



Osteoarthritis of the Hand

Patient Information
Physiotherapy



WHAT IS OSTEOARTHRITIS OF THE HAND

Osteoarthritis (OA) is a joint condition where there is a change in the joint cartilage and the bones next to the cartilage.

The end of the bones in a joint are covered in protective cartilage that cushions and allow smooth movement. The joint is lubricated and nourished by fluid. In OA, the cartilage changes and there can be joint swelling due to excess fluid. Bony growths may develop next to the joint.

Pain and stiffness might mean you have less use of the joint, causing a weakening of the surrounding muscles.

OA in the hand mainly affects the base of the thumb and the small joints of the fingers (knuckles).

It responds well to exercise and changes to the way you do different tasks.

HOW COMMON IS OA OF THE HANDS?

Your hand is one of the most common joints affected by osteoarthritis. The effects tend to worsen as we get older. It is more common in women than men.

WHAT ARE THE SYMPTOMS OF OSTEOARTHRITIS OF THE HANDS?

- ❖ Sharp or aching pain. Usually with movements or activity. Normally reduces with rest
- ❖ Stiffness, this is usually after you've been resting and as a result you'll have less movement in your joints
- ❖ Tenderness if you press on the affected joint
- ❖ Difficulty with tasks and reduced grip strength
- ❖ Swelling or bony changes of the affected joint

WHAT CAUSES OA OF THE HANDS?

Your hand joints are exposed to a constant low level of trauma in your everyday life and your joints go through a 'wear and repair' process.

In some cases, your body is not able to repair your joints enough, and this can eventually lead to symptoms of OA.

You may be more likely to develop OA if your parents or grandparents had it.

Other causes that can contribute are:

- ❖ Previous joint injuries, abnormalities or hand surgery.
- ❖ Overuse of joint (e.g. with occupation/sport)

WHAT CAN HELP WITH OA OF THE HANDS

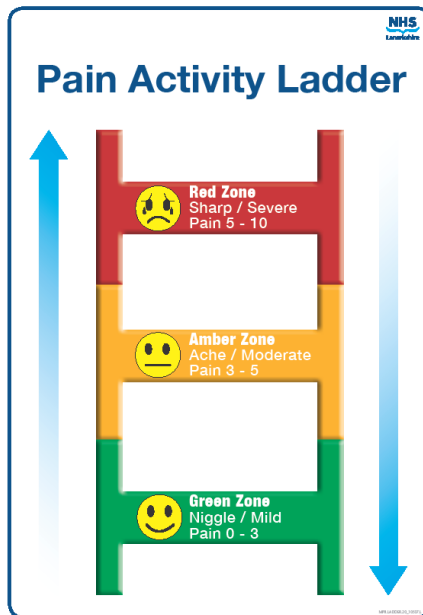
It is important to remember that many adjustments and treatments can help relieve some of your symptoms. OA doesn't always worsen through time and there are things that you can try to help.

Research supports a mixture of treatments including:

- ❖ Exercise
- ❖ Medication
- ❖ Use of heat or cold
- ❖ Supports/splints
- ❖ Lifestyle/activity changes

HELPFUL TIPS:

- ❖ While it is important to keep your joints and muscles moving, be careful not to overdo things.
- ❖ Spread activities or jobs over a day or a week, especially if a lot of gripping or repeated movements are required.
- ❖ Consider spreading what you're carrying or the activities you're doing to your other joints e.g. using two hands instead of one, switching hands.
- ❖ If your pain gets worse during/after an activity think about whether there was anything you could have done to help to reduce it ?
- ❖ You might want to consider using the Pacing and Pain Activity ladder below



- ❖ Use labour-saving gadgets or devices where possible. e.g. in the kitchen, at work, gardening.
- ❖ Avoid awkward positions.
- ❖ Arthritis UK have produced a guide with more information on how to look after your joints:
<https://www.versusarthritis.org/about-arthritis/managing-symptoms/joint-care/>
- ❖ If you have problems at work, it may be helpful to ask for a workstation/workplace assessment or talk with your manager or Occupational Health Department. They can often help with alterations, equipment or task changes.
- ❖ There are organisations which can support you at work or help you return to work – you can ask your GP, Physiotherapist or Occupational Therapist for information

PROGNOSIS

Symptoms from OA of the hand can vary widely from person to person and day to day. You may find that the symptoms you experience and the changes that you might see on your X-ray don't always match.

Remember that your OA will NOT always get worse through time.

FLARE UP MANAGEMENT

Flare ups can be common and there are some tips for dealing with them:

- ❖ Think of any possible cause for your flare up – can you do anything to reduce the chance of it happening again?
- ❖ Think about getting some good pain relief – speak to your Pharmacist or GP for advice
- ❖ Hot or cold packs can help with any pain or swelling you might have
- ❖ Think about using splints or supports. These can help you to rest your hand after activity, support your hand overnight, or offer support during certain activities. They can be 'off the shelf' or made to fit you by an Occupational Therapist, Physiotherapist or Orthotist.
- ❖ Pace your activity – you may need more rest breaks during a flare but it is still important to keep the joints and muscles moving to prevent stiffness and weakness

EXERCISE

If you are in pain, you may be worried about moving your joints and muscles in case you make your symptoms worse. Resting may feel better at first but too much rest will likely increase stiffness, weakness and pain levels.

