

Provincial Hand and Wrist Osteoarthritis Primary Care Clinical Pathway

Quick Links:

[Primer & Expanded details](#)

[Provider resources](#)

[Patient pathway](#)

[Provide feedback](#)

Use this pathway with patients presenting with chronic (≥ 12 weeks) symptoms consistent with hand and wrist osteoarthritis (e.g., joint pain, stiffness, functional impairment).

If unsure or if additional support is required, consult specialty advice

1. History and Symptoms consistent with OA:

- Pain (achy/tender) that increases with activity/use and often improves with rest.
- Location (see diagram below)
- Morning stiffness that lasts <30-60 min
- Impact on function/ADLs
- May have a history of trauma or repetitive use

Note: Should obtain history, and effectiveness of treatments tried

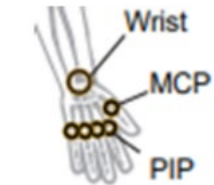
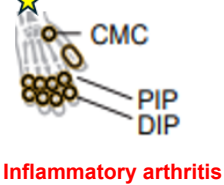
2. Physical Exam and features consistent with OA

- Deformity and bone spurs/nodes
 - May present with swelling and tenderness
- Joint stiffness and decreased ROM
- Crepitus with movement of the joint and loading
- Decreased grip and pinch strength
- [See additional tests](#) if warranted

3. Investigations

- X-ray (routine hand protocol and/or wrist protocol)
- Ultrasound/MRI not recommended for OA

OA Wrist:
typically post-traumatic



4. Red Flag(s)

Suspect Inflammatory condition (e.g., rheumatoid arthritis, lupus, psoriatic arthritis, gout) if patient has any of the following:

- Pain pattern consistent with inflammatory condition (often bilateral and symmetrical) (see diagram on left)
- Pain may be worse with rest and improve with activity
- Persistent joint warmth and/or swelling and tenderness
- Morning stiffness > 30-60 min
- Systemic symptoms that could be indicative of an inflammatory process.
- Xray findings indicate inflammatory condition

Urgent/Emergent: Infection, acute fracture, or trauma.

Concerning Mass: See [Provincial Hand and Wrist Soft Tissue Mass Primary Care Clinical Pathway](#)

If inflammatory condition suspected, order: CBC, CRP, TSH, RF, Anti-CCP
Refer to Rheumatology

Emergent referral to ER or RAAPID

Absence of red flags

5. Management: Primary goal is to minimize pain and maintain function

Non-pharmacological

- [Patient resources](#) focused on managing pain and promoting function
- [Assistive devices](#)
- [Hand or thumb splints](#)
- Ice or heat therapy (no clear evidence)

Pharmacological:

- NSAIDs (topical or oral)
- Acetaminophen (if intolerance to NSAIDs)

Note on Interventional Procedures:

- RCTs show no evidence of benefit beyond placebo effect. Some procedures may be detrimental.

Surgical:

Consider referral to hand and wrist surgeon if:

- Failure of non-operative treatment with severe pain and significant functional impairment impacting activities of daily living AND patient interested in surgical options

Note: Surgery is done to help with pain, doesn't usually impact range of motion to a great effect.

6. Follow up and Monitoring:

- Osteoarthritis is a chronic disease, monitor annually or as needed
 - If non-operative management is or becomes ineffective, reassess for red flags and review/adjust treatment and management strategies.
 - Modify treatment plan: Focus on one goal at a time and progress at slower pace.
 - Routine follow-up imaging is not recommended (consider if sudden onset of worsening symptoms or change in clinical picture)
- Consider requesting specialist advice or referral to a hand and wrist surgeon if no improvement.

Referral to hand and wrist surgeon (includes plastic and orthopedic surgeons depending on zone)

An optimal referral letter includes a description of:

- Symptoms
- Treatments trialed and effectiveness
- Diagnostic Imaging (within the past 12 months)
- Refer to [QuRE Referral Consult Checklist](#)



This primary care pathway was co-designed provincially by Primary Care Providers, Specialist Physicians (hand and wrist specialists including plastic surgeons and orthopedic surgeons, rheumatology, physiatry) Patient and Family Advisors, and the Provincial Pathways Unit. It is intended to be used in conjunction with specialty advice services, when required, to support care within the medical home.

EXPANDED DETAILS

Pathway Primer

Osteoarthritis

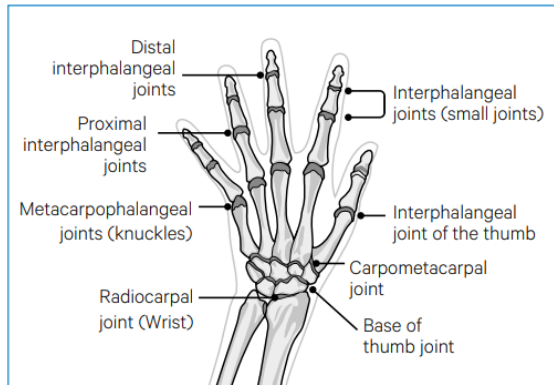
Osteoarthritis (OA) is the most common type of arthritis (approximately 15% of Canadians over age 20 have OA [1]). OA is a degenerative joint disorder, resulting from deterioration of cartilage and bone thickening underneath joints [2]. The cause of OA is likely multifactorial and the presence of OA at one site in the body is often associated with the development of OA at another site (e.g., hip, knee, hands) [3]. Although pain and disability vary significantly [4], the majority of people living with OA report that it impacts their lives in some way (e.g., sleep, fatigue, participation in day-to-day activities, ability to work) [1].

Progression of this condition is slow but continual. Unfortunately, there is no definitive treatment to halt the progression of this chronic condition. Management is focused on reducing symptoms and may include a variety of pharmacological and non-pharmacological treatments.

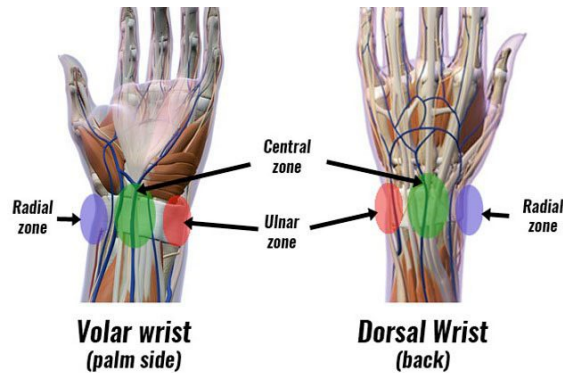
Hand and Wrist Osteoarthritis

Osteoarthritis (OA) of the hand and wrist is one of the most common types of OA [4]. This disease can have a significant negative impact on quality of life due to symptoms of pain, weakness, stiffness and decreased function and mobility of the hand [5]. OA can affect any joint in the hand and wrist, but the most common joints affected are the carpometacarpal (CMC) joint at the base of the thumb, and the proximal interphalangeal (PIP) and distal interphalangeal (DIP) joints in the fingers, the latter being the most common [6]. The most common type of wrist arthritis is Scaphoid Lunate Advanced Collapse (SLAC).

