
- maintain range of movement with **gentle stretches**.
- **Analgesia / anti-inflams** if appropriate

MSK if :

- Diagnosis unclear
- Not settling and patient would like to consider **injection** or **surgery**

Osteoarthritis
(late stage)



Tendonopathy

Tennis elbow, Golfers elbow, DeQuervains Tenosynovitis

Symptoms

- Pain increases with repetitive movement
- May be due to change in work or recreational patterns

Examination

- Exclude spinal source
- May be swelling/heat/redness
- Tenderness on palpation of tendon
- Full passive ROM elbow

Tennis Elbow

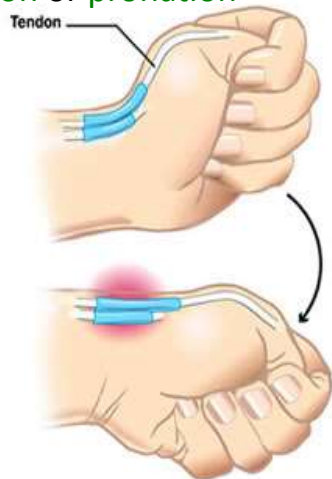
- Resisted wrist or middle finger **extension**

Golfers Elbow

- Resisted wrist **flexion** or **pronation**

De Quervains

- Resisted thumb **extension**
- **Finkelsteins test**



Management

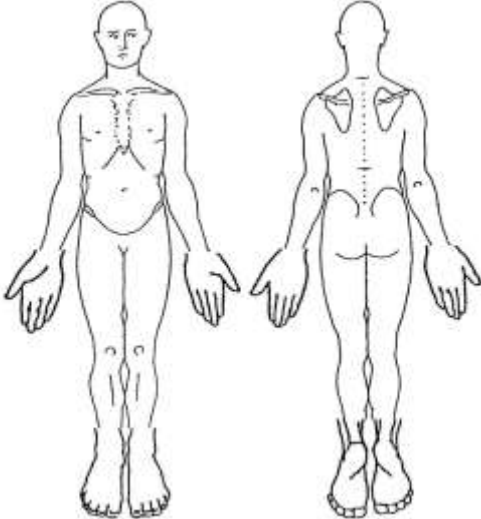
- **relative rest** during a flare up consider use of **splint** and activity modification
- maintain range of movement with **gentle stretches**.
- **Isometric exs**
- **analgesia** and/or **anti-inflams** if appropriate

Injection if **severe**, unable to **grip/lift**, not resolving **>6/52** repeat if > 50% improvement after first inj

MSK if :

- Diagnosis unclear
- Not settling and patient would like to consider **injection** or **surgery**

NAME HOSP. No..... DATE

<p>Identify site and type of symptoms</p> 		<p>SYMPTOM A</p> <p>AGG what makes it worse</p> <p>EASE what makes it better</p> <p>24 HRS morning stiffness how long</p>	
		<p>S I N</p> <p>severity</p>	
		<p>SYMPTOM B</p> <p>AGG</p> <p>EASE</p> <p>24 HRS</p>	
		<p>S I N</p>	
<p>//// pain +++ para/anaesthesia</p>		<p>OTHER SYMPTOMS / SPECIAL QU.s</p> <p>Other joint pain Swelling</p>	
<p>HPC</p> <p>Mechanism of onset Treatment/self management tried so far</p>	<p>GH</p>	<p>Heart BP Lungs DM Ep RA major ops illnesses wt loss Ca</p>	
<p>XRAY/INVESTIGATIONS</p> <p>Any relevant past investigations eg xr</p>	<p>DH</p> <p>Steroids Acl</p>		
<p>PMH</p> <p>Previous similar/related episodes</p>	<p>SH</p> <p>Relevant sports, hobbies, occupation, lifestyle factors</p>		

PHYSIOTHERAPIST

NAME

DATE

<p>OBSERVATION</p> <p>Swelling Muscle wasting deformity</p>	<p>SPECIAL TESTS</p> <p>CTS: Tinels, Phalen's Cubital Tunnel: Tinels, sustained elb flexion, Froments</p> <p>OA thumb: grind test</p> <p>De Quervains: Finkelsteins</p>
<p>RESTING SYMPTOMS</p>	<p>ACCESSORY MOVEMENTS</p> <p>Some Lovers Try Positions That They Can't Handle (scaphoid lunate triquetral pisiform trapezium trapezoid capitate lunate)</p> <p>Accessory glides to clarify affected joints and test integrity of the ligaments</p>
<p>JOINTS CLEARED</p> <p>Cx Check neural integrity if indicated</p>	
<p>ACTIVE TESTS</p> <p>Elbow: F E pro sup Wrist: F E RD UD Hand: spread fist opposition</p>	<p>PALPATION</p> <p>Localise areas of pain and tenderness Ulnar nerve in cubital tunnel</p>
<p>PASSIVE MOVEMENTS range pain end feel</p> <p>If any of the above are painful break down into passive and isometric components</p>	
<p>ISOMETRIC TESTS power pain</p>	<p>OTHER MUSCLE TESTS</p>
	<p>OTHER</p>
<p>LIGAMENTS pain integrity</p>	<p>CLINICAL IMPRESSION</p>