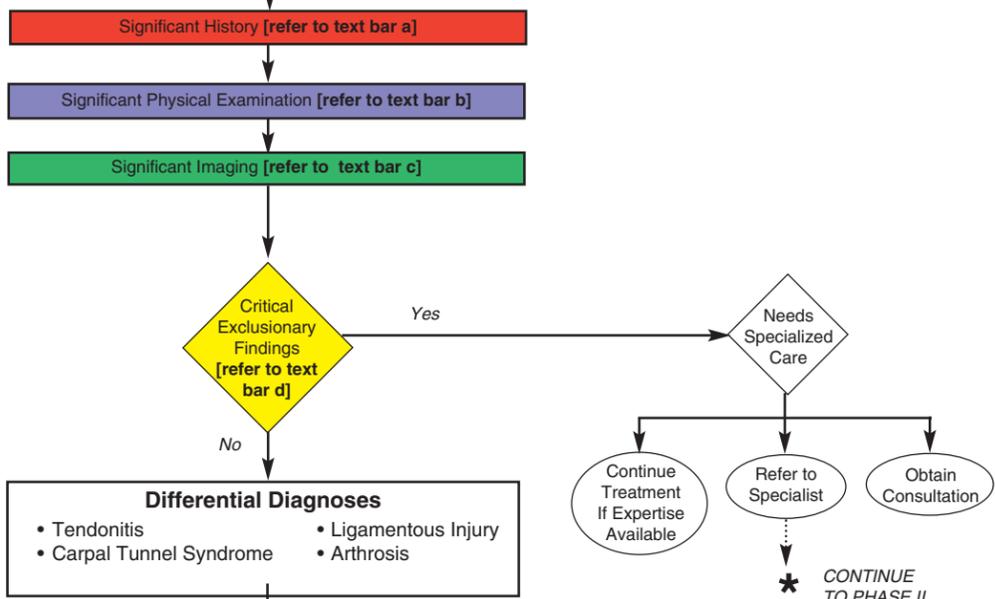


Universe Of Adult Patients With Wrist Pain — Phase I

- a Significant History**
- Previous history of problems with wrist
  - Trauma
  - Pain — acute or insidious, associated with activity, ache or sharp, location (tendons, global wrist, specific wrist area, radiations), motion (forearm rotation, wrist motion, thumb motion)
  - Presence of mass — acute or insidious, fluctuation in size, location
  - Abnormal clicks, pops, clunks, snaps with motion, or grinding sensations — occur with wrist range of motion, forearm rotation or thumb range of motion (ROM)?
  - Sensation of weakness — related to pain or wrist giving way, or associated with clumsiness?
  - Presence of swelling at wrist or along tendons
  - Presence and distribution of numbness — worse with activity or at night?
  - When problem began and duration of symptoms
  - What makes the problem worse/better?
  - Are the symptoms changing with time?

- b Significant Physical Examination**
- Deformity
  - Range of Motion (ROM) in wrist, fingers, hand, and forearm (painful, restricted, etc.)
  - Swelling (specific locations or generalized)
  - Mass (tenderness, transillumination, consistency, size, and location)
  - Tenderness (global or localized)
  - Crepitus
  - Clicking, popping or clunking with wrist motion
  - Strength testing
  - Sensation changes (Light Touch, Pin Prick, 2Point Discrimination)
  - Neurologic signs [“C” Recommendation]
  - Circulatory status
  - Warmth, redness
  - Grip strength
  - Muscular atrophy