Figure1:



Anatomy of the hand and wrist and the most commonly affected hand and wrist joints for OA. Image from: [Arthritis UK - Osteoarthritis of the hand and wrist information booklet](#).



Volar and dorsal sides of the hands and wrists. Image from: [Wrist Pain By Location - Sportsinjuryclinic.net](#)

Assessment, diagnosis and most of the management for hand and wrist OA usually occurs in primary care settings. However, the diagnosis and treatment of hand and wrist osteoarthritis can be challenging for primary care providers (PCPs) given time constraints and the volume of patients experiencing joint pain. PCPs have reported challenges in knowing when to refer to specialty care [7] and barriers to managing OA such as feeling inadequately prepared, problems with current guidelines, and time constraints [8]. This clinical pathway was co-designed to support PCPs to manage hand and wrist OA in the medical home with guidance on when to refer to specialty care.

Types of Osteoarthritis [3]:

1. **Primary (idiopathic) OA:** This is the most common type of OA, and is not associated with any previous trauma, disease process or anatomic abnormality. It typically involves multiple joints.
2. **Secondary OA:** Associated with prior trauma, disease, anatomic abnormality or co-occurring condition (i.e., inflammatory arthritis, crystallopathies, Kienböck's disease, and congenital abnormalities).

1. History and Symptoms Consistent of Hand and Wrist Osteoarthritis (OA)

A thorough history and physical can help distinguish OA from inflammatory conditions such as rheumatoid arthritis, psoriatic arthritis, and gout (see [Table 1](#)). These inflammatory conditions require different management and a referral to rheumatology. Differentiating the diagnosis can be subtle, as OA can co-exist with other hand and wrist conditions [5].

- Quality and Duration of Symptoms:
 - Pain:
 - Typically described as aching and tender

- Pain is typically related to activity and worsens throughout the day. Pain should improve with rest.
- Can have short episodes of other types of pain (e.g., sharp pain) during certain activities.
- CMC joint arthritis is often described as a dull aching pain at rest, weakness in pinch and grip strength, and pain with twisting movements like opening a jar [9].
- Thumb OA has been shown to result in more pain and disability than interphalangeal OA [4].
- Abrupt onset of severe pain may indicate erosive OA (more common at younger ages, frequently during perimenopausal years) [3]. Erosive OA generally has the worst prognosis of the different types of hand and wrist OA.
- [Location of symptoms:](#)
 - Thumb CMC, DIP and PIP joints, and wrists are the most common joints affected.
 - Symptoms are typically clustered by row of joints versus by finger (e.g., PIP joints across a few fingers is more common than DIP, PIP and MCP joints in one finger).
 - Pain with wrist OA is most commonly localized to the radial aspect of the wrist, though ulnar-sided pain may also occur.
- Swelling:
 - Less common
 - More often described as “thickening”
- Stiffness:
 - May be present when the patient first wakes up in the morning but usually resolves after about 30-60 minutes.

Wrist Arthritis: Typically, arthritis makes the wrist stiffer, if the patient reports instability or purely ulnar sided wrist pain without radiological changes, [differential diagnoses](#) (e.g., triangular fibrocartilage complex injury) need to be considered. Seek specialist advice or submit a referral.

- Impact on function and activities of daily living and quality of life: It is important to recognize the impact this chronic disease may have on the patient’s overall health and wellbeing. Patients may experience grief and frustration related to changes in their functional abilities and in their ability to participate in activities they value. Occupational limitations may further contribute to financial stress. Questions to ask include:
 - How do symptoms impact your ability to use your hand and perform your work and daily activities?
 - Are you avoiding any activities?
 - What is the impact on your quality of life?
 - What is the impact on your sleep?

- How is this affecting you emotionally and financially?
- History of trauma or repetitive use of the hands and wrists: History of trauma is the second most common cause of hand and wrist OA, but the patient may not recall an injury. Prompting questions may include:
 - Do you recall ever having an injury to the hands/wrists (e.g., sprain)?
 - What functional restrictions resulted from the injury?
 - What do you do for work or activities? Is there repetitive use of the hands and wrists? Do these tasks/activities affect the pain?
- History of treatments and effectiveness:
 - What treatments have you tried? How effective have they been?

Table 1: Symptoms of Osteoarthritis (OA) versus Inflammatory Arthritis

Symptom	OA	Inflammatory Arthritis
Joint symptoms	Achy/tender; swelling less common	Painful, stiff and swollen
Pattern of joints affected	Often begins on one side of body but may occur on both sides	Symmetrical bilateral presentation; more common in knuckles
Duration of AM stiffness	Usually less than 30-60 minutes. Returns at end of day/after activity	Usually more than 30-60 minutes
Other symptoms	No systemic symptoms	Systemic symptoms (generally unwell, fatigue, and other symptoms that could be indicative of an inflammatory condition)

Additional risk factors to consider as part of history [2] [3]:

- Age: Risk increases with age
- Female sex (especially postmenopausal): Women have higher rates of symptomatic hand OA, but the rates peaked in women at ages 55-64.
- Occupational exposure (e.g., repetitive or sustained positions)
- Family history of hand and wrist OA (hand has the highest heritability of all types of OA)
- Comorbidities: Evidence supports an association between diabetes mellitus, cardiovascular disease and hand OA [6]
- Wrist injuries and conditions: Wrist OA may be secondary to [10]:
 - History of physical trauma (e.g., scaphoid fracture and ligamentous tears)
 - Presence of an underlying condition (e.g., articular chondrocalcinosis and Kienböck disease)
 - Inflammatory joint disease

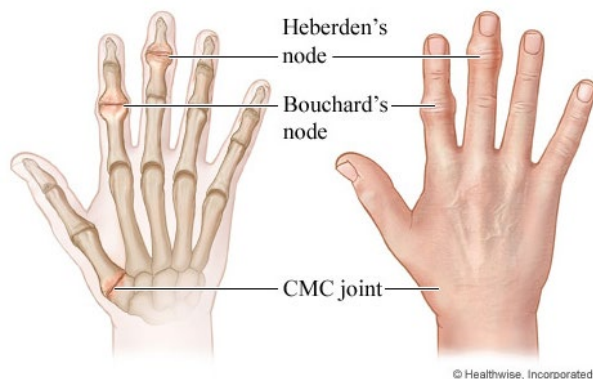
2. Physical Exam and Features consistent with Osteoarthritis (OA)

Examine and palpate the hands and wrists (radial and ulnar side) observing for:

Inspection: Deformities, swelling, bone spurs/nodes:

- Nodal OA: Heberden's nodes at the DIP joints and Bouchard's nodes at the PIP joints (see [Figure 2](#))
- [Mucous cysts](#) (more common at the DIP joint) [3] (See Figure 1)
- Swelling on hand and fingers (more common with advanced OA and abrupt swelling at the IP joints may indicate erosive OA [3])

Figure 2:



Heberden's and Bouchard's nodes. Image from: [MyHealth Alberta: Osteoarthritis](#).


