Wrist Pain

History, Examination, Assessment

Suspected sinister pathology to be investigated in primary care
Refer via 2WW cancer pathway where appropriate
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis or suspected fracture needs referral to emergency acute orthopaedics via A&E

Clinical Presentation

Carpal Tunnel Syndrome

Wrist Pain
New fractures need urgent referral to A&E or Fracture Clinic

Ganglion Wrist

Lumps and Bumps
Skin lesions such as BCC/SCC need Dermatology referral

Primary Care Management

Carpal Tunnel Syndrome

Assess for the thenar wasting
Assess for sensory loss
Tinel's/ Phalen's tests
Consider differential diagnoses including radiculopathy, diabetic neuropathy, vascular pathology

Diagnostics:

- None - nerve conduction studies **are not** indicated in primary care

Management: Consider CEC Policy

- Explanation of cause and natural history
- Explanation of approaches to treatment
- Pain relief in line with agreed formularies / guidance
- Night straight split for 8 weeks
- Advice on mobilisation and stretching (especially of neck and wrist) but not overuse
- Postural advice dependent on occupation ergonomics
- Review and monitor for resolution for 3 months
- Consider injection, especially if inflammatory
- Check thyroid status if bilateral

Wrist Pain

Diagnostics:

- X-ray (usually AP and lat of wrist) if any history of trauma or likely bone/joint problem

Management:

- Course of analgesia and / or NSAIDs in line with agreed formularies / guidance for a minimum of 6 weeks
- Review resolution of symptoms / monitor subjectively in line with ADLs
- Advice on rest, cold compress
- initiate gentle exercise of the wrist
- If history of trauma but x-ray shows no fracture - arrange for a 2 week symptom review
- Condition specific patient information leaflet
- Referral to physiotherapy/hand therapy

Ganglion Wrist

Diagnostics:

- None

Management: Consider CEC Policy

- If pain free and not affecting range of movement and ADLs: advise that these are best left without any intervention or patient to self-monitor

- Condition specific Patient Information Leaflet should be given to the patient - bssh.ac.uk ganglion cysts

Lumps and Bumps

Diagnostics:

- Consider X-ray if this will change your decision to refer or not

Management:

If pain free and not affecting range of movement and ADLs:

- Advise patient that these are best left without any intervention
- Patient to self-monitor for size and interference with function
- Refer if a diagnosis cannot be made

Thresholds for referral to SMSKPE

Carpal Tunnel Syndrome

Refer to Advanced Practitioner if:

- Moderate or severe symptoms including pain or sensory loss, which persist at least 3 months after conservative therapy having tried local corticosteroid injection (if appropriate) and nocturnal splinting (used for at least 8 weeks).

Refer to Orthopaedic Consultant if:

- Thenar wasting
- Positive nerve conduction studies

Refer to Spine Pathway if:

- Non-localised symptoms with neck pain
- Opinion required regarding suspected spinal pathology

Wrist Pain

Refer to Advanced Practitioner if:

- Diagnostically uncertain
- Course of NSAIDs and / or analgesia has been trialled (except where contra-indicated) for 6 weeks

Refer to Orthopaedic Consultant if:

- Positive history of trauma within 6 weeks

Refer to Rheumatology if:

- Suspected new inflammatory arthritis and not resolving with oral NSAIDs

Ganglion Wrist

Refer to Advanced Practitioner if:

- The patient experiences persistent significant pain or functional impairment, attributed to ganglion, that is interfering with the activities of daily living

- The patient has had it explained that these may resolve and given opportunity for this to happen

Refer to Orthopaedic Consultant if:

- There is severe pain or significant size or interference with ADLs

- A high risk of ulceration over the ganglion arising from pressure. Especially where there are potential complications arising from co-morbidities; for example, neuropathy and diabetes.

- There is evidence of nerve or blood vessel compression.

Lumps and Bumps

Refer to Advanced Practitioner if:

- Patient concerned
- No suspicion of malignancy

Refer to Orthopaedic Consultant if:

- Any lump that is likely to need excision - mucous cyst, seed ganglion, giant cell tumour.

Urgent Sarcoma 2WW referral form for suspected malignancy if the lump fufils any of the following criteria:

- Growing or greater than 5cm
- Painful
- Feels deep to muscle
- Has recurred following excisions