Dr Hannah Nazaroff MD FRCSC
Orthopaedic Surgeon
Special Interest in
Hand, Wrist & Elbow

Hand, Wrist & Elbow | *Surgical Referral Guide*

This guide supports primary care practitioners in the evidence-based non-operative management of common orthopaedic conditions pertaining to the hand, wrist & elbow as listed below. Referral to Orthopaedics should generally occur only after appropriate conservative management has been completed, unless urgent surgical pathology is suspected.

Dr. Nazaroff assesses and treats the following hand, wrist, and elbow conditions

- ❑ Carpal tunnel syndrome & other compressive neuropathies (e.g. cubital tunnel syndrome)
- ❑ Trigger finger
- ❑ Dupuytren's contracture
- ❑ Finger flexor and extensor tendon or ligament injuries
- ❑ 1st CMC/basilar thumb arthritis
- ❑ MCP & IP joint injuries, deformities & arthritis
- ❑ Radiocarpal, ulnocarpal & DRUJ malunion/instability/arthritis
- ❑ Elbow stiffness and arthritis
- ❑ Elbow tendon injuries (epicondylitis, biceps or triceps rupture)

General Referral Principles

- ❑ Refer only after failure of adequate non-operative treatment, unless urgent surgical pathology is suspected
- ❑ If the patient is improving, continue conservative management until a plateau is reached
- ❑ Include side (left/right) clearly on referral
- ❑ List all treatments attempted, duration, and patient response
- ❑ Include required imaging as outlined below
- ❑ If symptoms resolve, please notify the office so the patient can be removed from the waitlist

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Carpal Tunnel Syndrome

NON-SURGICAL TREATMENT MODALITIES

Carpal tunnel syndrome is a common condition caused by pressure on the median nerve as it passes through a narrow, rigid passageway in the wrist (the carpal tunnel). It causes numbness, tingling, burning, and pain in the thumb, index, middle, and ring fingers, often worsening at night or with repetitive activity.

FIRST-LINE NON-OPERATIVE MANAGEMENT

- Activity modification: **Avoiding prolonged wrist flexion**
- Bracing / orthotics / supports: **Night splints**
- Other modalities: **Ultrasound-guided steroid injection**

Refer for carpal tunnel release if consistent clinical findings, positive nerve studies and patient willing to proceed with surgery

REASSESSMENT GUIDANCE

Reassess at: **12 weeks**

If **improving**: continue current treatment and monitor for return of symptoms if patient underwent steroid injection

If **symptoms persist/recur**: proceed to orthopedic referral

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Carpal Tunnel Syndrome

NON-SURGICAL TREATMENT MODALITIES

IMAGING RECOMMENDATIONS

- Only if diagnosis unclear: **Wrist ultrasound to assess median nerve size**
- Only if diagnosis unclear: **EMG/Nerve conduction studies**

INDICATIONS FOR ORTHOPAEDIC REFERRAL

- Clinical findings in keeping with carpal tunnel syndrome
- Diagnosis of carpal tunnel syndrome on nerve studies

SPECIAL NOTES / CAUTIONS

In your referrals please indicate if the patient would be amenable to a single visit "meet & treat" in the ambulatory care unit at KBRH in order to avoid joining the office waitlist.

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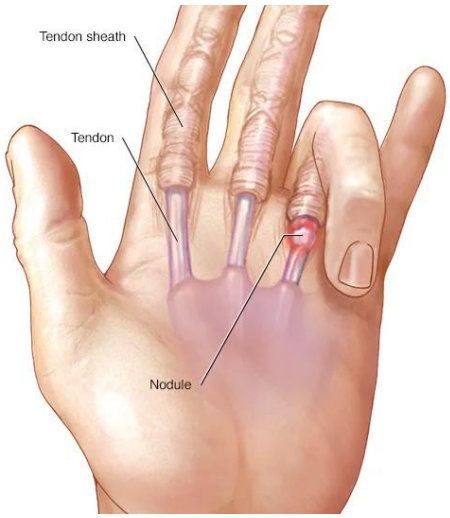
Trigger Finger/Stenosing Flexor Tenosynovitis

NON-SURGICAL TREATMENT MODALITIES



Trigger finger (stenosing tenosynovitis) is a common, painful condition where a finger or thumb catches, locks, or clicks in a bent position due to inflammation of the flexor tendon sheath in the palm.

