Provincial Hand and Wrist Osteoarthritis Primary Care Clinical Pathway

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

If unsure or if additional support is required, consult specialty advice. See referral guideline tab for details.

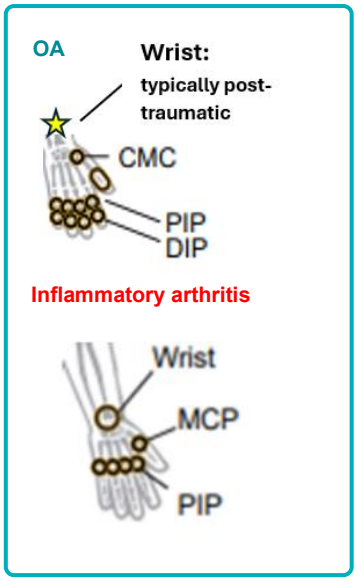
1. History and Symptoms consistent with OA:

- 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 at Physical Exam link above



3. Investigations

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

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

If inflammatory condition suspected, order: CBC, CRP, TSH, RF, Anti-CCP
Refer to Rheumatology. See referral guideline tab for details.

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

Emergent referral to ER or RAAPID

Concerning Mass: See Provincial Hand and Wrist Soft Tissue Mass Primary Care Clinical Pathway

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)

See link above for details

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)
See referral guideline tab for details.

See referral guideline tab for details on an optimal referral