



# Ortho Update



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

## Why Does My Thumb Hurt and Why Have I Lost All My Strength?

This is a very commonly heard statement in the office and I am sure you have heard it in yours from your patients.

Often not much attention is paid to it or perhaps a nerve conduction velocity test is done to see if the patient has carpal tunnel syndrome. When the nerve conduction test result comes back normal, the patient is usually called and told that he or she does not have carpal tunnel syndrome.

This of course does not solve the problem and the patient continues to have symptoms and doesn't know what is going on.

The problem may exist for years before it is correctly diagnosed. Arthritis of the base of the thumb (first carpo-metacarpal joint) is hard to identify if you don't think of the correct diagnosis.

It is easy to diagnose if during the examination you press on the thumb carpo-metacarpal joint, which causes pain. Also, holding the thumb and pushing the joint together produces pain in the base of the thumb and is called the grind test.

The third part of correct diagnosis, of course, is a simple x-ray of the hand, which in most cases shows degenerative changes in the thumb carpo-metacarpal joint.



**Normal Thumb**



**Arthritic Thumb**

## **Don't Leave it up to the radiologist!**

Unfortunately if you are depending on the radiologist to make the diagnosis you may have a problem. We frequently see patients whose x-ray of the hand is under diagnosed on the radiology report and the patient actually has significant thumb basal joint arthritis.

You may not even see a comment about it in the x-ray report.

Moderate arthritis changes which can cause disabling symptoms often go unreported on the x-ray report.

Again, the patient is called by the office assistant who tells the patient that the x-ray was normal and it is left at that, but the patient continues to have symptoms.

I think this is where we come in.

We would be happy to help with this by seeing the patient and looking at the x-rays personally while examining the patient. This is important to correlate the exam with what is found clinically.

The thumb carpo-metacarpal joint seems to wear out much more often than any other joint in the hand or the wrist with the exception of distal interphalangeal joint problems in the fingers that are really common.

"An educated patient is our best outcome."

## Once the problem has been diagnosed, now what?



### Treatment

It depends on severity of course. Anti-inflammatory medication may benefit, but in my experience it usually does not.

A brace is available to immobilize the thumb, but patients get tired of wearing this and can't wear if they frequently get their hands wet or dirty.

Physical therapy/occupational therapy can't change the structure of the joint and the arthritis changes so it usually is not too helpful.

Injection. I've injected Kenalog into the carpo-metacarpal joint of the thumb with some temporary success. It has to be done with fluoroscopy, however, to get it into the joint. If you don't do it that way you are fooling yourself and it will not be injected into the joint, but rather into the ligaments or worse, subcutaneously causing a severe atrophic reaction involving the subcutaneous tissue and the skin.

Eventually the symptoms progress and surgery may be indicated.

### Surgical Treatment

There have been many operations done over the years to treat this problem of basal joint arthritis.

These procedures include Silicone implant arthroplasty, metal ball and stem placed in the joint, fusion of the joint, implant of the patient's own tendon material in the joint, implant of fascia lata strip that is obtained from the Michigan Tissue Bank.

There are many other procedures that have been used to treat basal joint arthritis of the thumb, but this gives you an overview of things that have been used.

## My preference of surgery

I have used most of the procedures, but what has worked best in recent years is to remove part of the joint and insert a tissue spacer (fascia lata) which we obtain from the Michigan Tissue Bank. This has been very effective in relieving the patient's symptoms.

The hand and thumb are immobilized for about four to six weeks to allow for some early healing around the implant and then use of the hand and thumb is gradually restored over two to four more weeks.

It can take a few months to have more complete use of the hand. Some patients require occupational therapy, others do not.

I am sure there are a lot more people out there with basal joint arthritis of the thumb, but they are under diagnosed because the EMG/nerve conduction test was normal and/or their x-rays were not reported by the radiologist as showing degenerative changes.

If you have someone who you would like us to look at with this painful problem we would be glad to see them and tell you what we think.

We hope this information helps you and your patients.

Good health.

Good life.

All the best to you.

Dr. Haverbush

# Online Orthopaedics

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