Tower Bridge Hospital London

Tower Bridge Hospital London
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towerbridgehospital.co.uk

PATIENT INFORMATION · ORTHOPAEDICS

Arthritis of the hand and thumb *using the hand does not wear it out faster*

Osteoarthritis of the hand is very common from middle age onwards, particularly at the base of the thumb and the end finger joints. It causes pain, stiffness and bony swellings — and it responds considerably better to exercise, splinting and load management than most people are led to expect.

Arrange assessment rather than assuming osteoarthritis if there is

- **swelling of the knuckles and middle finger joints**, symmetrically on both hands
- **morning stiffness lasting more than 30 minutes**
- a **hot, red, exquisitely painful joint** with fever
- **rapid onset over weeks**, with fatigue or feeling unwell
- **numbness or tingling** in the fingers, or weakness of grip
- a **lump that is growing**, or nail changes and skin plaques

Symmetrical swelling of the knuckles with prolonged morning stiffness suggests rheumatoid arthritis, which needs urgent referral — osteoarthritis characteristically affects the end joints and thumb base and causes stiffness lasting minutes. Nail pitting with joint swelling suggests psoriatic arthritis.

Where it occurs

- **Base of the thumb** — the commonest and most disabling site. Pain gripping, pinching, opening jars, turning keys and using a phone.
- **End finger joints** — bony swellings called Heberden's nodes. Often painful for a period while they form, then settling into painless deformity.
- **Middle finger joints** — Bouchard's nodes, less common.
- Stiffness that is **worst in the morning but lasts only minutes**, easing with movement.
- It is strongly hereditary, more common in women, and often begins around the menopause.

Using your hands does not accelerate it

The commonest fear is that continuing to use a painful hand wears the joint out faster. It does not. Cartilage is maintained by loading, and **hand exercise programmes measurably improve grip strength, function and pain** in trials. Avoiding use leads to weakness, stiffness and more pain, not less. What helps is changing *how* you load the joint — not stopping.

What helps

- **Hand exercises** — a structured programme of range-of-movement and strengthening work, done daily. This has the best evidence of anything.
- **A thumb base splint** for thumb arthritis, worn during aggravating activities and sometimes at night. Effective, and often the single most useful intervention.
- **Joint protection** — use larger joints where possible, spread load across both hands, avoid sustained tight pinch grips.
- **Adapted equipment** — chunky-handled tools, jar openers, tap turners, key grips, lever door handles. Cheap, and they transform daily tasks.
- **Topical anti-inflammatory gel**, which is recommended ahead of tablets for hand osteoarthritis and works well because the joints are superficial.
- **Heat** before activity and exercises; some prefer cold after.

If that is not enough

- **Oral anti-inflammatories**, at the lowest effective dose for the shortest period, with stomach protection where appropriate.
- **Steroid injection** into the thumb base — useful for a painful flare, ideally under ultrasound guidance given how small the joint is. Relief typically lasts weeks to months.
- **Hand therapy** with a specialist therapist for a tailored programme and custom splinting.
- **Surgery** — trapeziectomy for thumb base arthritis is effective for pain in well-selected people, with a recovery of around three months. Fusion or joint replacement is used for some finger joints.
- Mucous cysts at the end joints can be removed if they are troublesome or grooving the nail.

What does not help

Glucosamine and chondroitin have **no meaningful evidence** in hand osteoarthritis and are not recommended. Nor are copper bracelets or magnetic devices. Cracking your knuckles does not cause arthritis. Diet has little direct effect, though maintaining a healthy weight and staying generally active help overall.

> **Why come to us.** Hand arthritis is often met with 'it's wear and tear, take some paracetamol'. Our orthopaedic and physiotherapy teams assess which joints are involved, **exclude inflammatory arthritis with bloods taken in-house**, fit and supply splints, set up a hand exercise programme, and offer **ultrasound-guided injection on site** where a flare needs settling. Surgical referral is arranged when the time is right rather than as a first resort. Seven days a week, no referral needed.

Splints, exercises and guided injection on site

Inflammatory arthritis excluded with bloods in-house.
Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

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020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Orthopaedic** · **Physiotherapy** · **Ultrasound-Guided Joint Injections** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG226 guidance on osteoarthritis in over-16s. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.