

# Rotherham Hand and wrist Care Pathway

## Patient Presents with Wrist or Hand

This is **NOT** an exhaustive list of symptoms and conditions

### Secondary Care

#### Urgent Care Pathway (Refer the following)

History of or suspected malignancy investigate and refer as appropriate.

Consider red flags of unexplained weight loss, night pain and high inflammatory markers. Enlarging, painful bony lumps refer to secondary care for investigation, especially if 4cm in diameter.

Suspected fracture, dislocation or infection, refer to A&E.

Suspected inflammatory conditions investigate and refer to Rheumatology.

Acute tendon rupture or severe carpal tunnel syndrome, urgent referral to Orthopaedic Surgeon.

Sudden change in a chronic swelling

### Primary Care

#### Acute Hand or Wrist Injury

##### Investigations

Consider appropriate radiographs depending on the injury. X-rays are indicated to exclude fracture including scaphoid and wrist views.

##### Management

Consider analgesia and NSAIDs

##### Injection

NOT indicated

##### Referral

If no improvement after 2 weeks of conservative management, refer to MSK Physiotherapy Service.

Consider severe acute ligament injury to the wrist or thumb (check for new onset of painful clicking / clunking following trauma) – follow urgent secondary care pathway

Consider mal-union as a result of a recent injury

#### Carpal Tunnel Syndrome

##### Investigations

NCT for atypical presentation  
NCT to be considered if positive CTS history but negative examination findings

##### Management

Splint for nocturnal symptom relief only, NOT long term management

##### Injection

NOT indicated

##### Referral

- Unresponsive refer to MSK CATS  
- Muscle Wasting and / or functional loss urgent referral secondary care

Bilateral symptoms:  
Consider other pathology e.g. cervical, MS, myelopathy

#### Cubital Tunnel Syndrome (Ulnar Neuritis)

##### Investigations

NOT indicated

##### Injection

NOT indicated

##### Referral

- MSK CATS referral  
- Urgent referral secondary care for persistent symptoms, muscle wasting, symptomatic subluxing nerve

Bilateral symptoms:  
Consider other pathology e.g. cervical, MS, myelopathy

#### Dupuytren's Contracture

##### Investigations

NOT indicated

##### Injection

NOT Indicated

##### Referral

Any contracture at PIP joint or as MCP joint more than 30° (Table Top Test), or loss of function and/or limitation of lifestyle refer to secondary care (Orthopaedic Hand Consultant)

Less than 30° reassure and monitor patient

Splinting is NOT indicated prior to surgery.

# Patient Presents with Wrist or Hand

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## Primary Care

### Hand & Wrist OA

Consider base of thumb (CMC), IPJ, MCP OA for digital pain

Consider wrist and DRUJ OA for age group over 50 years and presenting with localised swelling over the dorsum or the wrist and pain

#### Investigations

Not indicated for wrist or fingers  
XR can be considered for suspected base of the thumb OA

#### Management

Consider analgesia and / or NSAIDs  
Consider splints

#### Injection

To be considered if no improvement after 4/52 conservative management

#### Referral

If no response to 1 injection or if a loss of function and/or limitation of lifestyle refer to MSK CATS

Consider referral to Specialist Hand Occupational Therapist for customised splinting (RFT)

### Tendon Problems

#### Investigations

Not indicated

#### Management / Referral

##### Trigger Finger

Consider 1 injection  
If no improvement refer to secondary care

##### DeQuervains

Radial sided / Radial styloid pain. Consider 1 injection or refer to MSK CATS.

If no improvement after injection refer to secondary care

##### Tenosynovitis

Consider rheumatology pathway, NSAIDs, Splint  
Referral to MSK CATS if not improving after 4 weeks of conservative management

##### Mallet finger/thumb, boutonnières, swan neck

Refer to secondary care

### Clicking and Clunking

#### Investigations

X-rays are indicated, true PA and lateral images of the wrist if ligament injury suspected

Clicking digits consider a PA X-ray of the hand

#### Management

If no pain or loss of function monitor the patients' symptoms  
Consider the source; subluxing tendons or joints

#### Injection

NOT indicated

#### Referral

Consider referral to MSK  
Physiotherapy if there is some loss of function

Consider referral to secondary care if symptoms are worsening or there is a significant loss of function and/or limitation of lifestyle.

Also ensure to consider a diagnosis of Trigger Finger/ Thumb – follow tendon problem pathway

### Ganglions or Cysts

#### Investigations

Not indicated

#### Injection

NOT indicated

#### Management

Patient over 45 consider localised swelling due to OA (investigate following Hand & Wrist OA Pathway)

Patients under 45 consider ganglions / cyst  
Ganglions should transilluminate  
Common cysts include volar, dorsal, mucous cyst)

If painful, recurrent or affecting function and limiting lifestyle refer secondary care