Practice
Plus
Group

Bucks MSK

Wrist and hand pathway GP management

Carpal Tunnel Syndrome (CTS)

Assessment

- Medial nerve entrapment: pain and paraesthesia in median nerve distribution: Thumb/index and middle fingers
- Worse at night: can wake up with symptoms
- Morning symptoms eased with shaking of the hand
- Prolonged symptoms may present with weakness of thumb abduction and thenar eminence wasting
- Functional symptoms: loss of grip, dropping items, driving
- Assessment tests: Positive Phalens and Tinels signs
- Exclude proximal nerve root cause

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Activity modification: reduced time in wrist flexion
- Resting night splints/ergonomic advice (ONLY NIGHT,LOOSE) (from local pharmacy)
- Provide CTS information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Consider steroid injection Carpal tunnel if competence within the practice after 6 weeks. Review in 3 weeks

Referral to Bucks MSK:

- Urgent referral for severe pain, functional loss and associated weakness/wasting < 2weeks
- On-going pain and dysfunction; failure to respond after attempting early management > 8 weeks (11 if injection has been offered)
- Refer: GP referral, via e-RS

PPG0285 Nov 20 (0049)

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Osteoarthritis of 1ST Carpometacarpal joint (CMJ)

Assessment

- Common over 50 years: female > male. Assess symptom longevity and severity
- Pain/swelling at base of thumb
- Worse with activities involving compression of joint: writing, gripping, opening jars.
- Thumb position changes: varying levels of deformity: CMCJ adduction and hyperextension of MCPJ
- Reduced range of movement: abduction and extension, crepitus apparent.

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/ NSAIDS as appropriate
- Explanation and advice
- Activity modification and thumb splintage (see patient information leaflet)
- Provide OA 1st CMCJ information leaflet: Bucks MSK and/or
- Arthritis Research UK and NHS choices website
- Consider steroid injection if competence within the practice after 6 weeks. Review in 3 weeks

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks (15 if injection has been offered) unless it is causing significant occupational problems
- Refer: GP referral, via e-RS

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De Quervain's

Assessment

- Pain & swelling on dorsal radial aspect of the wrist adjacent to anatomical snuffbox.
- Thickening of Abductor Pollicis Longus and Extensor Pollicis Brevis: palpation is painful at the radial aspect of the wrist
- Positive Finklesteins test
- Pain on resisted thumb abduction and extension, weak pinch grip
- Common post child birth
- Differential diagnosis: 1st CMCJ OA

Early management

(must be attempted prior to any referral to iMSK)

- PRICE, analgesic ladder/NSAIDS as appropriate
- Relative rest, thumb splint, ergonomic and activity modification
- Provide patient information leaflet on De Quervains syndrome: Bucks MSK and/or Arthritis Research UK and NHS choices website
- If post natal and severe pain and (OFF WORK) functional

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks
- Refer: GP referral, via e-RS

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Dupuytren's

Assessment

- Common after 40 years: men> women
- Thickening of the palmer fascia, little finger most commonly affected followed by ring.
- Palmer nodules and thickening in palm or digits
- FIXED Finger flexion can occur over prolonged period of time: varying levels: mild/moderate/severe
- Occasional pain associated with tight palmer nodules, usually present with functional difficulties rather than pain
- Consider secondary causes ie liver disease

Early management

(must be attempted prior to any referral to iMSK)

- Reassure if low level Dupuytren's
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Referral if severely affecting functional ability and flexion contractures apparent: 30 degrees Metacarpal phalangeal joint/unable to place hand flat on table. and/or associated degree of interphalangeal contracture

Referral to Bucks MSK:

- DO NOT REFER UNLESS MEET ABOVE CRITERIA

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Wrist and hand pathway GP management

Trigger finger

Assessment

- Pain and/or nodule at base of finger or thumb
- Stiffness, triggering, locking on activities: tendon tunnel thickening/swelling.
- Worse in am: wakes up with flexed finger and snaps back into extension: can be painful
- Assess severity and functional loss

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/ NSAIDS as appropriate
- Activity modification: reduce repetitive gripping activities
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Self massage, stretches and mobility exercises
- Consider steroid injection if competence within the practice after 6 weeks. Review in 3 weeks

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks (9 if injection has been offered)
- Refer: GP referral, via e-RS

PPG0285 Nov 20 (0049)

Bucks MSK
Wrist and hand pathway GP management

Hand/wrist osteoarthritis

Assessment

- Pain/swelling of hand/wrist: varying degrees of individual joint involvement
- Heberden's nodes (DIP joint) Bouchards nodes (PIP joint)
- Functional pain and limitation: gripping, opening jars, small dexterous activities.
- Various levels of anatomical changes/deformity of individual joints

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder/NSAIDS as appropriate
- Wrist splint if required but advise maintaining gentle functional movements and exercise
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- IF NOT SEVERE CONTINUE SELF MANAGEMENT
- If severe pain and functional loss consider early referral to Bucks MSK and direct access X-ray.

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks
- Refer: GP referral, via e-RS