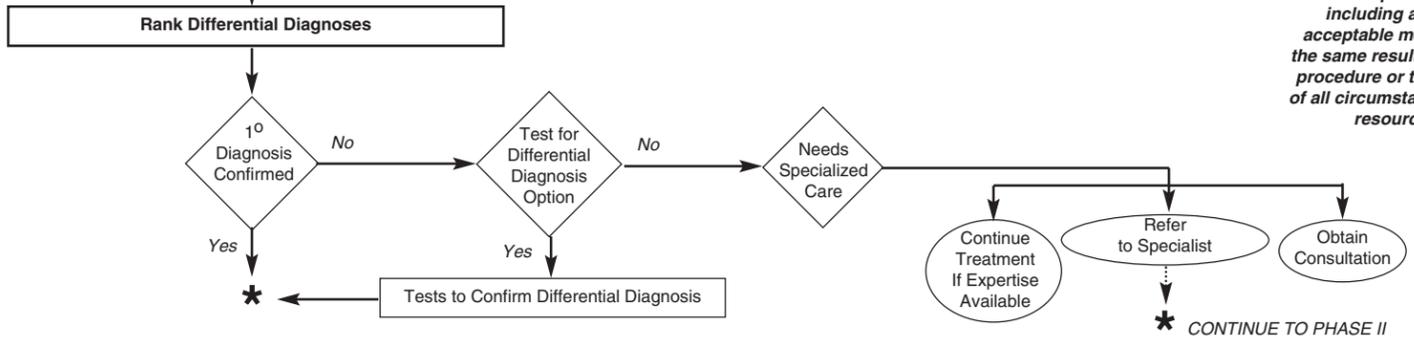


Differential Diagnosis  
Findings CONSISTENT With Diagnosis

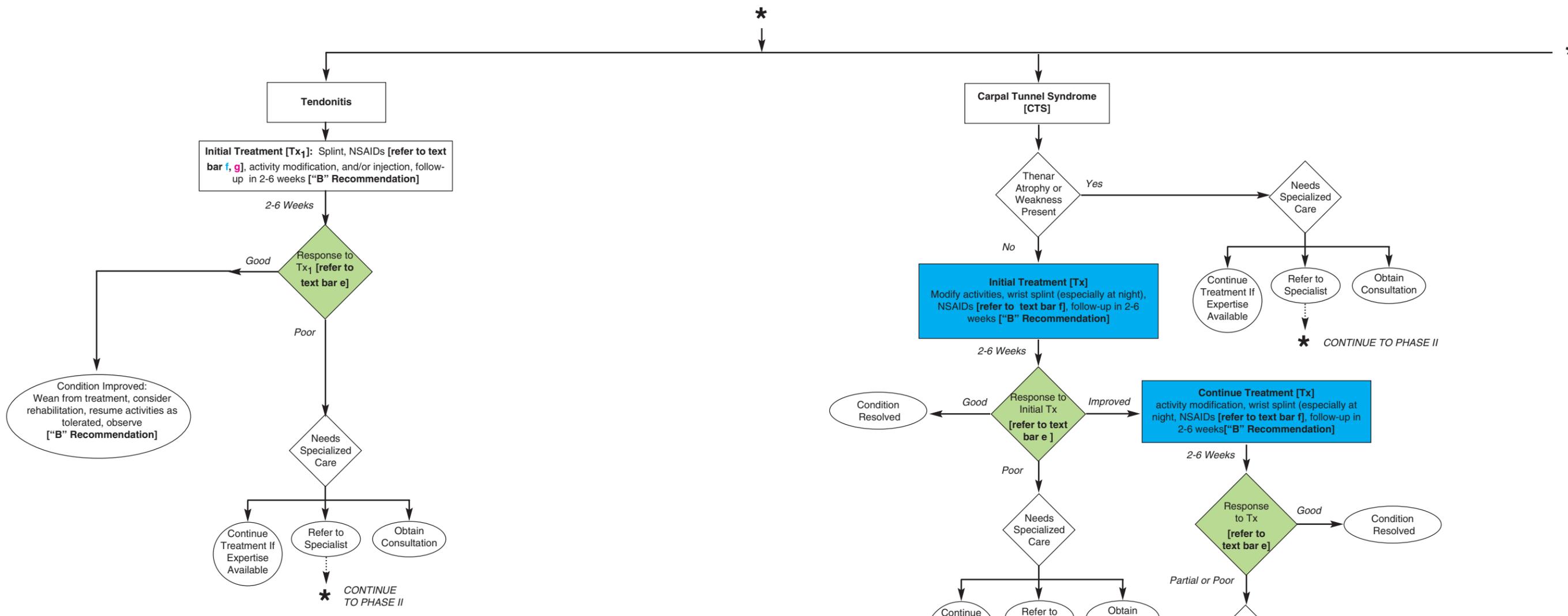
Differential Diagnosis	Tendonitis	Carpal Tunnel Syndrome	Ligamentous Injury	Arthritis
Findings CONSISTENT With Diagnosis	<ul style="list-style-type: none"> <li>• Acute or insidious onset</li> <li>• Pain with motion, better with rest</li> <li>• Localized to specific tendon</li> <li>• Weakness</li> <li>• Swelling and/or erythema along tendon</li> <li>• Crepitus with thumb/wrist motion</li> <li>• Tenderness along specific tendon</li> <li>• Pain with passive stretch of tendons</li> <li>• Normal x-rays</li> </ul>	<ul style="list-style-type: none"> <li>• Numbness/pain/tingling in regions innervated by median nerve</li> <li>• Symptoms worse with activity</li> <li>• Symptoms worse at night</li> <li>• Weakness</li> <li>• Thenar motor weakness or atrophy</li> <li>• + Neurological Signs [“C” Recommendation]</li> <li>• Median nerve compression test</li> </ul>	<ul style="list-style-type: none"> <li>• History of trauma</li> <li>• Specific onset of pain</li> <li>• Pain worse with activities</li> <li>• Clicks/pops/clunks with wrist/forearm motion</li> <li>• Weakness</li> <li>• Specific tenderness at joint lines</li> <li>• X-ray may show carpal malrotation</li> <li>• May require fluoroscopic exam or arthrogram [“A” Recommendation]</li> </ul>	<ul style="list-style-type: none"> <li>• Generalized aching pain</li> <li>• Worse with activity</li> <li>• Insidious onset</li> <li>• Tenderness at joint line</li> <li>• ROM limited</li> <li>• Crepitus</li> <li>• X-ray consistent with arthritis</li> </ul>

