

Orthopaedic Connection

Wonderful World of the Upper Extremity

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

In a way I really dislike saying "upper extremity" because it is so doctor like. Any of you who know me realize (I hope) that I always put things in terms you can understand. This is true of my conversations with patients as well as all the articles I put on my office teaching website www.orthopodsurgeon.com. I remember in school one of the medical students standing up to answer a question and he slightly paused and then answered the question using the term "external genitalia" in his answer. All the students laughed because it sounded so professional, unnatural and doctor like. Nobody calls it the _____. Well, you get the idea.

Go ahead and call it the arm if you want. I won't mark you down.

It is somewhat hard to know where to begin, so I'll jump in with something that is very common in our office.

I wrote an Orthopaedic Update article a while back for the doctors entitled "Doc, my thumb hurts and I've lost all my strength". The condition is actually an arthritis condition that develops in the thumb where it joins the wrist. I won't bother you with the doctor name of the joint. It develops over a long period of time and begins to cause not only pain in the base of the thumb, but weakness in the thumb especially pinch.

It is a very common problem, but is so often under diagnosed or misdiagnosed. I will give you a very common history that we hear in the office from patients who come to me for this condition.

The symptoms somewhat mimic carpal tunnel syndrome. A nerve conduction test is often initially ordered by the doctor who first sees the patient. The test comes back and the office assistant calls to tell the patient they don't have carpal tunnel. So they put up with the symptoms until they get even worse.

Then maybe an x-ray is done and if the findings are subtle the x-ray report to the office may be "normal". More time passes. This is the point when I am usually consulted. A medical history, physical exam and personal review of the x-rays assist me in making the diagnosis of arthritis at the base of the thumb.

Treatment, Conservative

Less severe thumb arthritis may respond to non-surgical office management. This could include pain medication such as Advil or similar and topical agents like Theragesic. A hand therapist might provide an exercise regimen and a variety of rigid and non-rigid splints to support the thumb during activities.

Patients with more advanced arthritis who we see in the office might benefit from a cortico-steroid injection in the joint, which should only be done with a fluroscan image intensifier unit to insure proper joint injection. Injecting the thumb this way in the office has benefited my patients for a few months to indefinitely.

Treatment, Surgical

To say there are a variety of surgical options for treatment of thumb arthritis is an under statement.

Surgery is suggested for more advanced arthritis, the symptoms of which have not been controlled by conservative treatment.

Surgical procedures we use can successfully reduce or eliminate pain and improve thumb function. These include removal of arthritic bone, joint reconstruction, joint replacement and even arthroscopic procedures in selected cases.

We have to individualize the treatment whether it be surgical or medical to each patient.

Please log on to our office teaching website for much more information about arthritis of the thumb. The website www.orthopodsurgeon.com can lead you into Your Orthopaedic Connection, which has a wealth of valuable information.

Our goal is simple. To help people return to more pain free functional lives.

Be well.

Dr. Haverbush