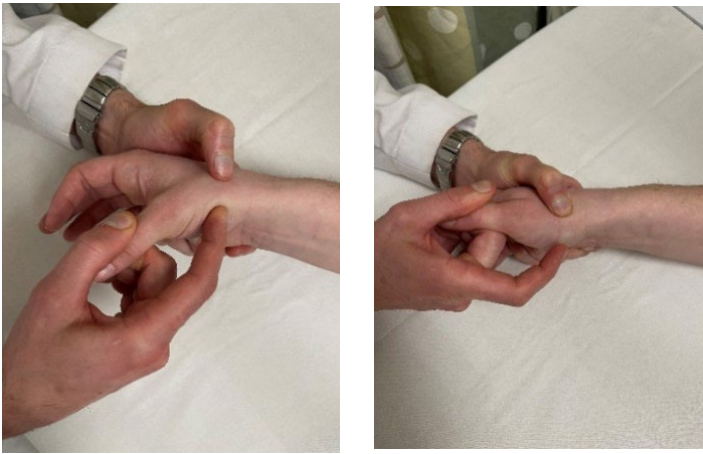
Palpation and ROM:

- Crepitus, especially with joint loading
- Joint stiffness and decreased range of motion
- For suspected wrist OA, palpate wrist joints including the distal radio-ulnar joint for tenderness and swelling [10].

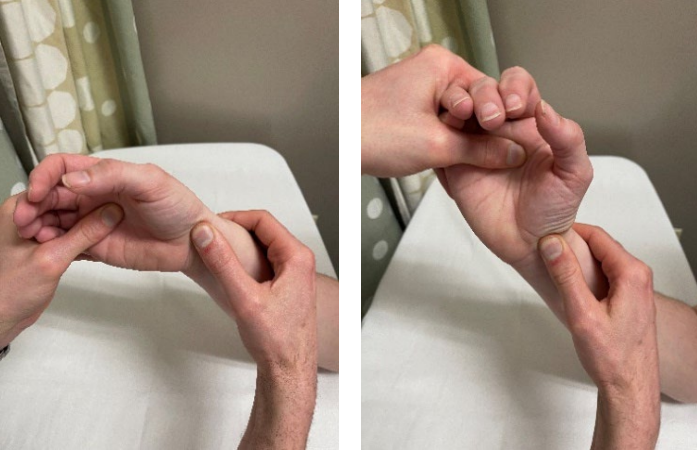

Neurovascular:

- Decreased grip and pinch strength. Strength decreases due to pain inhibition.
- Weak muscle contraction is characteristic of advanced OA.

Table 2: Additional Tests

Additional tests to help distinguish between differential diagnoses			
Name of Test	Description	Video	Images
Finkelstein's Test	<p>Purpose: To rule out De Quervain's Tenosynovitis.</p> <p>Instructions: Passively flex the thumb into the palm and move the wrist in the ulnar direction.</p> <p>Interpretation: The test is positive if the pain is reproduced in the radial styloid area of the wrist. A positive test result combined with swelling is suspicious for De Quervain's Tenosynovitis</p>	Finkelstein's Test	
Thumb Carpometacarpal (CMC) Grind Test	<p>Purpose: To rule out CMC arthritis.</p> <p>Instructions: Apply axial compression along the plane of the thumb metacarpal while rotating the thumb</p> <p>Interpretation: The test is positive for arthrosis and synovitis if there is crepitus and pain.</p>	1st CMC Grind Test	

Additional tests to help distinguish between differential diagnoses

Additional tests to help distinguish between differential diagnoses			
Name of Test	Description	Video	Images
<p>Watson Shift Test (Scaphoid Shift Test)</p>	<p>Purpose: To help diagnose wrist OA. Assesses for laxity of the scaphoid ligaments.</p> <p>Instructions: The examiner passively moves the patient's hand from ulnar to radial deviation while using their other hand to maintain pressure on the volar aspect of the scaphoid.</p> <p>Interpretation: The test is positive if the movement elicits pain. There may also be crepitus.</p>	<p>Watson Test / Scaphoid Shift Test Scapholunate Instability</p>	<div style="display: flex; justify-content: space-around;">  </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Where to start in ulnar deviation Where to end in radial deviation </div>
<p>Ulnar Snuff Box Test</p>	<p>Purpose: To rule out Triangular Fibrocartilage Complex Injury.</p> <p>Instructions: Examiner depresses their thumb into the depression between the ulnar styloid and the flexor carpi ulnaris tendon while radially deviating the wrist.</p> <p>Interpretation: The test is positive if pain is reproduced in that specific area.</p>	<p>Ulnar Snuff Box Test</p>	

Differential Diagnoses for Hand and Wrist OA

The differential diagnoses for hand and wrist OA is broad. It is important to distinguish hand and wrist OA from other conditions as conditions require different management approaches [5].

- A thorough history and examination is required to narrow the differential diagnosis.
- X-ray imaging is necessary to confirm the diagnosis.
- MRI is not required to diagnosis arthritis.
- It is important to note that sometimes, conditions listed below co-occur with hand and wrist OA.
- For complex or unclear presentations, consider consultation with a non-surgical specialty (e.g. sports medicine, physiatry) to help with diagnoses.

Table 3: Differential Diagnoses for Hand and Wrist Pain

Condition	Typical Presentation
Inflammatory arthropathy	See Red Flags
Crystallopathy (e.g., gout)	Primary Care Pathway: Gout
Triangular Fibrocartilage Complex Injury	<ul style="list-style-type: none"> • Ulnar wrist pain • Clicking popping or catching sensations • Instability (patients may report pain, wrist feels unstable/gives out/feels weak)
Tendinopathies (e.g., De Quervain's Tenosynovitis and Trigger Finger)	<ul style="list-style-type: none"> • De Quervain's Tenosynovitis: Pain on the radial side of the wrist when pinching an object with the thumb and index finger or pain with thumb and wrist movement. Pathognomonic swelling dorsal-radial swelling of the wrist is a positive sign for De Quervain's) • Trigger finger: Presence of palmar tenderness/pain at A1 pulley site; triggering, locking, catching or clicking reported. See: Provincial Trigger Finger Primary Care Clinical Pathway
Scaphoid fracture nonunion	<ul style="list-style-type: none"> • Presence of pain on radial side of wrist and loss of range of motion. • Should be investigated with wrist x-rays (wrist views) • Submit referral to hand and wrist surgeon as this may progress to scaphoid nonunion advanced collapse (SNAC) wrist osteoarthritis [9]

3. Investigations

Although lab work and imaging are not required to diagnose hand and wrist osteoarthritis, x-rays are recommended to confirm diagnosis or rule out other conditions. Repeat imaging is not required unless there are worsening symptoms, change in clinical features, or preparing for a specialist referral (x-ray within 12 months). Order:

- X-ray (routine hand protocol and/or wrist protocol):
 - For suspected finger or thumb DI, consider requesting dedicated finger or thumb views for better visualization.

- Abnormal features are usually found in the x-rays of patients living with OA.
- Symptoms and functional impairment do not always correlate with x-ray findings. In one large American study, 41% of people had radiography confirmed hand and wrist OA but only 12.4% had symptomatic OA. If x-ray shows OA but no symptoms, treatment is not required [11].
- Ultrasound/MRI not recommended for OA.
- If inflammatory condition suspected, order: CBC, CRP, TSH (high association between RA and thyroid dysfunction [12]), rheumatoid factor (RF), and anti-cyclic citrullinated peptide (anti-CCP).

