

# Hand and wrist examination - Ahmad AlHurani (2.0)

Look, feel and move :)

## Wipper and vitals

- We do WIPPER
- Pt's exposure for mss is always one joint above, one joint below
- Pt's position is sitting upright with a pillow under his hands.
- We don't say abnormal until we compare right and left!
- Mention vitals (skip)

## Look;

Look at the palm, dorsum, lateral sides of the hands and in between fingers.

- No scars, skin rash, no bruises :)
- No Color changes; palmar erythema, Raynaud's syndrome,
- No Nail changes; nail pitting/brittle nails ...
- No Deformities; ~Swan neck/ Trigger finger/ Sausage fingers/ dupuytren's contractures/ boutonnière/ mallet/ Z thumb/ Ulnar deviation
- No Skin nodules ~ Bouchard's/Heberden's
- No Visible soft tissue swelling
- No Muscle wasting(thenar wasting in carpal tunnel syndrome)/hypertrophy/fasciculations

## Feel

- Palpate dorsum of the hand to check for temperature/dryness and sweatiness (comment)

Check all other joints for **soft tissue swelling and fluctuations** using your 2 thumbs (Wrist joint, MCP, PIP, DIP, don't forget the thumb's 2 joints!)

Squeeze test ~ squeeze all MCP joints for **tenderness**

## Move (All bilaterally)

Give the patient 2 fingers and ask him to squeeze to assess power of his hands

Comment on normal power

Ask the patient to move his wrist in all 4 directions to assess range of motion in his wrist

Comment on full range of motion

Ask the patient to move his thumb in all directions to assess its range of motion, and ask him to move it against resistance too.

Ask the patient to count their fingers (MCP joint flexion maneuver)

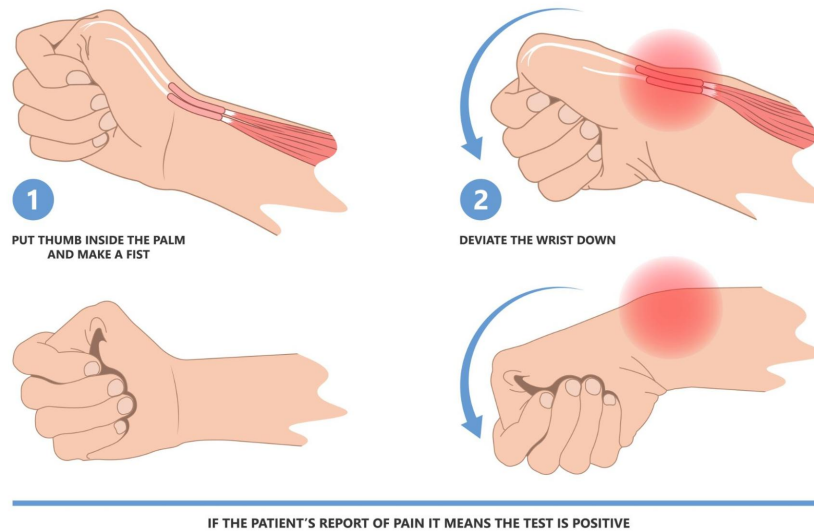
Test **flexor digitorum profundus** (isolate each finger, and ask to do flexion on **DIP** (extend pip)) and **flexor digitorum superficialis** (isolate each finger, and ask to do flexion on **PIP** (extend MCP)),

Again, make sure you isolate each finger's movement by stopping other fingers using your hands!!!

Ask the patient to form a semi fist and make sure his fingers point towards **scaphoid bone**

**Finkelstein's test**; ask the patient to make fist with thumb tucked inside, then ask him to do ulnar deviation. Positive test: pain above the radial side of the hand. *De Quervain's tenosynovitis*