- c Significant Imaging**
- Plain posterior-anterior, oblique and lateral wrist x-rays (include hand), when indicated
  - Rarely indicated imaging: MRI, CT [“B” Recommendation]

- d Critical Exclusionary Diagnoses**
- Acute infection
  - Acute fracture (radius, distal ulna, all carpal bones, bases of metacarpals)
  - Acute dislocation (DRUJ, lunate or perilunate, carpometacarpal)
  - Acute vascular compromise (ulnar artery occlusion)
  - Neoplasm, mass, or ganglion
  - Any acute traumatic episode with swelling and local tenderness
  - Inflammatory and crystal induced arthropathy
  - Acute objective neurologic compromise
  - Psychogenic pain



*This orthopaedic clinical guideline should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding any specific procedure or treatment must be made by the physician in light of all circumstances presented by the patient and the needs and resources particular to the locality or institution.*



**e Treatment Response Criteria**

**Good:**

- Patient satisfied with outcome
- Resolution of symptoms while under treatment
- Resumption of unrestricted activities

**Partial/Improved:**

- Improvement of symptoms
- Recurrence of symptoms with discontinuation of treatment and resumption of activities

**Poor:**

- Patient dissatisfied with outcome
- Marginal or no improvement of symptoms

**f NSAIDs**

NSAIDs are relatively contraindicated in patients with renal insufficiency or pregnancy. Administer cautiously in individuals with hypertension or gastrointestinal intolerance. Side effects and toxicity should be monitored during administration.

