Hand Examination

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Hand Examination – History 1

- Location
- Pain
- Swelling
- Provocation (start thinking!)
- Duration
Hand Examination – History 2

- Other medical problems
- Previous injuries
- Hand dominance
- Work
Hand Examination – History 3

- Common injuries
- Mechanism important
- Fall (high/low energy)
- Blunt trauma
- Penetrating trauma
- Laceration
- Crush
- Avulsion
Examination 1

- Look
- Feel
- Move
Examination 2 - Look

- Vascularity
- Deformity
- Swelling
- Location of wounds (glass inj)
- Proximal injuries
- Existing deformities
Examination 2  - Look

- Vascularity
Examination 2 - Look

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Examination 2 - Look

- Vascularity
Passive tenodesis
Examination 3 - Feel

- Know anatomical landmarks
- Scaphoid
- Scapholunate ligament
- Carpal tunnel limits
- Superficial palmar arch
- Major nerve territories
- Digital nerves
Examination - Move

- Proximal injuries
- Wrist
- Digits active/passive
- Individual flexors/extensors
Management 1

- Reduce
- Stabilise
- Rehabilitation
Untreated hand swelling
Management 2

- Buddy /neighbour strapping
- Zimmer splints
- Mallet splints
- POP
Dorsal degloving (road burn)
Flexor synovitis
High pressure injection injuries
Ring avulsion
Digital nerve injury
Nerve Repair
Boutonniere deformity
Ulnar collateral instability