

COMMON HAND AND ELBOW PROBLEMS

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A little numbness in the hand, a little clicking in the finger, or an ache in the elbow usually doesn't stop us from what we're doing – and if it doesn't happen often, we have a tendency to shake it off and ignore it. However, there comes a point when such symptoms interfere with our daily activities or keep us up at night. If this sounds familiar, read on...

Carpal Tunnel Syndrome

Are you plagued by numbness and tingling in your fingers? Does pain or numbness in your hands wake you up a night? If so, you may have symptoms of carpal tunnel syndrome.

Symptoms such as numbness and tingling, usually in the thumb, index, and middle fingers, are common in people with this condition. Other symptoms can include burning sensations in the fingers, night time pain, and weakness. People with carpal tunnel syndrome often complain of a “pins-and-needles” sensation, loss of strength and difficulty holding small objects. These symptoms may become apparent when holding a newspaper or even driving.

Understanding the Causes

The human wrist is a tight space made up of bones, tendons, and nerves. Swelling in this area can put pressure on the nerves causing the hand to “fall asleep”. A variety of conditions can increase your likelihood of experiencing this disorder such as repetitive work and certain medical conditions including diabetes, hypothyroidism, and pregnancy. Other conditions, including arthritis of the neck and arm, a pinched nerve in the neck or elbow, and other shoulder and elbow problems, can mimic symptoms of carpal tunnel syndrome.

A diagnosis can be made by a physician based on your complaints along with a physical examination. A nerve test, called an EMG, can confirm the diagnosis. An EMG uses fine needles to pinpoint the location of the problem and determine its severity, and is used to differentiate between carpal tunnel syndrome and other problems such as a pinched nerve in the neck.

Treatment

Carpal tunnel treatment usually starts with conservative measures. In mild cases, night time splinting can alleviate symptoms by immobilizing the wrist and keeping it from bending, which allows swelling to decrease.

When splinting is ineffective, a cortisone injection in the wrist is another option. Cortisone is a strong anti-inflammatory medication used to improve the swelling and inflammation in the wrist and hand. When used appropriately, cortisone is safe. Patients

who are diabetic may notice an increase in their blood sugar and should have it monitored.

Carpal tunnel surgery is considered when conservative measures fail. To relieve the pressure and pain associated with this condition, a relatively simple 30-45 minute outpatient surgery can be performed. The procedure releases the pressure off the nerve and provides more room in the wrist's "tunnel". After surgery, the wrist is splinted for a week and then gentle range of motion exercises are started. Return to activity is normally quick with patients generally returning to work in 4-6 weeks.

Trigger Finger

Trigger finger, the popular name of stenosing tenosynovitis, is a common problem that can cause pain and locking of a finger or thumb. This can result when the tendons that enable the finger to bend become irritated and motion within the tendon sheath causes constriction and pain with activity. As the finger is straightened, a popping sensation can be felt. In chronic cases, the finger can actually become locked. Trigger finger can occur in any digit, but most commonly occurs in the thumb, middle, and ring fingers.

Symptoms and Risk Factors

Symptoms can start without a history of injury. Most people will complain of popping or clicking of one or more fingers. Often there will be soreness or even a lump in the palm. Symptoms are generally worse in the morning and seem to improve with activity. Trigger fingers are more common in women, frequently between the ages of 40 and 60, and in people with certain medical problems such as diabetes and rheumatoid arthritis.

Treatment Options

Treatment for trigger finger varies depending on the severity and duration of the symptoms. In mild cases, rest and anti-inflammatory medications may alleviate the symptoms. Splints are sometimes used to rest the finger. Your doctor may recommend an injection of a steroid medication (cortisone) to help decrease the inflammation and pain.

When a trigger finger affects everyday activity or conservative measures fail, surgery may be recommended. Also, when a finger is stuck in a bent position or stiffness in the finger joint has developed, surgery is indicated. Through a small incision, constriction of the tendon sheath is released allowing the finger to bend without restriction. This surgery is generally done as an out-patient procedure and finger motion can begin immediately. There is usually some post-operative soreness, but recovery usually takes only a few weeks. In some cases if there is a lot of stiffness before surgery, a physical therapist may help loosen the finger.

Tennis Elbow

Pain along the outside of the elbow usually caused by repetitive trauma is called lateral epicondylitis or, more commonly, tennis elbow. This condition can lead to loss of grip strength and function if not treated.

Symptoms

Tennis elbow generally occurs in patients between the ages of 30 and 50, but can occur at any age. Most of the time, there is not a specific injury before symptoms begin. It can occur by playing tennis but, despite its common name, most lateral epicondylitis patients are not involved with racquet sports. Repetitive and vigorous use of the forearm muscles such as with carpentry, plumbing, and gardening can increase the risk of developing this condition.

Symptoms include pain or tenderness along the outside of the elbow and discomfort with straightening of the elbow or gripping motions. Sometimes even picking up small objects such as a cup of coffee or turning door knobs can become painful.

Diagnosis and Treatment

A physician will diagnose tennis elbow following a detailed medical history and physical examination. Generally, an x-ray is not needed unless there is a concern of a broken bone or to look for arthritis. Rarely, an MRI may be performed to look for changes in the tendon where it attaches to the bone.

In most cases, activity modification and pain relief is tried first. Ice, rest and the use of anti-inflammatory medications will alleviate most symptoms. Orthotic devices, such as a tennis elbow strap that relieves pressure on the forearm muscles and wrist splints are helpful. For more severe cases, cortisone injections can help reduce the pain and inflammation. Physical therapy is often used to strengthen the muscles and improve flexibility. Non-operative treatment is successful in 85-90 percent of patients with tennis elbow.

Surgery is considered in those patients for whom conservative treatment has failed. The surgical procedure involves removing the diseased tendon and scar tissue and reattaching the normal tendon to bone. This procedure is generally done as an out-patient. After surgery, the elbow is placed in a brace for a short period and then physical therapy is started to regain motion and strength. Returning to your normal activity level depends on how soon your elbow recovers. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

Your doctor is your best resource for these common hand and elbow problems. Contact your physician if you have any of these symptoms or if you have any questions.

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