4. Red Flag(s)

- Refer to rheumatology if inflammatory condition is suspected (e.g., rheumatoid arthritis, lupus, psoriatic arthritis, gout) due to the following symptoms:
 - Pain pattern consistent with inflammatory arthritis ([see image](#))
 - Pain may be worse with rest and improve with activity
 - Persistent joint warmth and/or swelling and tenderness
 - Morning stiffness > 30-60 min
 - Symmetrical, often with three or more joints affected
 - Systemic symptoms that could be indicative of an inflammatory process
 - X-ray indicates inflammatory process
- Signs of infection: If an infection is suspected to be the underlying cause the hand or wrist pain or inflammation, [call RAAPID](#) to refer to an upper limb/hand and wrist surgeon (i.e., plastic surgery or orthopedic surgery) or the emergency room as these cases most likely require surgical drainage. Do not trial antibiotics before referral.
- Presence of concerning mass, refer to: [Provincial Hand and Wrist Soft Tissue Mass Primary Care Clinical Pathway](#).

IMPORTANT/OTHER CONSIDERATIONS

Consider assessing psychological risk factors as outlined the [Osteoarthritis Tool](#):

- Belief that their joint pain is harmful or potentially disabling
- Fear or avoidance of activity or movement
- Low mood and social withdrawal
- Expectations that condition to be relieved by passive treatment only

It will be important to include education and reassurance as part of the management plan to reduce the psychological impacts of this chronic condition.

5. Management

Although no disease modifying treatments exist for hand and wrist OA, there are multiple options available for managing symptoms and optimizing hand function [5]. There are many guidelines for pharmacological and nonpharmacological management of hand OA, including:

- [The American College of Rheumatology \(ACR\)](#),
- [The European Alliance of Associations for Rheumatology \(EULAR\)](#),
- [The OsteoArthritis Research Society International \(OARSI\)](#).

Education and exercise are promoted as central treatment modalities in all these guidelines [5]. Unfortunately, the evidence for most treatments is limited [13].

Non-Operative Management Strategies

Choice of therapy will also be guided by the presence of other joint involvement, comorbidities and the subtype of hand OA [14]. The effect size for pharmacologic and non-pharmacologic therapies is generally small [14]. Prioritize treatments that are safer (e.g., local versus systemic NSAIDs) [14]. Treatments can be trialed **simultaneously**. The goal of conservative management is to relieve symptoms and maintain function [3].

Non-pharmacological Options	
Education	<ul style="list-style-type: none"> • It is important that patients have a good understanding of the nature and course of disease, and management options available [14] [4]. • Evidence that education on pain neuroscience can decrease pain ratings, perceived disability and pain catastrophizing in patients with chronic MSK pain [15].
Self-Management Programs	<ul style="list-style-type: none"> • No strong evidence on the efficacy of self-management programs for hand or wrist osteoarthritis [4]. However, since studies have consistently demonstrated a modest benefit with minimal risk, these programs are recommended by the American College of Rheumatology for knee, hip and hand OA [16]. • Self-management programs are typically multi-disciplinary programs that take a significant amount of time. Patients need to have the capacity and willingness to participate if there is going to be any benefit.
Activity and Functional modifications [17]:	<ul style="list-style-type: none"> • Protect joints by making it easier to grip and to keep joints in a neutral position by using assistive devices such as: <ul style="list-style-type: none"> ▪ Jar and bottle openers ▪ Adapted cutlery and kitchen utensils ▪ Kettle tipper and two-handed teapot ▪ Button and zipper hooks, key turners and tap turners ▪ Pen grippers and self-opening scissors ▪ Adapted gardening tools • Avoid repetitive activities that aggravate pain, swelling and stiffness.

	<ul style="list-style-type: none"> • Avoid prolonged or extreme positions of the hand and wrist such as gripping for extended periods. • Spread the load and use stronger joints (e.g., carry a bag on your elbow or shoulder instead of your hand, or use two hands instead of one).
Exercise	<ul style="list-style-type: none"> • A systemic review of the literature with meta-analysis demonstrated moderate-certainty evidence that exercise-based rehabilitation for hand osteoarthritis provides short term relief from stiffness, and low-certainty evidence of short-term improvement in pain, function and grip strength [18]. • Insufficient evidence to recommend one type of exercise over another [16]. Recommendations should be tailored to the patient based on their abilities, access, and preferences. • Exercises should aim to improve function, strength and reduce pain [14] and should be discontinued or modified if it triggers pain or reduces function.
<u>Splints</u>	<p>Splinting can be effective in immobilizing painful joints. However, restricting joint movement may itself hamper activity, as it impedes the position of the hand and wrist.</p> <ul style="list-style-type: none"> • If a joint is to be fixed, then it should be in an orientation that lends to functional activity • Consideration for any style of splinting must be task specific. No single splint is good for all tasks. • The American College of Rheumatology strongly recommends the use of hand orthoses for patients with CMC thumb joint OA [16]. • There is little evidence to support the use of splints for the IP or DIP joints [4] and patients may find finger splints inconvenient. • It is possible to splint the wrist. The splint must keep the wrist in a neutral position and allow movement of the fingers. • Goal of the splint is to restrict, protect, or immobilize the hand joint to provide pain relief [4]. • Splints can be purchased at a pharmacy, medical supply store or online and may or may not be covered by private insurance plans with a prescription. If fit and/or compliance are concerns, consider a referral to occupational therapy or hand therapy clinics for custom splint fabrication. • Compression gloves may provide support and warmth [16].
<u>Hand therapy</u>	<p>Hand therapy is not necessary for all patients with hand and wrist OA. Consider privately funded hand therapy (physiotherapists or occupational therapists with specialized training in hands) if:</p> <ul style="list-style-type: none"> • Patients require additional information and support on how to modify activities. • Patients require assistance with getting the right splint. <p>Note: Hand therapy can be costly for patients. Accessing hand therapy should not delay other treatments.</p>
Thermal therapy	<p>Low certainty evidence that thermal therapy (e.g., local application of heat), including paraffin wax can have a beneficial effect both on pain and on function, especially when used before or after hand exercises [13]. Patients should monitor their skin and use a barrier such as a thin cloth to protect their skin from burns.</p>

Alternative therapies	Acupuncture may provide some relief for patients, with minimal risk, but the evidence for its effectiveness is variable [16].
Mucous Cyst	Non-painful mucous cysts do not require treatment. If the cysts are painful or repeatedly opening, it could be an indication for a surgical referral.

