Strategies for Treating Hand/Wrist/Elbow problems in the Primary Care Setting

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General Strategies

- Location is everything, almost
- Tingling/numbness has to be a nerve problem, but the issue is always ‘where’
- Radiographs are part of the evaluation. If you aren’t sure, get one.
- What’s the referral question:
  - “I don’t know what this is”
  - “Will surgery help” or “wants surgery”
Wrist Pain

- Fracture/Arthritis: rule out with an xray
  - Current/remote trauma; h/o surgery; age
- Tendinitis: hurts to actively use that tendon
- Ganglion: flex wrist to feel small ones dorsally
- Carpal tunnel syndrome: have to have tingling (never the pinky), often aches into forearm
Arthritis

- What does it look like?

- Treatment:
  - Rest: splint
  - Ice/heat
  - NSAIDs
  - Refer
Tendinitis

- Typically on the ulnar side of the wrist, usually the flexor carpi ulnaris (FCU)
- Pain reproduced with active resistance.
- Usually point tender at insertion
- Rest: splint
- PT: stretch, modalities
- Injection: OK
Ganglions

- Most common is mid-wrist dorsum; 2nd most common is volar-radial.
- Flex the wrist maximally. Brings out the small ones.
- Tenderness to palpation.
- Aspirate at least once; more is OK.
Ganglion Aspiration

- Cyst communicates with joint below.

Treatment Success:
- Aspiration: 30-50%
- Surgery: 90%
- 1% lido wheal over cyst
- 18g, 10cc syringe
Other Ganglions
Mucous Cysts

- Ganglion originating from DIP joint of finger, usually due to very mild DJD
- Dorsum skin is thinnest
- Can deform nail, spontaneously drain.
- Can aspirate big ones. Usually patients just want to know what it is.
- Surgery (excision) is sometimes effective.
Carpal Tunnel Syndrome

- Everyone should get a wrist brace, night time use always, daytime prn.
- Stretching is critical: while sitting, interlace fingers, palms out, arms fully overhead, lean back and hold for 10 seconds.
- Constant tingling (paresthesias) is BAD. Get the patient seen by a surgeon.
- Odd symptoms or odd patient: NCV
- What else goes with CTS?
Carpal Tunnel Injection

- Response predictive of surgical outcome
- You want the fingers to go numb.
- 3 cc 1% lidocaine with ½ to 1 cc TAC, 25g 1-½” needle
- Soft spot (proximal to wrist crease, ulnar to palmaris longus or FCR
- 45 degree angling distal, in line with ring finger
Carpal Tunnel Injection
Thumb Pain

- Arthritis/Fracture on the list? Get a xray.
- What’s on the list:
  - Remote fracture
  - CMC arthritis
  - DeQuervains
  - Trigger thumb
Remote Fracture

- Usually the scaphoid
- Thumb spica splint
- NSAID
- Activity modification

- Refer
Scaphoid Nonunion
Basal thumb joint arthritis

- Tenderness over joint, often a bump
- Hurts to move it around (grind test)
- Hurts to have thumb flat with palm
- Xray can be subtle
- Neoprene thumb splint (no metal ‘stays’), ‘milk’ the joint, inject prn. Surgery is effective for the treatment failures
CMC Arthritis

Arthritis of the thumb (carpal-metacarpal joint)
Basal Thumb Joint Injection

- Palpate proximal edge of bump, make a mark.
- 5/8” 25g needle; 1cc 1% lido, ½ cc TAC
- Pull on thumb and then inject
DeQuervain's Tenosynovitis

- Overuse
- Tenderness is more proximal than CMC
- Hurts to extend thumb

Treatment:
- Rest: thumb spica splint
- Ice
- PT
- Inject
DeQuervain Injection

- Extend thumb: mark out 1st dorsal compartment tendons, relax tendon
- Palpate radial styloid, mark it
- Inject tendon proximal to intersection, 45 degree angle aimed proximally.
- Needle “to bone”, then slightly back.
- 1cc 1% lidocaine, ½ cc TAC
- 5/8” 25g needle
DeQuervains Tenosynovitis
Trigger thumb or finger

- Pain is often felt on the side of PIP joint
- Palpate the palmar MP crease with active flexion; tender?
- ‘Put a bandaid on it’ (the IP joint) and ice the A1 pulley as first treatment.
- Inject early and ad lib but if shot doesn’t help, refer for minor surgery
- Runs with CTS
Trigger finger injection

- Mark MPJ crease on palmar side
- Mark proximal finger crease
- Palpate hills (tendon) and valleys (neurovascular bundles)
- Mark the hill between the two creases
- 90 degree angle, go into the tendon. “Relax”. With pressure on syringe, back up slowly.
- 5/8” 25g needle; ½ cc 1% lido, ½ cc TAC
Trigger Finger Injection
Thumb trauma, normal xray

- Tempting to get XR only and call it as sprain
- Must examine Ulnar Collateral Ligament (MP joint)
- Flex thumb, radial-directed stress, compare to good side
- Surgery if really unstable. Not sure, have it checked by Sports Med, Ortho Med
Ulnar Collateral Ligament Injury
Dupuytren’s disease

- Starts as nodule (tender), progresses to cords and contractures, usually ring finger but can be anywhere on the palm.
- Surgery for any contracture of MP or PIP joints
- PT, injections don’t help.
- Some hand specialists are doing percutaneous releases early
- Recurrence is common
Dupuytren’s disease
Mallet finger

- DIP is flexed, no active extension of DIP
- Put them into an extension splint (Stax) then send to xray.
- Check to make sure distal phalanx lines up with middle phalanx on xray.
- It is normal for the dorsum of the DIP to look swollen and red for months.
- Treat for 6-8 wks with continuous splinting and then wean from splint.
Mallet Finger
Finger Dislocation

- Very common.
- Almost always dorsal (refers to distal bone)
- Treat with dorsal splint with joint flexed at 30 degrees (extension block) for 10 days, then start motion.
- Can have small fleck of bone seen at volar edge of proximal middle phalanx. Treat the same.
PIP Joint Dislocation

- Fleck of bone is visual clue to the dislocation.
Evaluating lacerations

- Must test sensation on each side of the fingertip and adjacent finger (for palmar lacs).
- Flexor profundus (long): hold single finger, ask patient to flex DIP joint.
- Flexor sublimus (short): hold other fingers straight, ask patient to flex finger.
- It doesn’t have to move normally, just move.
Flexor tenosynovitis

- Kanavel’s cardinal signs:
  - Sausage swelling
  - Flexed position
  - Pain over flexor sheath (DIP--palmar crease)
  - Pain with extension
- If all 4 → call surgeon
- If < 4, treat with splint, antibiotics, close f/u but extra care with diabetics, etc.
Septic Flexor Tenosynovitis