

## *Orthopaedic Connection*

### **What Is Wrong With My Hand?**

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#### *Transforming patient information into patient understanding.*

I had to leave off last week when I was talking about osteoarthritis of the hand. Osteoarthritis (not rheumatoid) affects two principal joint areas in the hand. They are the base of the thumb which doctors refer to as the CMC joint and the little joints closest to the nail referred to as the DIP joint.

#### **Osteoarthritis of the CMC Joint**

I find that in the patients I see it is often misdiagnosed. Why? Because it can be confused with other conditions in the area and x-rays of the hand or wrist can be misinterpreted.

When the diagnosis is made treatment depends on how severe the symptoms are.

- A special thumb splint can be worn for 4 weeks to see if symptoms will decrease.
- You can apply anti-inflammatory ointment like Theragesic or similar for 4 weeks.
- You can take Ibuprofen or Naproxen to see if it helps
- Apply Diclofenac (Voltaren) gel which is a nonsteroidal anti-inflammatory for which you would need a prescription.

The CMC joint can be injected in the office under x-ray fluoroscopy which I will do if the patient is informed and agrees.

Lastly there is a surgical procedure I do in which the arthritic part of the joint is removed and replaced with a pad of tendon like tissue that eliminates the painful arthritic joint. It takes about 6 weeks to recover if this is done.

#### **Osteoarthritis of the DIP Joint(s)**

These little joints above the fingernail can degenerate and form extra bone, which medically is referred to as Heberden's nodes (but they really are not nodes as such). They most often affect the index, middle and ring fingers. They really can't be splinted very well or injected. I don't find that applying medication works.

If you really don't like the appearance or it is too painful I can do a surgical procedure that can help appearance and pain.

#### **Rheumatoid Arthritis of the Hand**

Rheumatoid Arthritis is the second most common arthritis in the hand, but it is seen way less often than osteoarthritis.

RA causes major hand deformities and always affects other areas of the body. In RA joints can become painful, hot, red and swollen. These symptoms are very different from osteoarthritis.

Management of RA is usually done by an Internist who specializes in Rheumatology. If surgery is required to treat a rheumatoid arthritis hand I will always do it in conjunction with a rheumatologist managing the medical part.

#### **What Else?**

Well, a lot. We have really only scratched the surface about why our hand and wrist may hurt and malfunction.

- Ganglion cysts, hidden and obvious

- Tendon problems – a bunch
- Contracture of tissue in the palm
- Carpal Tunnel
- Other tunnels, ulnar, cubital radial
- Fractures
- Infection

Hmm, this is taking longer than I thought when I began. Chronic hand pain and dysfunction is not only due to age. There are many other aspects.

I think it is pretty important that these 2 masterpieces we call hands need to be properly diagnosed and therefore treated. There is real value in all of you learning about what can go wrong and therefore what can be done it fix it.

I will continue our course on hand problems in one week. See you then.

*My patients put their trust in me and what I do improves the quality of their lives.*

### **Office Website and Gratiot County Herald Archive**

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You get 1) The Office Website and Library 2) Your Orthopaedic Connection 3) GCH Archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush