PATIENT HANDBOOK

Looking after your wrist and hand

What tends to help, what tends not to, and when a wrist or hand problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday wrist and hand pain: the kind that follows a heavy week of typing, a season of gardening, or a new baby who needs lifting fifty times a day.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own wrist or hand, follow that advice ahead of anything here.

Precision tools, powered from further up

Button a shirt, open a jar, type a message — the hand switches between delicate and forceful all day without being asked twice. It manages this with a remarkable amount of machinery: eight small bones in the wrist alone, then the bones of the palm and fingers, moved by dozens of muscles and tendons.

Much of the power comes from further up. The big muscles that grip live in the forearm, sending long tendons down through the wrist like cables, guided through tunnels and pulleys along the way. The wrist is a busy junction: tendons, nerves and blood vessels all pass through a small space on their way to the fingers.

That junction design explains a lot of hand trouble. When a tendon and its sheath get irritated — usually by a sharp rise in how much work they are doing — there is not much spare room, so swelling makes itself felt as pain with movement, catching, or tingling where a nerve shares the space.

Hands also report trouble that starts elsewhere. Nerves running from the neck, past the shoulder and elbow, can produce tingling or numbness in the fingers, which is why an examination of a hand problem often works its way up the whole arm.

> When a wrist or hand hurts, the most useful question is usually: what changed lately — a new task, a bigger dose of a familiar one, or a different way of doing it?

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The thumb side that hates lifting

A common story: pain along the thumb side of the wrist that bites when lifting with the hand spread — a pan, a kettle, and classically a baby, which is why it turns up so often in new parents. The tendons that move the thumb have been asked for more than they were used to, and they respond best to a managed dose that is rebuilt gradually.

Tingling that wakes you in the small hours

Numbness or pins and needles in the thumb, index and middle fingers, often at its worst at night and eased by shaking the hand out. This pattern usually points to the main nerve into the hand being compressed where it passes through the wrist. Many episodes settle, and it is worth an assessment — persistent numbness or a weakening grip should not be waited out.

The base of the thumb that aches with age

From mid-life onwards, the joint at the base of the thumb is a common place for aching that flares with pinching and gripping — jars, keys, pegs. Joint changes there are a normal part of ageing hands and show up in plenty of people with no pain at all. Flare-ups tend to come and go, and the hand generally does better staying in use than being rested empty.

When the hand is not the whole story

Tingling that starts further up

Nerves reach the fingers from the neck, past the shoulder and elbow, and irritation anywhere along that route can be felt in the hand. Clues that the story starts higher: symptoms that change with neck movement, tingling in the ring and little fingers after leaning on the elbows, or arm pain alongside the hand symptoms. Tracing the route is a routine part of an examination.

The finger that clicks or sticks

Sometimes a finger or thumb starts catching as it bends — clicking past a sticking point, or locking down and needing help to straighten. This usually involves a tendon thickening where it runs through a pulley in the palm. It is common, it is not dangerous, and options exist if it becomes a nuisance — worth raising with a clinician rather than forcing it repeatedly.

After a fall onto the hand

The outstretched hand takes the impact in most falls, and some wrist fractures — including one of the small bones near the thumb — can masquerade as a sprain that is slow to settle. A wrist that stays swollen, weak or sore in the days after a fall should be checked by a doctor — see page 6. Once serious injury has been ruled out, a gradual return to normal use is the approach with the best support behind it.

WHEN TO SEE A DOCTOR

Signs that need a doctor, not this handbook

Most wrist and hand pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

Small adjustments, repeated thousands of times

Hands at work do the same small movements thousands of times a day, so small improvements in how they sit pay off at the same scale. None of it needs special equipment to start with.

Typing. Most people find it more comfortable with the wrists roughly straight and floating, rather than bent up and planted on the desk edge. Forearm support helps; a hard edge pressing into the underside of the wrist does not. Keyboard and mouse close enough that you are not reaching keeps the whole arm relaxed.

The mouse and the phone. A death-grip on the mouse and a long thumb-scrolling session load small tendons for hours at a stretch. Loosen the grip, swap hands where you can, and give the thumbs an occasional evening off.

Hand tools and gripping work. The dose is the thing: how tight, how long, how sudden the increase. Sharper blades, right-sized grips, power assistance where it exists, and rotating tasks all shrink the dose without shrinking the job.

Cold work. Hands working in the cold stiffen and tire sooner. Gloves that still let you feel what you are doing, and warming breaks, are practical protection.

> A useful habit: a few times a day, put down whatever you are holding, spread the fingers wide, make a loose fist, and circle the wrists. Seconds, not a routine.

SLEEPING

What your hands do while you sleep

Hands spend the night in positions nobody would choose while awake: curled tight, folded under the pillow, or trapped under a sleeping partner. For wrists that tingle at night, those hours matter more than most of the day.

If tingling wakes you. Shaking the hand out usually settles it in the moment. Falling asleep with the wrist straighter — resting on the pillow beside your head rather than curled beneath it — reduces the pressure through the wrist overnight. Some people are advised to wear a light wrist splint at night for a spell; that is a decision to make with a clinician, not the first move.

Morning stiffness. Hands that feel thick and stiff on waking and loosen with the first cup of tea are common with wrist and hand trouble. Stiffness that lasts well into the morning across several joints, or comes with swelling, is worth describing to your GP — some causes of hand stiffness are medical rather than mechanical, and they are treatable.

Pillows and mattresses. For hands, these matter less than position. No particular pillow prevents or fixes wrist pain; the useful change is what the wrist is doing, not what it is lying on.

Broken sleep makes pain of every kind harder to live with, so anything that buys a more comfortable night earns its keep. Night pain that wakes you and does not ease whatever you try belongs on page 6.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

The tendons of the wrist and hand tolerate load well when it arrives gradually. The classic story is a sudden jump: a weekend of pruning after a winter indoors, a new baby, a house move packed in three days, a knitting project finished against a deadline.

Lifting. Two hands, and the load close to the body, ask far less of each wrist than a one-handed grab at arm's length. For a sore thumb-side wrist, scooping with the palm up often troubles it less than gripping from above — worth experimenting with pans, kettles and babies alike.

Carrying. Handles dig into fingers; straps spread load. A rucksack beats a gripped bag, a trolley beats both, and two lighter trips are kinder than one staggering one.

Jars, taps and stubborn things. A rubber grip pad, a jar opener, or running a stiff lid under hot water costs less than a week of an aggravated thumb. Using the second hand is not defeat.

Coming back after a flare-up. Hands generally like being used while they recover — within what they tolerate. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting the hand until it stops hurting

Hands stiffen and weaken quickly when they stop working, and the stiffness can outlast the original problem. Ordinary use within what the hand tolerates serves it better than an empty fortnight.

Living in a splint

A splint has real uses — usually at night, usually for a defined spell, usually on a clinician's advice. Worn all day for weeks it mostly teaches the wrist to move less and the muscles to do less, which is the opposite of what most wrist problems need.

Cracking and wringing it to free it up

Forcing a sore wrist through its end range, or repeatedly pulling a catching finger straight, tends to stir things up rather than release them. Gentle movement through comfortable range is fine; wrenching is not a treatment.

Ignoring numbness because it comes and goes

Tingling that visits occasionally is common. Numbness that becomes frequent, lasts longer each time, or arrives with a weakening grip or dropped mugs is a nerve asking for attention — that deserves an assessment, not a wait-and-see year.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6 or a significant injury. For the common wrist and hand patterns in this handbook, the story and the examination usually say more than a picture would, and a scan rarely changes the advice.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday wrist and hand pain that is the point.

Keep the hand in normal life. Washing up, dressing, cooking, carrying light things — ordinary use within what the hand tolerates is the gentlest rehabilitation there is.

Use the movement you have. A few times a day, spread the fingers wide, close them to a loose fist, circle the wrists, and turn the palms up and down through comfortable range. You are reminding the hand of its range, and range that is used tends to stay.

Vary the hand work. Whatever your hands do for long spells — typing, tools, needles, a phone — interrupt it and mix the tasks. The earlier pages of this handbook are variations on this one idea.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your wrist or hand is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, tendons, nerves and the way they behave together – and hands that object to their workload are a regular part of the week.

A first appointment starts with your story: when it began, what your hands do all day, what you have tried. Then an examination – watching how the hand moves and grips, tracing the nerves up through the elbow, shoulder and neck where that is relevant, and using our hands to assess the joints and tissues involved. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on load, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your hand needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.