

WRIST/HAND PATHOLOGY

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Orthopaedic Manual Physical Therapy Series Charlottesville 2017-2018



Trauma/Fractures

- Hook of Hamate Fractures
- Triangular Fibrocartilage Complex (TFCC)
- Distal Radius Fractures
- Boxer's Fracture
- · Scaphoid Fracture
- Mallet Finger
- Jersey Finger



Hook of Hamate Fracture

History

- Common in bat, raquest, stick sports
- Direct trauma to palm
- Bad golf swing
- Ulnar wrist pain

Physical Exam

- Pain with gripping
- (+) TTP Hook of Hamate
- Pain with resisted 4th/5th
 DIP Flexion with Wrist
 Flexion and UD

· Differential Diagnosis

- Wrist Sprain
- TFCC Tear
- Ulnar Neuritis
- Ganglion Cyst

Treatment

- Conservative cast x 12 weeks
- Surgical Excision > ORIF



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TFCC Injury

History

- FOOSH, Ulnar Distraction, Repetitive axial Loading
- Ulnar-sided wrist pain
- Click/crepitus with forearm rotation, gripping, ulnar dev.

· Physical Exam

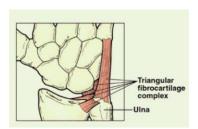
- (+) TTP TFCC
- Press Test (Sn = 100%)
- TFCC Grind Test
 - "Click" with Flex/Ext in UD

Differential Diagnosis

- ECU tendon subluxation
- Lunotriquetral pathology

Treatment

Brace 4-6 weeks





TFCC Tests

- Press Test
- FLORIDA (F.O.)
- Grind Test
 - https://www.youtube.com/ watch?v=I6LedAdjnN0

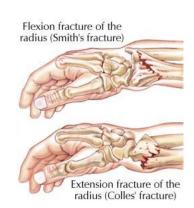




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Distal Radius Fracture

- · Colles' Fracture
 - Dorsal Displacement
 - Extra-Articular
- · Smith's Fracture
 - Volar Displacement
 - Extra-Articular
- · Barton's Fracture
 - Volar or Dorsal Displacement
 - Intra-Articular





Boxer's Fracture

History

- Pain to fx site, dorsal swelling, deformity
- Mechanism: direct impact to MC shaft/head

Physical Exam

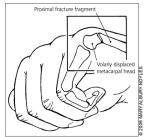
- Rotational malalignment in flexion
- Decreased MC height
- Loss of MCP/PIP Extension

Differential Diagnosis

- Contusion
- MCP Dislocation

Treatment

- Splinting
- Non-operative >90% prognosis





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Scaphoid Fracture/Instability

- History
 - Most frequently fx carpal bone bc scaphoid links prox and distal rows
 - Fx upon falling in ext/supination (backward onto hand)
- · Physical Exam
 - (+) axial compression of thumb vs scaphoid
 - (+) Scaphoid shift/Watson test

- Differential Diagnosis
 - Thumb CMC Arthritis
 - DeQuervain's Tenosynovitis
 - Radial Styloid Fracture
 - Intersection Syndrome
 - Superficial Radial Sensory Nerve

Treatment

- **Decreased blood supply so waiting to treat could lead to necrosis
- If x-ray (-), immobilize x 2 weeks then re-xray or bone scan



Scaphoid Fracture/Instability

- Diagnosis
 - Axial Load of Thumb
 - Scaphoid Shift/Watson's Test
- Dorsal directed pressure on scaphoid as wrist moves from UD to RD. (+) if relocating clunk as scaphoid flexes and strikes radius



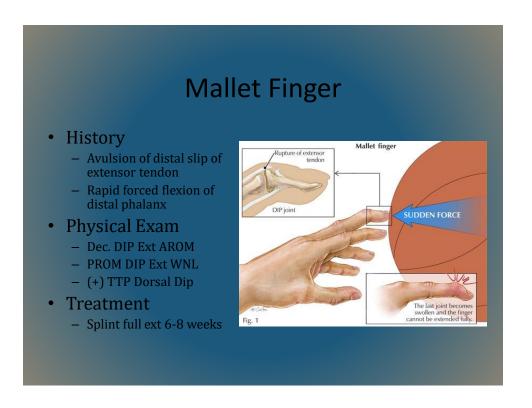


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Other FOOSH Injuries at Wrist