Pharmacological and Interventional Procedure Options:	
Therapies with the strongest evidence	
Topical NSAIDS	To minimize systemic exposure to medications, Topical NSAIDs are the treatment of choice for hand osteoarthritis [19] and should be used before moving to oral NSAIDs [20]. Studies on the use of topical NSAIDs for knee OA show that long term use is well tolerated with minimal systemic adverse effects [4] .
Oral NSAIDS	Use of oral NSAIDS for patients with OA is backed by evidence and may be considered for patients who are not receiving sufficient relief from other therapies [4]. However, this treatment should be considered only for short term use and at the minimum dose [16] and should be avoided with older patients with co-morbidities [4]. COX-2 inhibitors have been conditionally recommended for OA since there are fewer gastro-intestinal side effects than other NSAIDs. However, they are not recommended with patients at higher risk for adverse cardiovascular effects [21].
Therapies with limited or no evidence of efficacy: Patients may inquire about additional interventions or procedures that they have heard about. The most common are listed below along with the evidence of efficacy and any associated risks.	
Acetaminophen	Recommended for patients that cannot tolerate NSAIDS. Due to lack of evidence on the efficacy of acetaminophen for hand and wrist OA, and the potential risk of harm, acetaminophen is not routinely recommended [4].
Capsaicin	Conditionally recommended: Capsaicin is sometimes used to treat OA in the knee but is generally not recommended for hand OA due to adverse effects in the area such as stinging and burning [21]. Patients can consider trialing capsaicin as an additional analgesic therapy if they don't experience these adverse effects, however, there is some evidence of long-term side effects including capsaicin-mediated denervation [3].
Duloxetine	Conditionally recommended: There is some evidence supporting its use, but most of the research has been done on OA of the knee [16]. It may be most helpful in patients with co-existing neuropathic pain [21].
Oral and Topical Corticosteroids	Not recommended: Although there is some evidence that oral corticosteroids for OA may provide short term relief, these medications are associated with an increase in adverse events such as sepsis, venous thromboembolism, and fractures [22]. Topical corticosteroids have not yet been shown to provide any benefit [23] [13].

Tramadol and other Opioids	Not recommended: Tramadol should not be used as a first line treatment for OA, due to lack of evidence on efficacy and risk of side effects and dependence. However, it may be an option for patients unable to take NSAIDs or other medications, or when surgery is not an option and is recommended over other type of opioids [21] [16]. Other opioids are not recommended due to lack of efficacy of pain from OA and due to risk of side effects and dependence [4].
Platelet-Rich Plasma (PRP) and prolotherapy	Not recommended: There is insufficient evidence to recommend these treatments currently [16] and there is a cost to these procedures and a risk of infection.
Cannabidiol	Not recommended: Hand and wrist osteoarthritis guidelines do not mention CBD. In one randomized control trial, there was no difference found between CBD and placebo for pain intensity, sleep quality, depression, anxiety and pain catastrophizing scores [24].
Bisphosphonates	Not recommended: This medication is not supported by most of the evidence [16].
Colchicine	Not recommended: This medication is not recommended at this time to treat OA due to lack of evidence and potential adverse effects and drug interactions [16].
Vitamins and Supplements	Not recommended: Fish Oil, Vitamin D, Glucosamine, and Chondroitin have all been studied and there is insufficient evidence to recommend these to manage hand and wrist OA.
Intra-articular corticosteroids	Not recommended: There is no evidence that intra-articular corticosteroids benefit patients with hand osteoarthritis [16]. Recent research has demonstrated that relief from these injections is due to a placebo effect [25]. Furthermore, the long-term safety of this procedure is not well studied and there is no established consensus on treatment guidelines [26]. There is some evidence that repeated intra-articular injections of corticosteroids can result in cartilage loss in the knee [27].
Intra-articular hyaluronic acid	Not recommended: Guidelines vary on recommendations for this treatment as the research also varies widely on the effectiveness. More research is needed on this treatment [21].

Operative Management Strategies

Research done on surgical interventions for hand osteoarthritis are lacking in homogeneity, and usually lack non-surgical control groups, making it difficult to make recommendations in this area [13]. Thumb OA is the most common type of hand OA managed surgically [4] and appears to be effective at reducing pain. In most cases, surgery is done to help with pain management, it does not usually improve range of motion.

Consider referral to hand and wrist surgeon if:

- Patient interested in surgical options
- Severe pain not managed by non-operative treatment

- Severe abnormalities that affect function
- Mucous cyst(s) that are painful or open repeatedly. Including this information in the referral letter may help with clinical triage.

There are a few surgical treatment options that the surgeon will review with the patient at their appointment. Examples of surgical techniques used for hand and wrist OA [28] [10]:


- Excisional arthroplasty
- Partial or total fusion
- Partial or total joint replacement
- Inter-positional arthroplasty



6. Follow up and Monitoring

- Osteoarthritis is a chronic disease. Ongoing monitoring annually or as needed.
- If non-operative management is or becomes ineffective, reassess for red flags and review and adjust treatment and management strategies.
- Modify treatment to focus on one goal at a time and progress at a slower pace.
- Routine follow-up imaging is not recommended (consider if sudden onset of worsening symptoms or change in clinical picture).
- Consider requesting specialist advice or referral to a hand and wrist surgeon if no improvement. If a referral has already been submitted, update the surgeon if the condition has changed (i.e., painful mucous cyst is repeatedly breaking open).

7. Advice Options

If this patient needs to be directed to hospital through RAAPID or the ER, call [RAAPID](#) for on-call surgeon or 911.

Zone	Program	Online Request	Phone Number
Urgent Telephone			
All Zones	RAAPID  <small>Referral, Access, Advice, Placement, Information & Destination</small>	N/A	North: 1-800-282-9911 or 780-735-0811 South: 1-800-661-1700 or 403-944-4486

Non-Urgent Electronic			
All Zones	Netcare eReferral 		N/A
Non-Urgent Telephone			
Edmonton, North	ConnectMD 	Online Request	1-844-633-2263

Advice referenced in algorithm: In addition to where specified in the clinical pathway algorithm, you can request non-urgent advice at any point when uncertain about medications, next steps in treatment, imaging or resources available.

8. Referral Process

Referral pathways are guidelines to help referring providers know what information, labs and diagnostic imaging are required with their referral to a specialty. These pathways are co-designed with Primary and Specialty Care, AHS Operations, and patients to ensure the right amount of information is included throughout the referral process to triage the patient as quickly as possible.

To ensure referring providers have referral information at their fingertips, referral pathways may link to clinical pathways when available. AHS manages referral pathways and extensive work is ongoing as part of the [Alberta Surgical Initiative](#). If you have questions or want to know more about the referral pathway development process, please email access.ereferral@ahs.ca.

- **Urgent Referral** – Call surgeon on call via [RAAPID](#) or call 911.
- Follow the [Provincial Plastic Surgery, Adult Referral Pathway](#) or [Provincial Orthopedic & Spine, Adult Referral Pathway](#).
- [Alberta Referral Directory](#) is also a helpful resource for all referral information.

BACKGROUND

About this pathway

- This pathway was developed in collaboration with hand and wrist surgeons (orthopedic and plastic surgeons), a rheumatologist, a physiatrist, primary care providers, patient and family advisors, and the Provincial Pathways Unit.
- Condition-specific clinical pathways are intended to offer evidence-based guidance to support primary care providers in caring for patients with a range of clinical conditions.

