

# Hand Examination

## General Inspection

- Overall
  - Scleroderma
  - Psoriasis
  - Malar rash
  - Cachexia
  - Cushingoid
  - Age

## Look

- **Dorsum**
  - Skin: Scars, rash, erythema, sclerodactyly, nail fold infarcts, psoriatic nail changes, splinter haemorrhages, nodules, Raynaud's
  - Soft tissues: Joint swelling, intrinsic muscle wasting, dactylitis
- **Palmar**
  - Skin: Palmar erythema, telangiectasia, finger tip ulceration, calcification, pulp atrophy
  - Soft tissues: muscle wasting
- **Bony Deformities**
  - Osteoarthritis: Bouchard's Nodes, Heberden's Nodes
  - Rheumatoid Arthritis: Ulnar deviation (wrist, MCP), Z deformity (thumb), Swan Neck, Boutonnière's

## Move

- **Active**
  - Make fist
  - Make a star
  - Prayer position
  - Reverse prayer
  - Flex elbows (looking for nodules and psoriasis)
- **Peripheral Nerve Motor Screening**
  - Ulnar Nerve: Ask patient to make a star, then try to move their fingers together
  - Median Nerve: Form a ring with their index finger and thumb, try to break ring, index finger should be curved (if straight, radial nerve compensating)
  - Radial nerve: Point index finger and thumb, try to flex index finger
- **Passive**
  - Move each joint, holding from the side, and feeling for crepitus, restriction, and checking for pain
- **Function**
  - Key in lock
  - Do up, undo a button
  - Open door

## Special Tests

- Carpal Tunnel: Phalen's and Tinel's tests
- Sensory examination for peripheral nerves

*NOTE: Remember that the Palmar Cutaneous Nerve branches off the Median Nerve prior to the Carpal Tunnel, so intact sensation over the Thenar Eminence is possible in Carpal Tunnel Syndrome.*