- Supination + RD = Scaphoid
- Supination + UD = Lunotriquitral
- Pronation with central wrist pain = Carpal Instability (Scapholunate or Lunotriquitral)
- Pronation + UD = TFCC Tear





Jersey Finger

History

- Commonly missed
- Pain in finger/palm
- 4th finger most common
- Mechanism: forced finger extension against active flexion

Physical Exam

- Loss of DIP AROM
- Fingertip cannot touch palm with fist

Differential Diagnosis

- PIP/DIP Fracture/Dislocation



"Jersey Finger," example of injury to flexor tendon of hand while player trying to tackle opponent and finger getting stuck in jersey.

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Orth

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DeQuervain's Tenosynovitis

- History
 - Most common overuse injury of hand
 - Common activities of forceful grip + UD (tennis serve)
 - Pain dorsal/radial wrist along 1st dorsal compartment w/ROM
- · Physical Exam
 - (+) Finkelstein's Test
 - Painful RSC Thumb Extension
 - TTP APL/EPB tendons, radial styloid, swelling, thickening

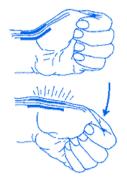




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DeQuervain's Tenosynovitis

- Finkelstein's Test
 - Flex the thumb into the palm and close the fingers around the thumb
 - Ulnar deviate the wrist
 - Positive test results in pain at the 1st dorsal compartment
 - Sn 100%, Sp 100%





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DeQuervain's Tenosynovitis

- Differential Diagnosis
 - Thumb CMC Arthritis
 - Scaphoid Fracture
 - Radial Styloid Fracture
 - Intersection Syndrome
 - Compartment II over I
 - Superficial Radial Sensory Nerve

- Treatment
 - Thumb spica splint worn 2 weeks and at night 6-8 weeks

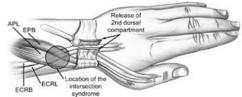


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Intersection Syndrome

- History
 - Pain/swelling at radial wrist where 1st/2nd dorsal compartments meet due to inflammation of wrist extensors vs. APL and EPB
 - Mechanism: repetitive grip w/thumb abd activity (rowing, racket use, pulling rake vs. ground, holding ski poles)

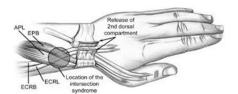
- Physical Exam
 - TTP radial wrist at site of 1st/2nd dorsal compartments
 - Crepitus with thumb and wrist ROM





Intersection Syndrome

- · Differential Diagnosis
 - Thumb CMC Arthritis
 - Scaphoid Fracture
 - Radial Styloid Fracture
 - De Quervain's Syndrome
 - Superficial Radial Sensory Nerve Injury
- Treatment
 - PT for education of activity modification, treatments for reducing inflammation
 - NSAIDS
 - Thumb Spica
 - Surgical Release



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Lateral Wrist Pain





Guyon's Canal Entrapment

- Compression of Ulnar nerve in canal formed between Pisiform and Hamate
 - · Ulnar Nerve
 - · Ulnar Artery
- Often involves Deep motor branch > sensory branch
- (+) Froment's Sign

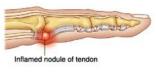




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Trigger Finger

- History
 - Finger pain/locking
 - Clicking at pam upon finger flex/ext
- Objective
 - TTP at flexor tendon
 - Palpable nodule at tendon sheath w/AROM flex/ext







Common Deformities and Injuries

- · Keinbock's Disease
 - AVN of Lunate
 - Associated with Negative Ulnar Variance



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Common Deformities and Injuries

- Swan-Neck Deformity
 - DIP Flexion and PIP Extension
 - Typically RequiresSurgical Intervention
 - Lateral band slips dorsally





Common Deformities and Injuries

- Boutonniere Deformity
 - DIP Hyperextension and PIP Flexion
 - Responds well to splinting and exercise
 - Lateral band slips volarly





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Common Deformities and Injuries

- Dupuytren's Contracture
 - Fibrous tissue in palmar/digital fascia of hand
 - Flexion contracture of digits, often 4^{th} and 5^{th}
 - Treatment usually surgery