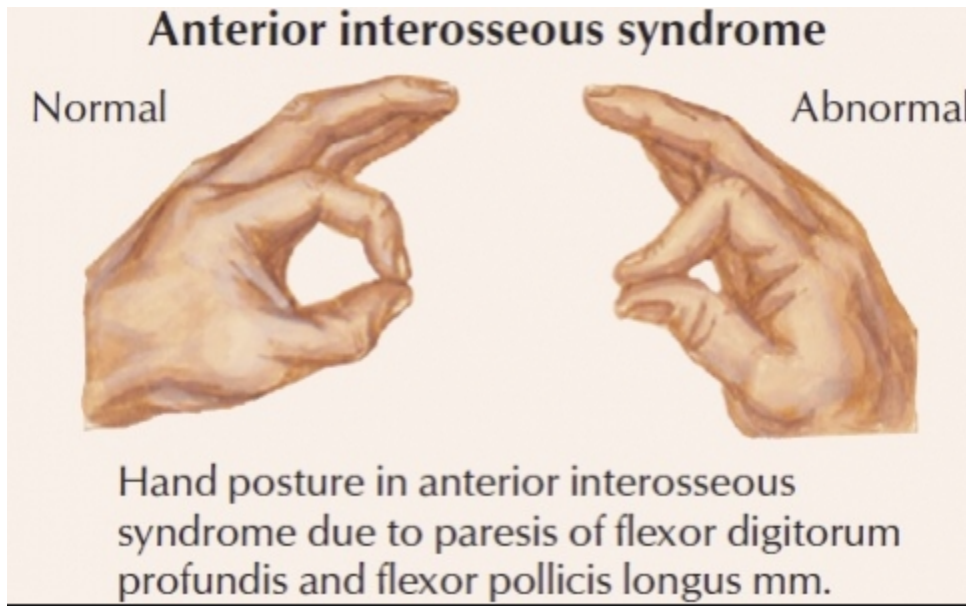
## FINKELSTEIN'S MANEUVER



## Nerves

### Median nerve

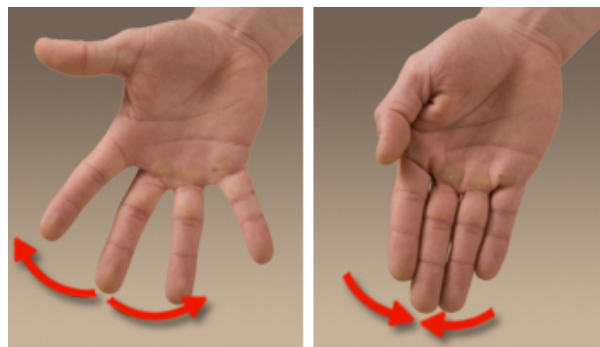
- For motor, ask the patient to do “**Ok sign**” this is only testing the anterior interosseous branch of median, that’s why we need a test for median proper, next step for that.
- After patient does the “Ok sign”, assess its power by trying to pull on his ok sign after asking him to resist.



- To test median nerve proper, we do opposition test of thumb (Oppose thumb and little finger)
- For sensory, palpate bulb of the forefinger and ask if patient felt it.

## Ulnar nerve

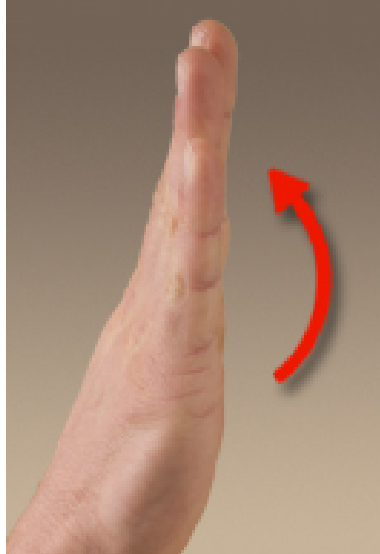
- For motor, ask the patient to **abduct and adduct his fingers.(scissoring)**. Also, Adduction power can be assessed by putting a paper between patient's finger (Ask him to not let it go) and trying to pull it. Abduction power can be assessed by:



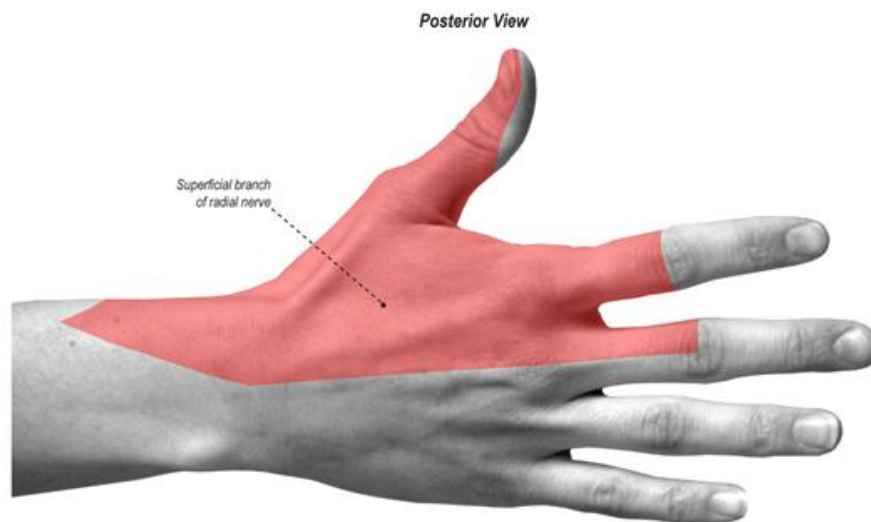
- For sensory, palpate bulb of the little finger and ask if patient felt it

## Radial nerve

For **motor**, ask the patient to **extend his fingers at (MCP joint)** ask the patient to lay hand flat on a table, and raise only the fingers. (Then against resistance for power assessment)



For **sensory**, palpate dorsum of the hand on the lateral half;



**Carpal tunnel syndrome** (2 test);

1) **Carpal Compression Test (most sensitive)**; compress with your thumb the position of the median nerve (Proximal to the distal hand crease) for 1 minute, this should (If the nerve is compressed) trigger the compression thus causing signs of carpal tunnel

syndrome (Pain, Paresthesia and Numbness on the lateral 3.5 fingers) aka Durkan's test

2) **Tinel's test**; tap the position of the median nerve (Proximal to the distal hand crease) for 1 minute, this should (If the nerve is compressed) trigger the compression thus causing signs of carpal tunnel syndrome (Pain, Paresthesia and Numbness on the lateral 3.5 fingers)



3) **Phalen's test**; (Reverse prayer) for 1 minute, a positive test again will produce symptoms of carpal tunnel syndrome (Pain, Paresthesia and Numbness on the lateral 3.5 fingers)..



End your exam by:

- Mention doing a neurovascular check
- Mention doing cap refill test
- Mention assessing radial pulse