

THUMB ARTHRITIS

Thumb arthritis affects the joint at the base of the thumb where the thumb meets the wrist, often called the basal joint. This joint is lined with smooth cartilage that lets the bones glide easily. With osteoarthritis, that cartilage wears down over time, leading to pain, stiffness, and sometimes deformity. Thumb arthritis is one of the most common forms of arthritis in the hand. It is more common in women and usually appears after age 40. Family history, prior thumb injuries, and conditions like rheumatoid arthritis or lupus can all increase the chance of developing this problem.

Signs and Symptoms

People with thumb arthritis often notice pain at the base of the thumb, especially with activities that involve pinching, gripping, or twisting—such as opening jars, turning keys, writing, or using scissors. The joint may feel tender, swollen, or stiff, particularly in the morning or after heavy use. As the arthritis progresses, the thumb may lose strength and range of motion, and the base of the thumb can look larger or more prominent due to bone spurs and joint changes.

Diagnosis

During the exam, the provider may gently move and compress the thumb joint to see if this reproduces pain or a grinding sensation. X-rays are often used to confirm the diagnosis and to see how much arthritis is present. The combination of your symptoms, physical exam, and imaging helps guide treatment decisions.

Treatment Options

Treatment is based on how much the arthritis affects your comfort and function. Arthritis changes on an X-ray often slowly progress over time, but symptoms do not always get worse and may even improve for some people. Many patients do well for years with nonsurgical care.

Nonsurgical treatment may include a combination of options such as anti-inflammatory medications (when appropriate), the use of heat or ice, and a splint or brace to support the thumb and limit painful motion. Occupational or hand therapy can teach exercises to maintain motion and strength and suggest ways to modify activities and tools (for example, using larger grips) to reduce stress on the joint. Avoiding or adjusting painful activities and, in some cases, getting a steroid injection into the joint can provide additional relief.

If these measures are no longer enough and pain significantly limits daily activities, surgery may be considered. Surgical options may involve removing part or all of a small bone at the base of the thumb (the trapezium) and reconstructing or “suspending” the joint with nearby tissue, or in some cases fusing the bones so the joint no longer moves. These procedures are typically done as outpatient surgery. Recovery can take from about 8 weeks up to a year for full strength and comfort, and hand therapy is often recommended to restore motion and function. Your surgeon will review which nonsurgical and surgical options are best for you based on your symptoms, activity level, and goals.

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