

CHECKLIST FOR HAND EXAMINATION – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practicing but not during exam unless seen on the patient in the exam. **FOLLOW THIS CHECKLIST IN PUBLISHED ORDER**

Stage 1: Pre Exam Checklist	
1. Alcohol Gel / Bare Below Elbows	
2. Introduction – “Hello my name is.....”	
3. Consent – “Will it be okay if I examine your hands and arms?”	
4. Positioning – sit up on chair/ bed, hands resting on pillows	
5. Exposure – up to shoulders on both sides	
Stage 2: General inspection	
NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT	
1. Take a step back to end of the bed	
2. Comment on patient (obvious only) <ul style="list-style-type: none"> • Comfortable at rest or not • Symmetry • Posture • Limb position 	
3. Comment on surroundings <ul style="list-style-type: none"> a. Splints/ straps b. Walking aids c. If no other clues “say no other obvious clues around the bed” 	
Stage 3: Closer inspection	
1. Hands: palms facing down on pillow <ul style="list-style-type: none"> • Colour change e.g. erythema = acute inflammation • Swelling – note which joints are involved • Scars 	

<ul style="list-style-type: none"> • Muscle wasting • Skin changes: rashes, bruising, thinning (long term steroid use) • Nails: psoriatic (pitting, onycholysis), nail fold vasculitis • Any obvious deformities <ul style="list-style-type: none"> ➢ Arachnodactyly = Marfan's ➢ Large hands = acromegaly ➢ Heberden's (DIP), Bouchard's (PIP) nodes, squaring of 1st CMCJ = OA ➢ MCP swelling, swan neck/ boutonniere deformity, Z thumb, ulnar deviation = RA ➢ Mallet finger 	
<p>2. Hands: palms facing up</p> <ul style="list-style-type: none"> • Palmar erythema • Scars e.g. carpal tunnel release • Swelling • Dupuytren's contracture • Hypothenar/ thenar wasting 	
<p>3. Elbow</p> <ul style="list-style-type: none"> • Check extensor surface = psoriatic plaques, rheumatoid nodules 	
<p>Stage 4: Palpation/ feel</p>	
<p>1. Check for pain first!</p>	
<p>2. Hands: palms facing up</p> <ul style="list-style-type: none"> • Pulse – check radial • Palpate muscle bulk over thenar/ hypothenar surfaces • Palm – tendon thickening • Sensation <ul style="list-style-type: none"> ➢ Median nerve – index finger ➢ Ulnar nerve – little finger 	
<p>3. Hands: palms facing down</p> <ul style="list-style-type: none"> • Sensation: radial nerve – webspace between thumb/ index finger • Temperature – compare to forearms • Squeeze across row of MCPJ • Bimanually palpate any joints that appear swollen/ painful <ul style="list-style-type: none"> ➢ Check for warmth/ tenderness/ rubbery/ effusions/ bony 	
<p>4. Wrist: palpate carpal bones</p>	

<p>5. Elbow/ arm:</p> <ul style="list-style-type: none"> • Nodules • Tenderness 	
Stage 5: Move – check active movement first, then passive if there are any issues	
<p>1. Wrist extension: “prayer sign” – put palms of hands together and extend wrists fully. Normal = 90 degrees extension</p>	
<p>2. Wrist flexion: “reverse prayer sign” – put back of hands together and fully flex wrists. Normal = 90 degrees flexion</p>	
<p>3. Finger flexion: make a fist</p> <ul style="list-style-type: none"> • Early sign of tendon/ small joint movement if unable to tuck fingers 	
<p>4. Finger extension: ask patient to straighten fingers fully (against gravity)</p> <ul style="list-style-type: none"> • Joint disease, extensor rupture, neurological damage 	
<p>5. Power:</p> <ul style="list-style-type: none"> • Radial nerve: finger extension – “stop me pushing your fingers down” • Ulnar nerve: finger abduction – “spread your fingers out, stop me pushing your little finger in” • Median nerve: thumb abduction – “ can you put your hands out with palm facing up. Now point your thumb to the ceiling and stop me pushing it down.” • Thumb opposition: “make a ring with your thumb and index finger, stop my breaking the circle” 	
<p>6. Function:</p> <ul style="list-style-type: none"> • Power grip: “squeeze my fingers” – only give them two fingers! • Pincer grip: “pinch my finger” – demonstrate to patient how it’s done • Ask patient to pick up a pen/ coin/ another small object 	
STAGE 6: Special tests	
<p>1. If suspecting carpal tunnel syndrome</p> <ul style="list-style-type: none"> • Phalen’s test: forced flexion of wrists for 60 seconds • Tinel’s test: tap over median nerve as it passes through carpal tunnel 	
<p>2. If suspecting ulnar nerve palsy</p>	

<ul style="list-style-type: none"> • Froment’s sign: ask patient to hold paper between thumb and index finger, “stop me pulling the paper out” 	
<p>3. If suspecting De Quervain’s tenosynovitis/ tendonitis of APL/ APB</p> <ul style="list-style-type: none"> • Froment’s sign: make a fist and tuck thumb in, then ulnar deviate 	
<p>4. If suspecting scaphoid fracture:</p> <ul style="list-style-type: none"> • Palpate anatomical snuff box 	
Stage 7: To finish off...	
<p>Turn to the examiner and say:</p> <p>“To complete my examination I would like to:”</p> <ul style="list-style-type: none"> • Examine the patient’s elbows and shoulders • Perform a full neurovascular examination of their upper limbs 	
Stage 8: Completion	
<ul style="list-style-type: none"> • Thank the patient • Offer to help get dressed and cover up • USE ALCOHOL GEL AGAIN AT THE END 	
Stage 9: Present findings	
END OF EXAMINATION	