

Hand OA

- DIP Joints most affected
- Can occur at the PIP, base of the thumb (CMC), index and middle MCP joints
- CMC degeneration usually affects the non-dominant hand

Causes

- Increases with age (between 50-60)
- Common in females
- Genetics
- Repetitive use
- Previous injury, lax, misaligned or deformed joint
- Labour /manufacturing workers
- Obesity
- Secondary osteoarthritis - congenital, metabolic, endocrine, neurologic, vascular disorders that cause OA - affects younger people

Presentation

- DASH Questionnaire
- Symptoms provoked by activities and relieved by rest
- If bilateral and symmetrical, swelling, morning stiffness >30 mins - consider inflammatory arthropathy
- Tenderness of the affected joint
- Limited ROM and diminished grip (more advanced)
- Heberden's nodes present along joint lines
- Radial/ulnar deviation of the affected digit - **If digit subluxed towards palm, consider RA**

ACR Criteria

- Hard tissue enlargement in at least 2/10 selected joints (2nd + 3rd DIP + PIP, 1st CMC)
- >3 swollen joints
- Hard tissue enlargement of >2 DIP joints or deformity on at least 2/10 selected joints

Imaging

- Standard for OA
- Loss of joint space
- Subchondral sclerosis
- Osteophytes



DDx

- Inflammatory Arthropathy (RA, Gout, pseudogout, psoriatic arthritis, reactive arthritis, AS)
- Lyme Disease
- F#
- Infection
- Neoplasm
- Myofascial pain syndrome
- Tendinopathy
- AVN
- Neuropathic arthropathy
- Peripheral neuropathy

Management

- Soft tissue manipulation
- Nighttime splint for thumb
- Exercise
- ADL Advice
- Joint mobilisation P/A glide + distraction
- Topical cream - capsaicin
- Aerobic, aquatic and resistance exercises
- If no reaction to conservative care, consider steroid injections and if significant ROM and pain , consider surgical intervention



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