# Clinical Guidelines: Elbow, Wrist, and Hand

## Elbow, Wrist, and Hand Osteoarthritis

**Initial evaluation:**

- Pertinent history: duration of symptoms, progressive, trauma
- Appropriate radiographs.
- Treatment includes activity modification, NSAIDs, splinting if appropriate (wrist / thumb), heat, possible hand therapy.

**Follow up:** Consider injection depending on radiographic findings. Early changes with synovitis generally will respond better. Consider referral to surgeon, especially if persistent pain interferes with activities of daily living (ADLs).

## Wrist and Hand Cysts

**Initial Evaluation:**

- Pertinent history: duration, associated pain, trauma
- Radiographs are appropriate for history of trauma or mucous cysts at finger joints (DIP)
- *Dorsal wrist ganglion cyst*: Aspiration and/or corticosteroid injection.
- *Volar wrist ganglion cyst*: Aspiration is NOT effective, therefore referral to hand surgeon for excision is appropriate if symptomatic.
- *Retinacular cyst*: Attempted rupture with needle is appropriate.
- *Mucous cyst*: Do not generally resolve with aspiration / injection. Refer to hand surgeon if cyst has spontaneously ruptured and recurred and/or is persistently symptomatic.

**Follow up:** If there is recurrence after aspiration, needle rupture, or injection, it is appropriate to try once more or to refer to a hand surgeon.

## Carpal Tunnel Syndrome

**Initial Evaluation:**

- Pertinent history: duration, do symptoms wake patient at night, numbness (intermittent or constant), treatment, radiating neck pain, medical history (RA, DM, thyroid disease). It is important to note thenar atrophy / weakness on examination night time.
- Splinting is appropriate initially if symptoms are intermittent and short term (<6-8 weeks)
- Splinting trial for 6 weeks.
- Electrophysiology studies (EMG) appropriate if symptoms >8 weeks, sensation never normal, and/or thenar atrophy.
- Injection effective for pregnancy-induced CTS or as diagnostic tool if uncertain of diagnosis.
- Injection generally is NOT effective for lasting relief.

**Follow Up:** Referral to hand surgeon is appropriate if patient does not respond to night time splinting trial, the sensation is never normal, or thenar atrophy (signs and symptoms of moderate / severe carpal tunnel syndrome).

## Elbow, Wrist, and Hand Tendonitis

**Initial Evaluation:**

- Pertinent history: duration of symptoms, trauma, activities, any prior treatment.
- *Lateral and Medial Epicondylitis*: generally are self-limited and will respond to physical therapy and counterforce bracing.
- Can take 6 months to 1 year, therefore patients need to be educated and to have patience.
- Corticosteroid injections are generally not effective and in fact may increase probability of future surgery.
- *Dequarvain's Tenosynovitis*: generally respond to injection. May require second injection. Trial of splinting is appropriate.

**Follow up:**

- *Lateral and Medial Epicondylitis*: May have patient return in 2-3 months or as needed. Referral to surgeon appropriate if symptoms persist after 6 months—1 year.
- *Dequarvain's Tenosynovitis*: Referral to hand surgeon is appropriate if patient does not respond to 1-2 injections.

## Trigger Fingers

**Initial Evaluation:**

- Pertinent history includes duration.
- Often worse in AM.
- Majority respond to 1-2 injections.

**Follow up:** If patient does not respond to 1-2 injections, referral to surgeon is appropriate.