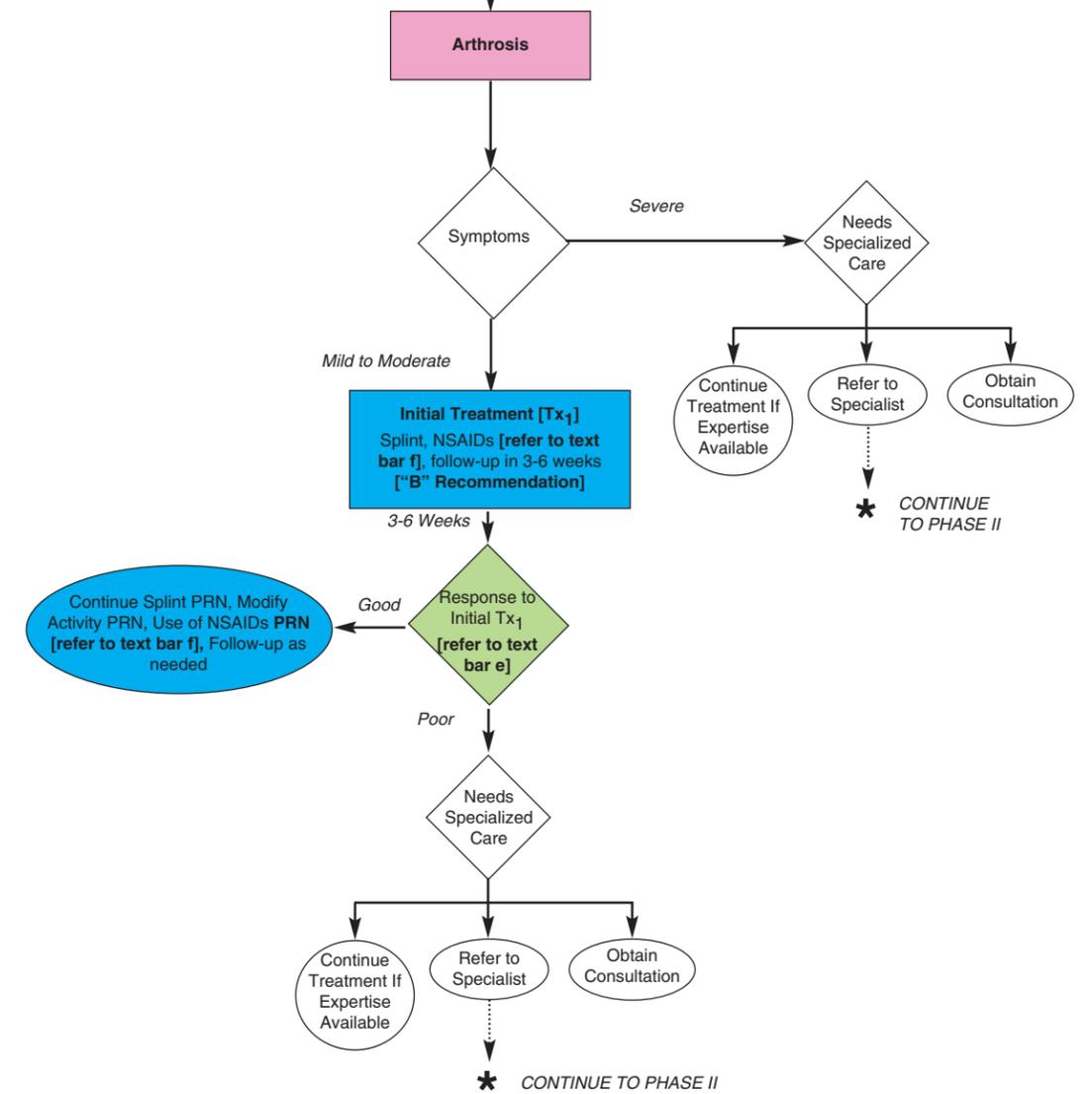
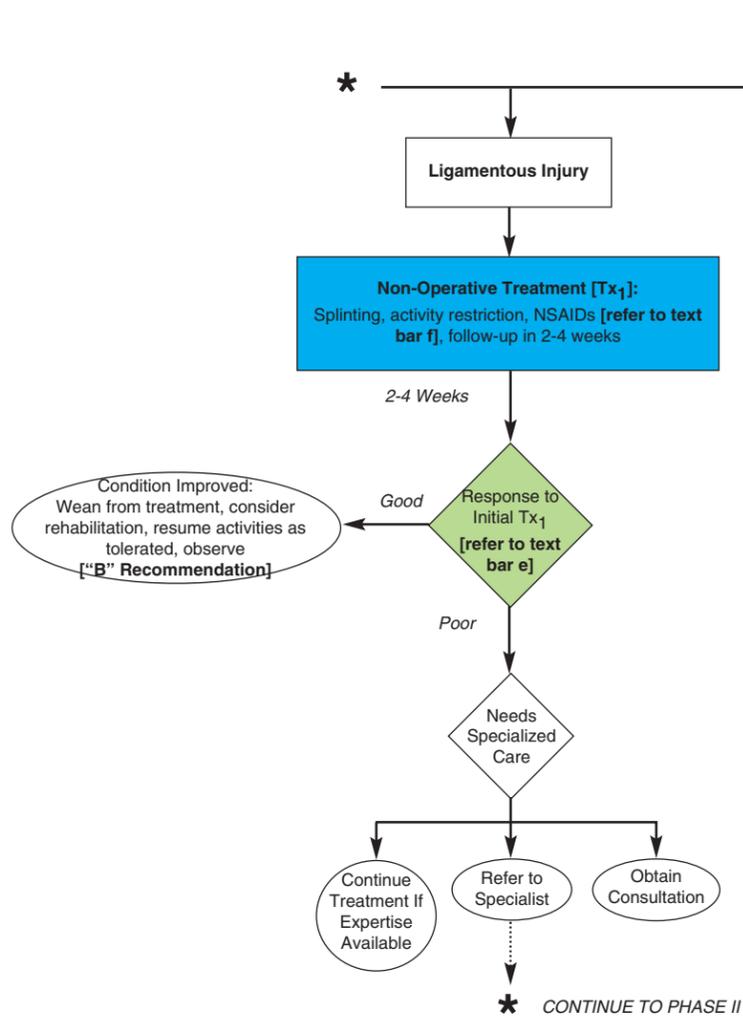
There is no evidence that administration of NSAIDs are more efficacious than simple analgesics or acetaminophen in relieving symptoms in non-inflammatory conditions.

**g Steroid Injection**

Specific care should be exercised to identify all salient landmarks prior to injecting.

Corticosteroid injection may elevate blood glucose and blood pressure in some patients.

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**h X-ray Findings Consistent With Arthrosis**

- Erosions of periarticular/articular surfaces
- Periarticular cysts
- Joint space narrowing

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American Academy of Orthopaedic Surgeons  
Department of Research and Scientific Affairs  
Wrist Pain — Phase I  
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