

Hand and Wrist Examination

Prepare patient

- Introduction
- Position sitting on side of bed with upper limbs exposed and hands resting on a pillow

General Principles of Joint Exam

Check if any pain, then look, feel, move, measure & compare with other side, & assess function.

Look

General inspection

- Cushingoid
- Iritis
- Weight
- Obvious other joint disease

Hands/Wrists (ask patient to turn hands over)

- Skin - erythema, atrophy, scars, nodules (Heberden's/DIPJ & Bouchard/PIPJ nodes in OA), tophi, rashes (psoriasis, livido reticularis)
- Muscle wasting
- Nails - pitting, ridging, onycholysis, hyperkeratosis, discolouration (all psoriasis)
- Swelling
- Joint deformities
 - Subluxation/dislocation
 - Ulnar deviation (RA - not specific)
 - Z thumb, boutonniere, swan necking (all RA)

Feel

Skin for tethering (scleroderma)

Each joint in turn for tenderness, warmth, swelling - Wrist, MCPJs, PIPJs, DIPJs.

Ulnar styloid tenderness (RA)

Elbow rheumatoid subcutaneous nodules

Anatomical snuffbox

Move

On palmar aspect, feel for thickened tendons while patient open & closes hand

Passive movements of each joint in turn for crepitus, ROM

Test for median nerve entrapment - Phalen's test (30s both wrist flexion) is better than Tinel's (tap over volar wrist).

Active movements:

- Wrist: flex & ext (patient presses palms together, wrists at 75-90° & same for dorsums)
- Thumb - flex, ext, abduction, adduction, opposition against resistance
- Fingers
 - Hold PIPJ extended and ask patient to flex (DIPJ) to test FDP and then hold other fingers in extension (PIPJ & DIPJ to inactivate FDP) and test FDS works by flexing finger at PIPJ.

Function

Grip strength - grip examiner's 2 fingers in a fist and release.

Practical ability - undo & re-do a button, write with pen etc.

Neurological assessment of peripheral nerves - sensation