Affinia Health Network

Hand Surgery

Suggested pre-referral evaluation and management guidelines:

1. Radiographs: AP, Lateral, and oblique views of the painful or injured wrist, hand or finger. Routine imaging is not needed for suspected: carpal tunnel syndrome, cubital tunnel syndrome, ganglion cysts, Dupuytren's disease.

2. If no fracture or dislocation:
    a. Suspected carpal tunnel syndrome
        i. Wrist splints (wrist in neutral)
        ii. Neurodiagnostics are helpful prior to referral
    b. Suspected cubital tunnel syndrome
        i. Night splints (bracing or towels)- anything to keep elbow extended at night
        ii. NSAID therapy
        iii. AVOID cortisone injections
        iv. Neurodiagnostics are helpful prior to referral
    c. Thumb carpometacarpal arthritis ("basal joint")
        i. True AP and Lateral radiographs of thumb
        ii. NSAID therapy
        iii. Occupational therapy for short opponens splints and small joint preserving exercises.
    d. Trigger Finger
        i. Just refer
    e. De Quervain Tenosynovitis
        i. NSAID therapy
        ii. Activity modification (avoid cutting, texting, pinching, scissors)
        iii. Forearm based thumb spica splint with inter-phalangeal joint free
        iv. Referral if these fail
    f. Ganglion cysts
        i. Education that no long term deleterious effects in just observing
        ii. Clinical diagnosis typically, but if not in typical area should get ultrasound or MRI
        iii. Refer if symptomatic after adequate observation period
    g. Mucous cysts
        i. Clinical diagnosis
        ii. Educate patients on benign course
        iii. Refer for cyst related symptoms with activity or ulcerations
    h. Mallet finger
        i. Radiographs to evaluate for fracture or subluxation
        ii. If no fracture, needs 24/7 DIP extension splinting for 8 weeks
        iii. Refer if fracture, subluxation/dislocation, or late presentation
    i. Proximal interphalangeal joint injury
        i. Radiographs to rule out fracture and make sure joint congruent
        ii. If stable injury without fracture, buddy tape and early movement
        iii. Educate on prolonged course of recovery
        iv. If fracture or any subluxation/instability, refer to surgeon
    j. Dupuytren's contracture
        i. Observation and education

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ii. Refer when finger extension is affected or patient is symptomatic

Red Flags/Indications for Early Referral:

1. Fractures
2. Dislocations
3. Suspected infection (warmth, erythema, swelling, systemic signs of sepsis)

Patient Education

1. Non-surgical methods are the mainstay for treatment in the majority of patients with hand pathology.
2. Some combination of physical therapy/home exercises, NSAIDs, cortisone injections, bracing, and activity modification should be attempted before surgical referral.

Appointment Time Frame

We strive to see all new patients within 2 weeks

Contact

Phone: 231-733-1326
FAX: 231-733-5212

Clinic Location Sites

1400 Mercy Dr., Suite 100
Muskegon, MI 49444

1445 Sheldon Rd., Suite G1
Grand Haven, MI 49417