FIRST-LINE NON-OPERATIVE MANAGEMENT

- Splinting / bracing: **Night splinting in extension**
- Medications: **Cortisone injection into the flexor tendon sheath**

Expected trial duration: **6 weeks**

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Trigger Finger/Stenosing Flexor Tenosynovitis

NON-SURGICAL TREATMENT MODALITIES

REASSESSMENT GUIDANCE

- If improving: continue conservative management
- If not improving or patient would rather avoid steroid injections, refer for surgery

INDICATIONS FOR ORTHOPAEDIC REFERRAL

- Persistent symptoms despite steroid injection
- Patient is requiring repeat injections (more than 3 total or if symptoms recur within 3-6 months of last injection)
- Patient would rather avoid steroid injection]

SPECIAL NOTES / CAUTIONS

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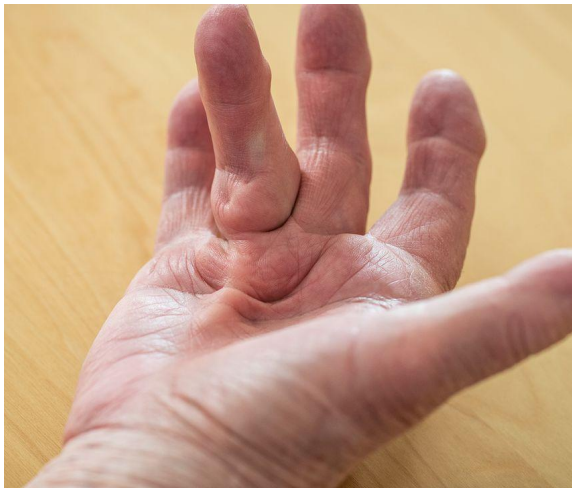
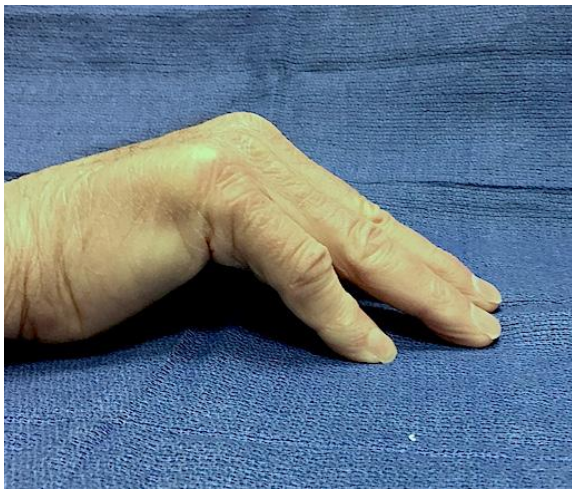
Dupuytren's Contracture

NON-SURGICAL TREATMENT MODALITIES





Dupuytren's contracture is a hand disorder that causes the fingers—most commonly the ring and little fingers—to bend toward the palm and become unable to straighten. This occurs when the fascia (connective tissue) under the skin of the palm abnormally thickens and forms tough, string-like cords.

FIRST-LINE NON-OPERATIVE MANAGEMENT

- Patient education
- Splinting/positioning: [night time extension splinting]

INDICATIONS FOR ORTHOPAEDIC REFERRAL

- MCP or PIP joint contracture > 30 degrees
- Positive tabletop test (image to the left)
- Contracture starts to interfere with daily activities

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1st Carpometacarpal Arthritis

NON-SURGICAL TREATMENT MODALITIES

1st CMC (carpometacarpal) arthritis is a common degenerative condition where cartilage wears away at the base of the thumb, causing pain, stiffness, and weakness. It typically affects people over 40 (especially women) and causes pain during pinching or gripping activities.

FIRST-LINE NONOPERATIVE MANAGEMENT

- Splinting/bracing: **thumb push splint, thumb brace, custom brace**
- Physiotherapy/hand therapy: **ROM & strengthening exercises, education, splinting**
- **X-ray guided corticosteroid injections into the 1st CMC joint**

IMAGING REQUIREMENTS

Required imaging prior to referral: **Hand and thumb x-rays** of the affected side

INDICATIONS FOR ORTHOPAEDIC REFERRAL

- Ongoing or worsening pain (especially night pain) despite nonoperative modalities
- Functional impairment due to worsening pain (e.g. inability to open jars)
- Patient is requiring >3 steroid injections per year to manage symptoms

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Lateral & Medial Epicondylitis

NON-SURGICAL TREATMENT MODALITIES

Epicondylitis is a common, painful condition resulting from overuse or repetitive strain of the tendons connecting forearm muscles to the elbow, leading to microtearing and, more commonly, tendon degeneration rather than acute inflammation. It is often referred to as a tendinopathy or tendinosis.

FIRST-LINE NONOPERATIVE MANAGEMENT

- Activity modification: **Avoiding activities that cause pain**
- Physiotherapy: **Eccentric strengthening exercises, TheraBand FlexBar**
- Bracing / orthotics / supports: **Counterforce straps, elbow sleeves** **Evidence limited*
- Other modalities: **Shockwave, IMS, acupuncture, steroid injection** **Evidence limited*

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Lateral & Medial Epicondylitis

NON-SURGICAL TREATMENT MODALITIES

IMAGING RECOMMENDATIONS

- **Elbow X-ray** of affected side
- **Elbow ultrasound** of affected side

REASSESSMENT GUIDANCE

- Reassess at: **3 months and 6 months**
- If improving: **continue current treatment**

INDICATIONS FOR ORTHOPAEDIC REFERRAL

Ongoing **symptoms** affecting quality of life despite activity modification and daily exercises **> 6 months**