- ❖ Remember that joints and muscles are designed to move.
- ❖ Adequate pain relief or hot or cold packs may help to get you going at first.
- ❖ Exercise will reduce stiffness, help your pain and keep the muscles around your joints stronger.
- ❖ Research suggests that the right exercise can help you manage the effects of OA.
- ❖ You might find you have some discomfort when you exercise but it's important that it doesn't become too painful for you. Start gradually and build up slowly. See The Pain Activity Ladder mentioned earlier.
- ❖ It is usually easier to exercise little and often.
- ❖ Remember to pace yourself. It can be tempting to do too much on 'good' days but this can make your pain worse later.

Early stage

Place your elbow on a table with the fingers pointed towards the ceiling. Bend from your knuckles, keeping the tips of the fingers and thumb straight out - as if making a 'beak' movement. Repeat this movement 5 to 10 times. Do this exercise 2 to 3 times a day.



Place your elbow on a table with your fingers pointing to the ceiling. Bend the top, small joints of your fingers only, then straighten fully again. You can use the other hand to help the movement if needed. Repeat this movement 5 to 10 times. Do this exercise 2 to 3 times a day.



Grip Sit with your elbow resting on a table. Make a gentle fist then straighten out the fingers, separating them apart. Repeat this movement 5 to 10 times and do this exercise 2 to 3 times a day.



Place your hand flat on a table, palm down. Whilst keeping the palm down lift the fingers and thumb off the table, stretching them up. Return slowly to the resting position. Repeat this movement 5 to 10 times. Do exercise 2 to 3 times a day.



Bring your thumb across towards the base of the little finger and then return to the starting position. Repeat this movement 5 to 10 times and do this exercise 2 to 3 times a day.



Stand or sit with your hand out in front of you. Touch your thumb against each fingertip in turn. Repeat this movement 5 to 10 times and do this exercise 2-3 times a day.



Place your hand on a table with your palm down and fingers straight. Bring your thumb out to the side away from your index finger and return back to the starting position. Repeat this movement 5 to 10 times and do this exercise 2 to 3 times a day.



Sit with your hand out in front of you or with your forearm resting on a table. With your other hand, support below the top thumb joint to be exercised. Bend the thumb joint to be exercised and then straighten it back up. Repeat this movement 5 to 10 times and this exercise 2 to 3 times a day.

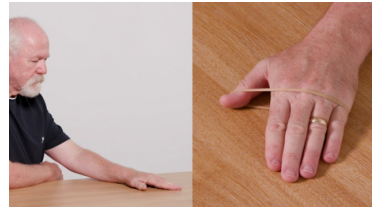


Middle stage

Support your forearm on a table. Hold a stress ball, putty or a ball of socks in your hand. Bend your fingers and press them into the socks. Then relax your grip. Repeat this movement 5-10 times and do this exercise 2-3 times a day.



Place your hand on a table with your palm down and fingers straight. With a broad elastic band for resistance around your thumb and index finger. Bring your thumb out to the side away from your index finger and slowly return back to the starting position. Repeat this movement 5 to 10 and do this exercise 2 to 3 times a day.



CORTICOSTEROID INJECTION (CSI)

We don't recommend Injections into the joint at the beginning. Exercise and self-management treatment would usually be tried first. If you have certain medical conditions you may not be able to have CSI.

SURGERY

Surgery may be suitable for some people in a small number of cases where conservative (non-surgical) treatments have not worked. There can be risks to surgery and there may also be lengthy recovery periods. Your fitness levels and general health will also need to be considered. If there's a possibility that it might be suitable for you, then you may be referred on to the Orthopaedic Department who will decide whether to go ahead with surgery or not.

WHEN TO SPEAK TO A HEALTH PROFESSIONAL

You should contact your GP, physiotherapist or occupational therapist (OT) in the following situations:

- ❖ If your pain levels, swelling, or colour changes get much worse
- ❖ If you notice a significant increase in these symptoms affecting other joints and you notice early morning stiffness lasting more than 30 minutes in more than two different joints
- ❖ If you are feeling generally unwell (such as fever) in combination with the joint symptoms

HELP AND SUPPORT-



If your symptoms continue to worsen or do not show signs of improvement after a period of 6-12 weeks of following the advice above, a self-referral to physiotherapy can be made on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/> or via your GP.

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

In collaboration with
NHS Lanarkshire
podiatry department.



www.careopinion.org.uk

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 3030 243 or e-mail info@lanarkshire.scot.nhs.uk

Pub. date:	July 2021
Review date:	July 2023
Issue No:	01
Department:	Physiotherapy
Clinical lead:	Debi Knox

PIL.OSTEOAR.21_15557.L