CARPAL TUNNEL SYNDROME

- ★ Ask about (nocturnal) paraesthesia, primarily localised in dig 1 to 3 and the adjacent hand palm region and ask whether flapping the hands provides relief.
- ★ Determine the severity: intermittent or present continuously, reduced hand function/strength, extent to which daily activities are impeded.
- ★ Ask about symptoms of neck, shoulders, elbow, forearm and wrist and – if present – perform physical examination directed at these symptoms.
- ★ A nerve conductance examination is not necessary for a typical clinical presentation.
- ★ Treatment is not essential.
- ★ Provide splint treatment for CTS symptoms that impede daily activities or consider an injection of 1 ml triamcinolone acetonide 10 mg/ml (see main text of the NHG Guideline).
- ★ Refer to a surgeon in the case of severe CTS symptoms associated with loss of strength and if conservative treatment or corticosteroid therapy provides inadequate relief of symptoms.

GANGLION CYST

- ★ A protrusion of the joint capsule or the tendon sheath that is filled with synovial fluid.
- ★ Palpate the swelling and check for fixation of the swelling to the basal layer.
- ★ If in doubt: perform a diagnostic biopsy or look for diaphany.
- ★ Treatment is not essential.
- ★ Perform aspiration with a thick needle in the event of mechanical or cosmetic complaints.
- ★ Refer for surgical treatment in the event of pain, ADL limitations and if aspiration produces insufficient effect.

OSTEOARTHRITIS OF THE HAND

- ★ Symptoms: pain, swelling, stiffness or limitation of movement of the PIP and DIP joints or CMC-I joint.
- ★ Ask about: trauma to the hand and/or wrist; localisation of the symptoms/affected joints; start-up pain and start-up stiffness; swelling and morning stiffness (less than half an hour); pain with wringing movements; extent to which daily activities are impeded (grasping and pinching) and decreased strength.
- ★ Look for benign growths on the PIP or DIP joints, a possible adduction contracture of the CMC-I with hyperextension of the MCP-I joint. Examine the mobility of the wrist and of the hand and finger joints and the pinch strength.
- ★ Laboratory and X-ray examinations are not necessary.
- ★ Consider occupational therapy advice and exercises aimed at strengthening the hand muscles or consider splint treatment for CMC-I osteoarthritis.
- ★ Recommend analgesia if necessary. First choice is a local NSAID. Next: paracetamol or oral NSAID.
- ★ Refer to a surgeon in the event of persistent pain or limitation of movement (particularly of the CMC-I joint).

TRIGGER FINGER AND TRIGGER THUMB

- ★ Ask about: pain with flexing and ‘catching’ with extension of the finger or thumb and a swollen sensation at the level of the PIP joints of the finger.
- ★ Palpate the flexor tendon proximal to the MCP joint and look for a swelling that moves with the tendon.
- ★ Treatment is not essential.
- ★ Give an injection of a corticosteroid (1 ml triamcinolone acetonide 10 mg/ml) in the case of bothersome symptoms. Repeat the injection after two to three weeks if inadequate effect is observed.
- ★ Refer to a surgeon if conservative treatment or an injection of a corticosteroid has not produced the desired result.

MALLET FINGER

- ★ Symptoms: flexed position of DIP joint, active extension of the distal phalanx is not possible.
- ★ Use X-ray examination to distinguish between a ruptured tendon or a small avulsion fracture on the one hand and a larger avulsion fracture (> 30% of the joint surface of the DIP joint) on the other hand.
- ★ Treat a ruptured tendon or a small avulsion fracture with a mallet splint for six weeks.
- ★ Refer to the surgeon immediately in the case of an avulsion fracture involving more than 30% of the joint surface. Also refer in the event of inadequate result of conservative treatment after six weeks.

DUPUYTREN'S CONTRACTURE

- ★ Symptoms: solid-elastic, sometimes painful growths/strands in the hand palm with gradually progressive flexion contracture, particularly in dig 4 and/or 5.
- ★ Inspect and palpate the palm side of the fingers (particularly the fourth and fifth fingers) and the palm of the hand; look for characteristic nodes and determine the extent of flexion contracture formation.
- ★ Refer for surgical treatment if desired.

DE QUERVAIN'S TENOSYNOVITIS

- ★ Most important symptom: local (pressure) pain and/or swelling on radial side of wrist.
- ★ Ask about the localisation of the pain (usually near the radial styloid process), the severity of the pain, the extent of impediment and symptoms that could point to CMC-I osteoarthritis (see section on osteoarthritis).
- ★ Look for redness, swelling or crepitations; pressure pain on the radial side of the wrist and conduct Finkelstein's test (see the NHG Guideline text).
- ★ Recommend analgesia if necessary. First choice is a local NSAID. Next: paracetamol or oral NSAID.
- ★ Give an injection of a corticosteroid (1 ml triamcinolone acetonide 10 mg/ml) in the case of bothersome symptoms. Repeat the injection after two to three weeks if inadequate effect is observed.
- ★ In the case of inadequate results, consider referral to the surgeon for release of the tendons under local anaesthetic.

There are NHG Patient Information leaflets available for all the abovementioned conditions, which can be used to support the information and advice given.