Authors and conflict of interest declaration

The authors represent a multi-disciplinary team. Names of the content creators and their conflict-of-interest declarations are available on request by emailing albertapathways@primarycarealberta.ca.

Co-Design Team Project Membership	
Name and Co-design team role (organized alphabetically by first name)	Area
Dr. Daniel Demsey, Plastic Surgeon	Calgary and area
Dr. Kimberly Sass, Plastic Surgeon	Calgary and area
Dr. Lisa Stevenson, Family Physician	Calgary and area
Dr. Mark Ng, Physiatrist	Edmonton and area
Mary Obstfeld, Nurse Practitioner (Primary Care)	North and area
Dr. Michael Lapner, Orthopedic Surgeon	Edmonton and area
Dr. Stephanie Keeling, Rheumatologist	Edmonton and area
Nancy Verdin, Patient and Family Advisor	Central and area
Rosemary Brown, Patient and Family Advisor	Central and area
Alison Connors, Provincial Pathways Unit	Provincial team
Kimberly Musselwhite, Provincial Pathways Unit	Provincial team

Pathway review process, timelines

Primary care pathways undergo scheduled review every three years or earlier if there is a clinically significant change in knowledge or practice. The next scheduled review **May 2029**. However, we welcome feedback at any time. Please send us your [feedback here](#).

DISCLAIMER

This pathway represents evidence-based best practice but does not override the individual responsibility of healthcare professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified healthcare professional. It is expected that all users will seek advice of other appropriately qualified and regulated healthcare providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.

PROVIDER RESOURCES

Resource	Link
Specialist Link	Rheumatology PeripheralArthritis Pathway.pdf
Splints and Hand Therapy: Adult Community Rehabilitation (i.e., for information on AHS hand therapy clinics)	Adult Community Rehabilitation Alberta Health Services
Splints and Hand Therapy: Society of Alberta Occupational therapists -Finding Alberta OTs in Private Practice	Find an Ot - Results - SAOT
Splints and Hand Therapy: Alberta Association of Physiotherapy – Find a Physio	AAP Find a Physio
Arthritis Alliance of Canada, Centre for Effective Practice and the College of Family Physicians of Canada: Osteoarthritis Tool	Osteoarthritis tool
DynaMed: Osteoarthritis of the hand	Osteoarthritis (OA) of the Hand - DynaMed

PATIENT RESOURCES

Resource	Link
Patient Pathway on MyHealth Alberta > A webpage and two PDF formats are available to allow for easy printing, download, or scanning a QR code with the patient's smart phone for more information at their convenience.	COMING SOON
MyHealth Alberta > Health Information & Tools> Osteoarthritis. Information on causes, symptoms, treatments, and resources for Osteoarthritis.	MyHealth.Alberta.ca
Alberta Healthy Living Program offers free programs and services to Albertans. Services are offered online, in person, or over the phone. Many services are available province wide. Some services are available in Cantonese, Mandarin, Hindi, Punjabi, and Tagalog.	Alberta Healthy Living Program Alberta Health Services Arthritis: Self-Management of Osteoarthritis - Alberta Healthy Living Program (hosted by Calgary Zone)
Arthritis Society Canada	Arthritis Society Canada
Alberta Virtual Pain Program: Virtual education treatment program for people in Alberta experiencing persistent pain longer than 3 months	Alberta Virtual Pain Program
British Columbia Ministry of Health Services and British Columbia Medical Association (includes exercises)	Osteoarthritis in Peripheral Joints: A Guide for People with Hand Osteoarthritis
The Pain Toolkit: For people who live with persistent pain and the people who support them	Pain Toolkit - Pain Self Management by Pete Moore
Rehabilitation Advice Line is a telephone service open Monday to Friday and provides rehabilitation advice and general health information for Albertans of any age.	Rehabilitation Advice Line Alberta Health Services
Patient Handout	What you can do to help Manage Your Hand and Wrist Osteoarthritis

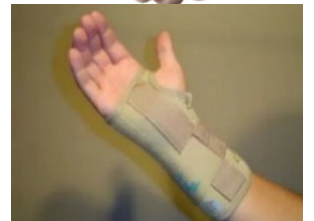
Appendix:

Physician Resource: Hand and Wrist Splints

Splinting can be effective in immobilizing painful joints. However, restricting joint movement may itself hamper activity, as it impedes the position of the hand and wrist. If a joint is to be fixed, then it should be in an orientation that lends to functional activity. Therefore, consideration for any style of splinting must be task specific. No single splint is good for all tasks. If there are any concerns around fit, consider a referral to a hand therapist.

General types include:

- **Digital OA** - ring splinting is possible, but not typically functionally helpful. Any device that covers the tip of the digit is universally unhelpful for activity, as it renders the digit insensate. Ring splints should be fitted to be effective. Ensure that splints do not cover the fingertips as this may interfere with sensation and function. There are a range of pre-fabricated metal and plastic ring splints from medical vendors and other companies.
- **1st CMC OA** - short thumb spica is possible, but typically only somewhat helpful for fine motor skills. Importantly, the device should position the thumb in a functional position, such that it can be used for pinch grip or 3 jaw chuck grip. These grips press the thumb tip against either the forefinger or middle finger digit tip or finger pad.
- **Wrist OA** - wrist hand orthosis is possible, but typically only somewhat helpful for fine motor skills. The device should position the wrist in the neutral or wrist slightly cocked up position and allow movement of the fingers. Because the purpose of the wrist is to position the hand for fine motor skills, immobilizing it, while reducing pain, may hamper these same fine motor skills.



Additional considerations include:

- Skin health - ensure red marks do not form with device use
- Hygiene - ease of cleaning and washing the device
- Deconditioning - devices are task-specific and not meant to be worn constantly. Doing so may result in muscle disuse and deconditioning. Splints should be removed several times a day so that the joints can be moved and the skin can be cared for.

Splints can be purchased at a pharmacy, medical supply store, online or they can be custom made by hand therapists. Encourage patients to check with their insurance company to see if they have coverage to help cover the cost of splints. See [provider resources](#) for services that can help with splint recommendations, fitting and access.

