

Osteoarthritis of the Thumb

A hand therapy resource booklet



Osteoarthritis of the carpometacarpal (CMC) joint in the thumb

This booklet has been designed to provide you with information about your thumb arthritis and to give you a better understanding of your thumb joint.

This booklet also contains information about why you may experience pain, how you can manage your symptoms and what you can do to help yourself.

The following information can be found in this booklet:

- Osteoarthritis and its impact on joints
- Symptoms of osteoarthritis
- Joint Protection
- Assistive devices
- Splints
- Pain relief
- Surgery
- Resources for further information

What does osteoarthritis (OA) do to a joint?

When OA develops in a joint, the cartilage (the smooth lining of a joint) gradually roughens and starts to thin. The bone underneath the cartilage starts to thicken. The bony surfaces at the edge of the joints start to grow outwards (known as 'spurs') and excess fluid can be produced in the joint, causing the joint to swell.

Because the joint can be painful, you may find yourself avoiding using these joints which can cause the surrounding muscles to grow weaker.

In severe cases of OA, the cartilage can become so thin that it no longer covers the surface of the joint, and damage is caused to the bones at each end as they grind against each other during movement. Over time, this can change the shape of the joint. This creates a deformity of the joint as it is no longer held in its natural position.



A 'normal thumb joint'



An 'arthritic thumb joint'

Common symptoms of thumb CMC joint OA include:

Pain: usually felt as a sharp or aching pain at the base of the thumb. The pain is usually worse during movement and relieved by rest.

Reduced strength: you may find it difficult to grip or to pick up objects as the muscles around your thumb may have weakened.

Stiffness: you may find that your thumb is stiff following periods of rest (e.g.: first thing in the morning)

Swelling: swelling may develop around the base of the thumb.

Deformity: in the later stages of OA the thumb joint may collapse inwards into a 'subluxed' position (see below).



Joint Protection

The way that you use your hand can contribute to increased pain in your thumb. Your fingers and thumb are generally more at risk because of constant use. This can cause problems with day to day activities that require a strong grip.

It is important that you are aware of the activities that cause your thumb to be painful so that you know when to wear your splints OR you can look at other ways of completing activities that put less strain on the thumb.

Joint protection is about finding different ways of doing certain activities to take the strain off painful joints, **not** stopping doing activities that you enjoy.

Some examples include:

Take notice of any pain you feel; it can serve as a warning that the way you are performing an activity is putting strain on your joints

Spread the load over several joints

Use larger, stronger joints rather than putting the strain through your thumb

Use less effort – try to push or slide heavy items rather than carrying them

Avoid gripping for long periods of time; as this can exacerbate your pain

Your therapist can talk through additional strategies and ideas to help you protect your joints further.

Assistive devices

There are a variety of small aids and assistive pieces of equipment that are available to help you make certain day to day activities easier. Your hand therapist can review the specific activities you are having difficulties with and provide advice on options which may be beneficial for you. Examples include:

Tap Turners:

Attach onto your taps making it easier to turn them on and off



Wide grip cutlery:

May make it easier to grip and use a knife & fork



Pen Grips:

Can be used to support your thumb while writing



Jar twistors and openers:

To help you open tight jars



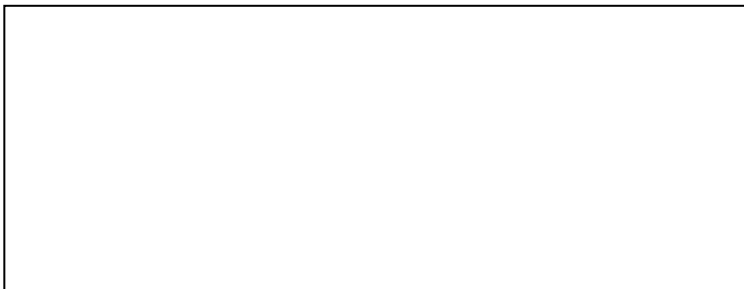
Splints

Your hand therapist *may* provide you with a splint to use that will support your thumb during activities that cause you pain.

Some splints are made from soft materials (e.g.: neoprene), others from mouldable plastic that hardens (thermoplastic) to provide more rigid support, and some are a combination of the two. Your therapist will discuss with you which splint they feel will provide you with the most benefit for your needs.

If you are provided with a splint to wear during activities, then you are encouraged to do this as much as you can as it will help to reduce your pain and prevent further joint damage. Your therapist will go into further detail about how they would like you to use your splint.

You have been provided with the following splint(s). Please wear your splint as follows:



Important information about your splint

- You should wear your splint as indicated by your therapist.
- DO NOT alter the splint in any way. Let your therapist know if the splint is uncomfortable or making your pain worse.
- DO NOT leave the splint where it will get too hot as the splint material may become damaged.
- The splint and straps may be washed in lukewarm soapy water. Rinse them well and allow them to dry naturally. If your splint has a metal or plastic insert, this should be removed before washing the splint and replaced once the splint is dry.
- If you experience any redness, swelling, numbness, discomfort or pain, then stop wearing the splint and contact the hand therapy team (contact details are at the back of this booklet).
- If you want to wear the splint whilst driving then this must be with prior agreement from your insurance company. If you do not do this your insurance may be invalid.
- You should not wear the splint when operating machinery unless it has been designed for this purpose.

Exercises for the thumb

If appropriate, your therapist may provide you with exercises to assist with reducing joint stiffness and to maintain the range of movement of your thumb. These exercises will be prescribed for you on a separate hand out.

Pain Relief

Some people find that taking paracetamol, anti-inflammatory medications or anti-inflammatory creams may help to reduce the pain.

This should always be discussed with your GP or consultant as they will be able to recommend what type of pain relief and dosage is appropriate for you.

If symptoms are severe, then steroid injections may provide temporary relieve. Your consultant will discuss this with you to determine if this is indicated.

Surgery

If your symptoms cannot be adequately managed with conservative input, then the option of surgery can be discussed with your GP or consultant. There are a variety of surgical options that can be undertaken to relieve symptoms however it is important to try non-surgical methods prior to considering surgical intervention.

Further information

Versus Arthritis

Web: <https://www.versusarthritis.org/>

Contact us

If you have any questions or concerns, please contact Hand Therapy on 020 8725 1038

Your therapist is: _____

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

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