ORTHOSPORTS

QUESTION FOR PHYSIOTHERAPISTS

QUESTION: | WHAT IS THE RECOMMENDED MANAGEMENT FOR A 50 YEAR OLD PATIENT WHO HAS OSTEOARTHRITIS AROUND THE SCAPHOID. I HAVE A RATHER SEDENTARY PATIENT WHO HAS PAIN AND CREPITUS IN THE NON-DOMINANT HAND BUT FULL RANGE OF MOTION.

ANSWER: | The initial management of this would be similar to the management of osteoarthritis in most other areas of the body. That is, a combination of medications, local therapy and activity modification.

Medications could include simple analgesics such as paracetamol or anti-inflammatories. As long as the patient does not have a history of reflux or gastrointestinal ulcers, I recommend a combination of both taken regularly. This can also be combined with local injections of steroid to help cope with temporary flare ups in pain.

Local therapy could include measures such as compression and soft support bandages. Firm splints can be used at times of increased pain, along with local massages, and cold or heat therapy. Some patients find locally applied anti-inflammatory creams to be of use as well. General strengthening, stretching and proprioceptive exercises are helpful, especially in context of the patient's activities.

Activity modification and associated education is very important. The patient needs to be informed of their condition and that this is something that will progress with time. It is unpredictable at what rate this will worsen. The patient should look at activities which aggravate the condition and avoid these, or find other ways of performing that task that does not cause pain. Equally important is that the patient needs to start forward planning. That is, for example, if the patient is a manual labourer, they need to know that their wrist is unlikely to hold up with this sort of work for much longer and they need to start thinking about an alternate line of work or retraining.

Once non-operative management has been exhausted, we can consider various types of operations. This depends upon the extent of the condition clinically and radiologically. In the most basic form, a debridement of the radioscaphoid joint may help if there are impinging osteophytes. In other cases, a proximal row carpectomy or 4-corner fusion may be used to assist the pain while maintaining some range of motion. In the end stage condition, a total wrist fusion (arthrodesis) gives great pain relief and reasonable function but at the expense of all radiocarpal and intercarpal motion.

Dr Kwan Yeoh