# Musculoskeletal complaints in patient with congenital disorders of the hand and arm.

No registrations found.

**Ethical review** Positive opinion

**Status** Pending

Health condition type -

**Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON22283

**Source** 

Nationaal Trial Register

**Brief title** 

none

#### **Health condition**

Musculoskeletal complaints

Musculoskeletal Pain (Pubmed MeSh

Congenital anomalies of the upper extremity

Upper Extremity Deformities, Congenital

Adult

Male

**Female** 

**Ouestionnaire** 

Cross-sectional study

Overbelastingsklachten; aangeboren afwijking; arm; hand; bovenste extremiteiten; volwassenen; mannen; vrouwen.

## **Sponsors and support**

**Primary sponsor:** University Medical Center Groningen

Source(s) of monetary or material Support: Fund pending: Stichting Beatrixoord Noord

#### Intervention

#### **Outcome measures**

#### **Primary outcome**

Patient reported musculoskeletal complaints

Pain reported on visual analog scale.

Items on pain in SF-36 questionnaire.

#### **Secondary outcome**

Reported upper extremity function

**UEWD-R** questionnaire

PDI questionnaire

DASH questionnaire

## **Study description**

#### **Background summary**

The objective of this study is to determine the prevalence of musculoskeletal complaints in congenital anomalies of the upper extremity compared to healthy subjects. Its design is a cross-sectional study using a postal survey. Seven rehabilitation centers in the Netherlands will hopefully contribute; UMCG, Revalidatie Friesland, De Vogellanden, Sint Maartenskliniek, Adelante Limburg, De Hoogstraat Revalidatie, Rijndam Revalidatie.

The following outcomes will be measured: self-reported function and disability of the upper extremity; self-reported prevalence of musculoskeletal complaints and related disability; general and mental health perception; questionnaires (subscales) in Dutch: DASH (Disabilities of the Arm, Shoulder and Hand), Pain Disability Index, RAND-36.

#### Study objective

Patients with a congenital anomaly are more likely to develop musculoskeletal complaints compared to healthy individuals.

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#### Study design

One timepoint: the filling out of the questionnaire.

#### Intervention

None

## **Contacts**

#### **Public**

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# **Eligibility criteria**

#### Inclusion criteria

- Patients and healthy subjects aged 18 years or older.
- Sufficient knowledge of the Dutch language to fill out the questionnaire
- A large congenital anomaly of the upper extremity classified by the "OMT CLASSIFICATION OF CONGENITAL HAND AND UPPER LIMB ANOMALIES" as follows:
- I. MALFORMATIONS
- A. Abnormal axis formation/differentiation—entire upper limb
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1. Proximal-distal axis
iBrachymelia with brachydactyly
iiSymbrachydactyly
a) Poland syndrome
iv. Intersegmental deficiency
a) Proximal (humeral - rhizomelic)
b) Distal (forearm – mesomelic)
c) Total (Phocomelia)
v. Whole limb duplication/triplication
2. Radial-ulnar (anterior-posterior) axis
iRadial longitudinal deficiency - Thumb hypoplasia (with proximal limb involvement)
iiUlnar longitudinal deficiency
iiiUlnar dimelia
ivRadioulnar synostosis
vCongenital dislocation of the radial head
viHumeroradial synostosis - Elbow ankyloses
viiMadelung deformity
3. Dorsal-ventral axis
iVentral dimelia
a) Furhmann/Al-Awadi/Raas-Rothschild syndromes
b) Nail Patella syndrome
iiAbsent/hypoplastic extensor/flexor muscles
4. Unspecified axis
iShoulder

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a) Undescended (Sprengel)
b) Abnormal shoulder muscles
c) Not otherwise specified
iiArthrogryposis
B. Abnormal axis formation/differentiation— hand plate
1. Proximal-distal axis
iBrachydactyly (no forearm/arm involvement)
iiSymbrachydactyly (no forearm/arm involvement)
2. Radial-ulnar (anterior-posterior) axis
iRadial deficiency (thumb - no forearm/arm involvement)
iiUlnar deficiency (no forearm/arm involvement)
vUlnar dimelia (mirror hand – no forearm/arm involvement)
3. Dorsal-ventral axis
iDorsal dimelia (palmar nail)
iiVentral (palmar) dimelia (including hypoplastic/aplastic nail)
4. Unspecified axis
iSoft tissue
d) Distal arthrogryposis
iii. Complex
a) Complex syndactyly
b) Synpolydactyly— central
c) Cleft hand
d) Apert hand

II. DEFORMATIONS C. Not otherwise specified III. DYSPLASIAS A. Hypertrophy 1. Whole limb i.....Hemihypertrophy ii....Aberrant flexor/extensor/intrinsic muscle 2. Partial limb i.....Macrodactyly ii....Aberrant intrinsic muscles of hand **Exclusion criteria**  Comorbidity severely affecting upper extremity function Amputation of the upper extremity • Transverse reduction defects of the upper extremity classified by the "OMT CLASSIFICATION OF CONGENITAL HAND AND UPPER LIMB ANOMALIES" as follows: I. MALFORMATIONS A. Abnormal axis formation/differentiation—entire upper limb 1. Proximal-distal axis b) Whole limb excluding Poland syndrome iii. Transverse deficiency a) Amelia b) Clavicular/scapular

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e) Not otherwise specified

c) Humeral (above elbow)
d) Forearm (below elbow)
e) Wrist (carpals absent/at level of proximal carpals/at level of distal carpals ) (with forearm/arm involvement)
f) Metacarpal (with forearm/arm involvement)
g) Phalangeal (proximal/middle/distal) (with forearm/arm involvement)
B. Abnormal axis formation/differentiation— hand plate
1. Proximal-distal axis
iiiTransverse deficiency (no forearm/arm involvement)
a) Wrist (carpals absent/at level of proximal carpals/at level of distal carpals)
b) Metacarpal
c) Phalangeal (proximal/middle/distal)
II. DEFORMATIONS
A. Constriction ring sequence
• 'Minor' congenital anomalies classified by the "OMT CLASSIFICATION OF CONGENITAL HAND AND UPPER LIMB ANOMALIES" as follows:
B. Abnormal axis formation/differentiation— hand plate
2. Radial-ulnar (anterior-posterior) axis
iiiRadial polydactyly
ivTriphalangeal thumb
viUlnar polydactyly
4. Unspecified axis
iSoft tissue
a) Syndactyly

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- b) Camptodactyly
- c) Thumb in palm deformity
- ii. Skeletal deficiency
- a) Clinodactyly
- b) Kirner's deformity
- c) Synostosis/symphalangism (carpal/metacarpal/phalangeal)
- **II. DEFORMATIONS**
- B. Trigger digits

# Study design

### **Design**

Study type: Observational non invasive

Intervention model: Parallel

Masking: Open (masking not used)

Control: N/A , unknown

#### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-01-2018

Enrollment: 200

Type: Anticipated

## **Ethics review**

Positive opinion

Date: 22-12-2017

Application type: First submission

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

NTR-new NL6763 NTR-old NTR6940

Other METc UMCG: 2017/481

# **Study results**

#### **Summary results**

None yet