

The management of non-traumatic wrist disorders: A national survey of practice by UK clinicians in primary and secondary care.

Background

Non traumatic wrist disorders (NTWD) are common in adults¹, but have **few evidence-based guidelines** to inform optimal management². **Stakeholders** highlighted a need for improvements in all aspects of the journey of care³. The **aim** was to report **current management** for patients with NTWD between **different practitioners** across different care settings.

Methods

UK-based musculoskeletal (MSK) clinicians participated in an **online survey** following invitation through special interest groups, online forums, social media and emails across professional networks. Data collection was from 01.07.23 to 01.11.23. **Missing data** ranged from 0-26%. **Missingness patterns** were **explored** and found to be related to the order of questions and to a lesser extent professional group and care setting. Repeat analyses was made using **multiple imputation (MI)** of missing data with **30 imputed** datasets using Rubin's rules⁴.

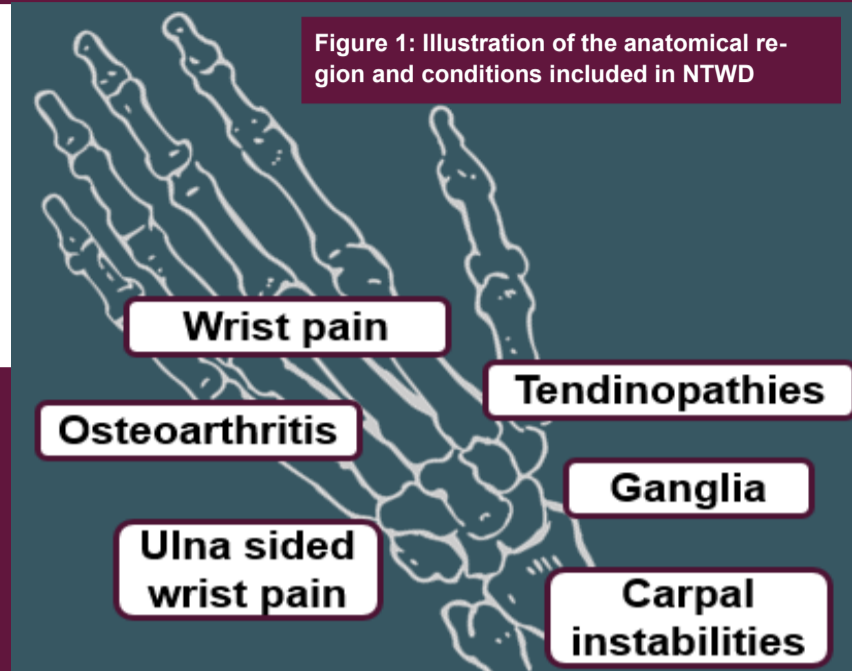


Figure 1: Illustration of the anatomical region and conditions included in NTWD



Figure 2: Clinicians belief in their ability to make specific diagnosis for NTWD by professional group and work setting (MI data, n=330)

The **330 datasets** comprised of **124 MSK rehabilitation**

Results

clinicians (37%), 80 (24%) first contact practitioners (FCP's), 65 (20%) surgeons and 61 (19%) hand therapists. Secondary care (139, 42%), primary care (96, 29%), community care (55, 17%) and private clinic (37, 11%) were recorded as work settings. Completion rates were >70% and analyses after MI were similar to available-case analysis.

64.3% of respondents felt completely or very confident in their ability to make specific NTWD diagnoses with **surgeons most**, and **FCPs least**, confident (Fig 3).

Those clinicians who felt able to reach specific diagnosis were most confident diagnosing **de Quervain's** and least confident diagnosing **wrist instability** and **ulna-sided problems**. The professional group who had least confidence in their ability to manage NTWD was **MSK rehabilitation (52.2%)** while **71.3%** of hand therapists and **64.9%** of hand surgeons were 'Completely/ Fairly confident'

The most useful diagnostic methods were **subjective questioning**, **symptom reproduction** and **palpation**, whilst **MRI** was the most rated **advanced diagnostic** for NTWD, followed by **X-ray**. **Local exercise** prescription and **attempting self-management** were the most recommended treatments. Variability was found in the types and usage of patient related objective markers.

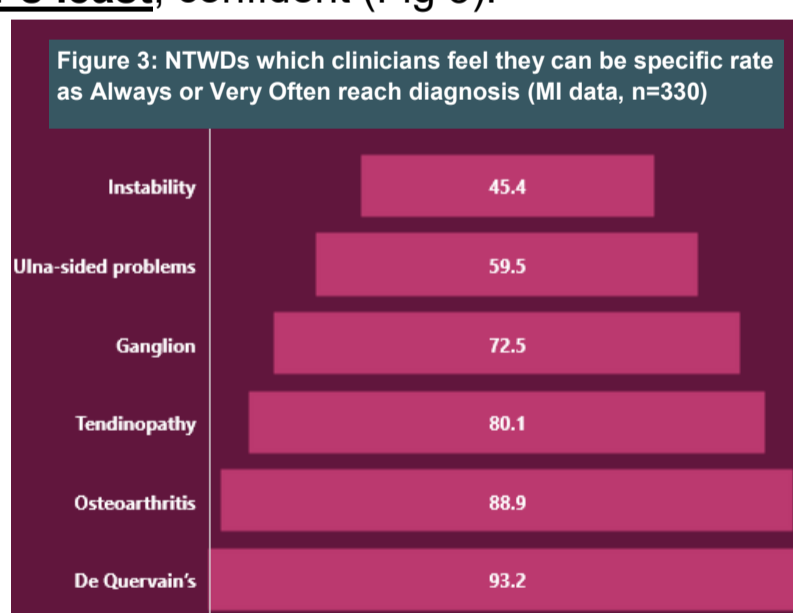


Figure 3: NTWDs which clinicians feel they can be specific rate as Always or Very Often reach diagnosis (MI data, n=330)

Conclusions

Current management delivered for people presenting with NTWD has **been surveyed** and information has been gathered about clinicians preferred **assessment and management techniques** plus their use of patient related objective markers. Variability between clinical groupings and work setting has been found, notably in the domains of **specificity of diagnosis** and **confidence in management**. Deeper understanding the **clinical decision-making and practice behaviour** of clinicians would have value in future studies into NTWD.

For a **digital copy** of the poster, additional data and **references** in the text please scan this **QR code** to access online materials:



This work is produced as part of the lead authors Graduate Teaching Associate funded by Sheffield Hallam University. Co-authors completed work as part of their MSc programme at Sheffield Hallam University.

Prof G Peat, B Dean, Prof S McLean, and N Hamilton are acknowledged as contributors as part of the lead authors research and su-

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