REFERENCES

- [1] Arthritis Society of Canada, "Summary of Special Report: The Burden of Osteoarthritis in Canada," [Online]. Available: https://arthritis.ca/wp-content/uploads/2025/09/OARreportSummary_EN.pdf. [Accessed 26 February 2026].
- [2] Public Health Agency of Canada, "Life with Arthritis in Canada: A Personal and Public Health Challenge," 2010.
- [3] Dynamed, "Osteoarthritis (OA) of the Hand," EBSCO, 28 Feb 2024. [Online]. Available: <https://www.dynamed.com/condition/osteoarthritis-oa-of-the-hand#GUID-D5E046D8-6114-4438-9139-9EA627C8C9F2>. [Accessed 21 Jan 2026].
- [4] M. Kloppneburg and F. Kroon, "Management of Hand Osteoarthritis," UpToDate, 2026. [Online]. Available: <https://www.uptodate.com/contents/management-of-hand-osteoarthritis?csi=16d8ece8-9e5c-4f3b-83ed-895dc9c6640c&source=contentShare>. [Accessed 13 Feb 2026].
- [5] S. E. S. Terpstra, L. A. van de Stadt and M. Kloppenburg, "The Management of Hand Osteoarthritis: The Rheumatologist's Perspective," *Journal of Hand Therapy*, vol. 35, pp. 322-331, 2022.
- [6] B. Plotz, F. Bomfim, M. A. Sohail and J. Samuels, "Current Epidemiology and Risk Factors for the Development of Hand Osteoarthritis," *Current Rheumatology REports*, vol. 23, no. 61, 2021.
- [7] T. Morrison, L. Giangregorio, E. Hadley-Strout and J. Gosselin, "Improving Osteoarthritis Diagnosis and Management in the Primary Care Setting: A Concise Educational Tool for Primary Care Providers," *BMC Rheumatology*, vol. 9, no. 1, p. 140, 2025.
- [8] T. Egerton, L. Diamond, R. Buchbinder, K. Bennell and S. Slade, "A Systematic Review and Evidence Synthesis of Qualitative Studies to Identify Primary Care Clinicians' Barriers and Enablers to the Management of Osteoarthritis," *Osteoarthritis and Cartilage*, vol. 25, no. 5, pp. 625-638, 2017.
- [9] S. Hemmati, B. Ponich, A.-S. Lafreniere, O. Genereux, B. Rankin and K. Elzinga, "Approach to Chronic Wrist Pain in Adults: Review of Common Pathologies for Primary Care Practitioners," *Canadian Family Physician*, vol. 70, no. 1, pp. 16-23, 2024.
- [10] J. Lulan, E. Marteau and G. Bacle, "Wrist Osteoarthritis," *Orthopaedics & Traumatology: Surgery & Research* 101, pp. S1-S9, 2015.
- [11] C. B. Eaton, L. F. Schaefer, J. Duryea, J. B. Driban, G. H. Lo, M. B. Roberts, I. K. Haugen, B. Lu, M. C. Nevitt, M. C. Hochberg, R. D. Jackson, C. K. Kwok and T. McAlindon, "Prevalence, Incidence, and Progression of Radiographic and Symptomatic Hand Osteoarthritis: The Osteoarthritis Initiative," *Arthritis & Rheumatology*, vol. 74, no. 6, pp. 992-1000, 2022.
- [12] Y.-j. Liu, H.-b. Miao, S. Lin and Z. Chen, "Association Between Rheumatoid Arthritis and Thyroid Dysfunction: A Meta-Analysis and Systematic Review," *Endocrinology*, vol. 13, no. doi: 10.3389/fendo.2022.1015516, 2022.
- [13] I. Kjekken, D. H. Bordvik, N. Østerås, I. K. Haugen, K. A. Fjeldstad, I. Skaalvik, M. Kloppenburg, F. P. B. Kroon, A. T. Tveter and G. Smedslund, "Efficacy and Safety of Non-Pharmacological, Pharmacological, and Surgical Treatments for Hand Osteoarthritis in 2024: A Systematic Review," *RMD Open*, vol. 11, no. 1, p. e004963, 2025.
- [14] UpToDate, "Management of Hand Osteoarthritis," Wolters Kluwer, 2026. [Online]. Available: <https://www.uptodate.com/contents/management-of-hand-osteoarthritis>. [Accessed 17 February 2026].
- [15] A. Louw, I. Diener, D. S. Butler and E. J. Puentedura, "The Effect of Neuroscience Education on Pain, Disability, Anxiety, and Stress in Chronic Musculoskeletal Pain," *Archives of Physical Medicine and Rehabilitation*, vol. 92, no. 12, pp. 2041-56, 2011.

- [16] S. L. Kolasinski, T. Neogi, M. C. Hochberg, C. Oatis, G. Guyatt, J. Block, L. Callahan, C. Copenhaver, C. Dodge, D. Felson, K. Gellar, W. F. Harvey, G. Hawker, E. Herzig, C. K. Kwok, A. E. Nelson, J. Samuels and C. Scanzello, "2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee," *Arthritis & Rheumatology*, vol. 72, no. 2, pp. 220-233, 2020.
- [17] British Columbia Ministry of Health Services and British Columbia Medical Association, "Hand Osteoarthritis: A Guide for People with Hand Osteoarthritis," 15 Sept 2008. [Online]. Available: https://www2.gov.bc.ca/assets/gov/health/managing-your-health/patient-information-guides/oa_hand_pg.pdf. [Accessed 17 February 2026].
- [18] M. Kloppenburg and F. Kroon, "The Effectiveness of Exercise-Based Rehabilitation in People with Hand Osteoarthritis: A Systematic Review with Meta-analysis," *Journal of Orthopaedic & Sports Physical Therapy*, vol. 54, no. 7, pp. 457-467, 2024.
- [19] M. Klappenburg and M. C. F. Namane, "Osteoarthritis," *Lancet*, vol. 405, pp. 71-85, 2025.
- [20] F. E. Watt, D. L. Kennedy, M. D. Gardiner and T. L. Vincent, "Current and Future Advances in Practice: Practical Management of Hand Osteoarthritis," *Rheumatology Advances in Practice*, vol. 9, no. 4, pp. 1-16, 2025.
- [21] M. Richard, J. Driban and T. McAlindon, "Pharmaceutical Treatment of Osteoarthritis," *Osteoarthritis and Cartilage*, vol. 31, pp. 458-466, 2023.
- [22] A. K. Waljee, M. A. Rogers, P. Lin, A. G. Singal, J. D. Stein, R. M. Marks, J. Z. Ayanian and B. K. Nallamothu, "Short Term Use of Oral Corticosteroids and Related Harms Among Adults in the United States: Population Based Cohort Study," *British Medical Journal*, vol. 357, no. :j1415 doi:10.1136/bmj.j1415, 2017.
- [23] Y. D. Joseph, A. L. Ladd and N. Bhutani, "Hand Osteoarthritis: Molecular Mechanisms, Randomized Controlled Trials, and the Future of Targeted Treatment," *International Journal of Molecular Sciences*, vol. 26, no. 10, p. 4537, 2025.
- [24] J. Vela, L. Dreyer, K. K. Petersen, L. Arendt-Nielsen, K. S. Duch and S. Kristensen, "Cannabidiol Treatment in Hand Osteoarthritis and Psoriatic Arthritis: A Randomized, Double-blind, Placebo-controlled Trial," *Pain*, vol. 163, no. 6, pp. 1206-1214, 2022.
- [25] Y. Li, A. Badre, S. Nathanail, A. Silveira, R. Roberts, M. Furey, R. Chan and M. Lapner, "The Use of Intra-Articular Corticosteroid Injection for Thumb Carpometacarpal Joint Osteoarthritis: A Randomized Controlled Trial," in *COA/CORS/CORA Annual Meeting Chair's Choice Paper Session*, St. John's Newfoundland and Labrador, 2026.
- [26] J. W. Jennings, "The Safety and Potential Harm of Intraarticular Steroid Injections: The Debate Continues," *Radiology*, vol. 304, no. 2, pp. 370-371, 2022.
- [27] T. E. McAlindon, M. P. LaValley, W. F. Harvey, L. L. Price, J. B. Driban, M. Zhang and R. J. Ward, "Effect of Intra-articular Triamcinolone vs Saline on Knee Cartilage Volume and Pain in Patients With Knee Osteoarthritis: A Randomized Clinical Trial," *Journal of the American Medical Association*, vol. 317, no. 19, pp. 1967-1975, 2017.
- [28] J. E. Adams, "Surgical Management of Osteoarthritis of the Hand and Wrist," *Journal of Hand Therapy*, vol. 35, no. 3, pp. 418-427, 2022.

PATHWAY UPDATE NOTES

Date

- Brief summary of changes

Date

- Brief summary of changes

What you can do to help Manage Your Hand and Wrist Osteoarthritis

Osteoarthritis (OA) is a type of arthritis that occurs when there isn't enough healthy cartilage (tough elastic material that covers and protects the ends of your bones to allow smooth movement) between the bones. Without enough protective cartilage, the bones rub together causing pain, tenderness, and/or loss of function. OA can occur anywhere in the body, including the hands and wrists. Everyone's experience with hand and wrist OA is different. The resources provided in this handout can be used to help you learn more about hand and wrist arthritis, how to manage your symptoms and where you can go for help. **For more information see Hand and Wrist Osteoarthritis Patient Pathway at MyHealthAlberta** (coming soon).

Protect your joints:

Things to try	Examples
Spread the load and use stronger joints	<ul style="list-style-type: none"> • Use two hands instead of one (e.g., when pouring milk from a jug, use one hand to hold the handle of the jug and put your other hand underneath the milk jug) • Carry grocery bags on your arm towards the elbows instead of in your hands • Use an over the shoulder or cross body bags rather than a handbag
Avoid gripping tightly or for long periods	<ul style="list-style-type: none"> • Choose items with bigger handles or barrels (e.g., cutlery, pens) or use padding/grips to enlarge handles and barrels (e.g., pen grips) • Gently stretch your hands regularly during gripping tasks like knitting and writing • Take frequent breaks
Use less effort	<ul style="list-style-type: none"> • Use adaptive equipment (e.g., electric can openers and kettle tippers) • Use lighter items (e.g., dishes) • Use the right tool for the right job (e.g., stand-up mixer instead of a hand mixer)
Avoid positions that hurt	<ul style="list-style-type: none"> • Keep your hands and wrists in a neutral position by using items such as ergonomic computer mouse and adaptive kitchen equipment
Use joints in a stable position	<ul style="list-style-type: none"> • When carrying and gripping objects, keep your wrist straight and your fingers in line with your wrists
Rest	<ul style="list-style-type: none"> • Symptoms of hand and wrist OA often get better with rest

Examples of Assistive Equipment (Some images from: [Hand Osteoarthritis and Adaptive Devices | Dorset County Hospital](#))

The image displays a grid of 13 different types of assistive equipment. Each item is shown in a small photograph with a caption below it. The items are: Jar and bottle openers (purple and blue), Tap turner (blue and red), Kettle tipper (white), Adapted cutlery and kitchen utensils (various knives, forks, and spoons with ergonomic handles), Key turner (blue), Trackball mouse (black), Pen grip (blue), Self-opening scissors (black and red), Garden utensils (green and yellow handles), Padding and grips (various colored tubes), and Button and zipper hook (black).

Splints

The splint should stabilize the joint where you have OA. Ask your healthcare provider what type of splint you need. You may be given a prescription for a specific splint. It is important that you understand what your splint is meant to do and how to wear it. You can buy splints at a pharmacy, medical supply store, online or have them custom made. Always check to see if you have private insurance that will help cover the cost of splints.

Additional considerations when choosing a splint:

- Skin health/splint fit – Check your skin for red marks.
- Hygiene – The splint should be easy to wash.
- Use – Splints are task-specific (only to be worn for certain tasks) and should not be worn constantly. Splints should be removed several times a day so you can move your joints and care for your skin.

Activity and Exercise:

Exercise will not make the OA go away but it is important to continue to use your joints to maintain strength and function. More information can be found by visiting the [Rehabilitation Advice Line](#) website or calling 811.

Osteoarthritis of the hand and wrist
Information booklet

Exercises for osteoarthritis of the hand and wrist

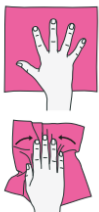
The following exercises are designed to keep the hand and wrist flexible. Try to do these exercises regularly, every day if you can. Start off gently and then gradually increase the amount you do.

A bit of discomfort doesn't mean you're doing yourself any harm, but seek advice if you have severe pain during or after exercise or if the pain doesn't ease in a few days.

Finger strengthening:
Begin with the palm of your hand on a tissue or towel on a table, fingers apart.

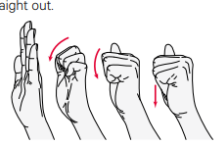
Pull your fingers together by pressing your hand down into the table and bunching up the towel between your fingers. Repeat.

You can also do this without using a towel or tissue, and simply by pressing down on the table and squeezing your fingers together and then stretching them apart.



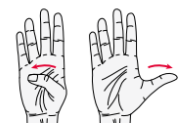
Finger stretching:
Start with the fingers extended straight out.

- Make a hook fist; return to a straight hand.
- Make a full fist; return to a straight hand.
- Make a straight fist; return to a straight hand.




Thumb stretch:
Hold your hand out in front of you, as if you're saying stop. Begin with your thumb positioned outward.

Move the thumb across your palm and then back to the starting position.



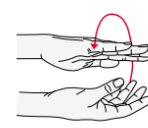
Hand lift:
Place your forearm on a flat surface, like a table, with your hand hanging over the edge, palm facing down. A rolled-up towel under your wrist might provide comfort.

Keeping your fingers relaxed, move your hand upward until you feel a gentle stretch, then return to the starting position.



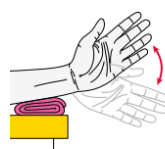
Wrist twist:
Bend your elbow to 90 degrees with your palm facing down.

Rotate your forearm, so that your palm faces up and then down. You can stand or sit to do this.



Hand wave:
Support your forearm on a table on a rolled-up towel for padding or on your knee, thumb facing upward.

Move the wrist up and down through its full range of motion, as if you are waving.



versusarthritis.org Page 16 of 20 Page 17 of 20

Image from [Arthritis UK - Osteoarthritis of the hand and wrist information booklet](#)

Medications:

Pain medications won't cure OA, but they can help reduce pain so you can move more comfortably. Ask your healthcare provider about pain relief options, and always take medications as directed.

© 2025 Primary Care Alberta, Provincial Pathways Unit



This work is licensed under a [Creative Commons Attribution Non-Commercial-Share Alike 4.0 International license](https://creativecommons.org/licenses/by-nc-sa/4.0/). You are free to copy, distribute and adapt the work for non-commercial purposes, as long as you attribute the work to Primary Care Alberta and abide by the other license terms. If you alter, transform, or build upon this work, you may distribute the resulting work only under the same, similar, or compatible license. The license does not apply to Primary Care Alberta trademarks, logos or content for which Primary Care Alberta is not the copyright owner.