

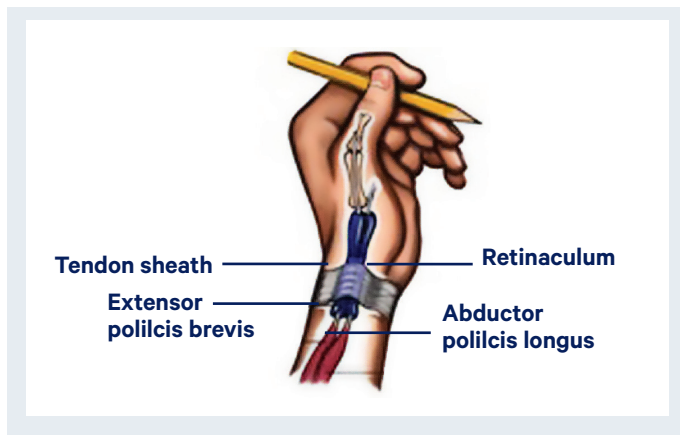
De Quervain's Tenosynovitis

WHAT IS DE QUERVAIN'S TENOSYNOVITIS AND HOW DOES IT HAPPEN?

De Quervain's tenosynovitis is a condition that affects two tendons that run from the back of the thumb down the side of the wrist. De Quervain's tenosynovitis happens when these tendons are swollen and irritated. Swelling of the tendons and the tendon sheath (a tunnel-like structure that the tendons travel through at the wrist) can cause pain and tenderness along the thumb side of the wrist.

De Quervain's tenosynovitis may be caused by an injury or repetitive movement of the thumb and wrist. It is up to 10 times more common in women. People who are older than 40 are almost 4 times more likely to develop De Quervain's tenosynovitis than people who are under 20. It is very common in new mothers due to the sudden increase in lifting demands and sustained positions of the wrist while holding the baby.

When the tendons are swollen you may experience pain at the thumb side of the wrist that can travel up the forearm. The pain may appear gradually or suddenly. The pain is usually worse when the hand and thumb are being used. Swelling may be seen over the thumb side of the wrist. Pain and swelling may make it difficult to move the thumb and wrist.



HOW IS DE QUERVAIN'S TREATED?

Hand Therapy

Your hand therapist will assess your wrist and thumb and treatment may include

- A splint to properly rest the tendons.
- Advice about how to modify activities to rest the irritated tendons.
- Massage, ultrasound, anti-inflammatory medications to settle your swelling.
- Exercises for movement and strength.
- Help to gradually return to normal activity.
- Referral for an ultrasound scan to look at the tendons.



Corticosteroid Injection

If symptoms don't settle or are very severe, your hand therapist may discuss a corticosteroid injection. This puts a strong anti-inflammatory medicine into the tendon sheath to help reduce the swelling and pain. Your hand therapist can refer you to a doctor for a corticosteroid injection and will see you after the procedure to continue your rehabilitation.

WHAT CAN I EXPECT FROM MY REHABILITATION?

The initial treatment is to rest the tendons by wearing a splint that stops the wrist and thumb moving for 4-6 weeks. The splint is worn day and night and is only taken off to wash the hand and do exercises. In some cases the area is also injected with a steroid to help reduce the swelling.

Your hand therapist will see you regularly to monitor your progress and introduce soft tissue treatments and exercises when appropriate.

Once the pain and swelling settle you can gradually return to activity, your hand therapist will teach you safe ways to use your hand and may provide a soft splint for light support. It may take up to 12 weeks to fully return to normal activity.

Do

- Wear your splint.
- Avoid moving your wrist and thumb the same way repeatedly.
- Follow your hand therapists instructions about exercises and using your hand.
- Avoid tasks that involve any strong gripping or lifting.

Do Not

- Remove your splint without guidance from your hand therapist.



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WHAT SHOULD I LOOK OUT FOR?

- Look out for activity that causes pain, swelling or numbness in your thumb and wrist, try to avoid it, and share that information with your hand therapist.
- Tell your hand therapist if your splint is too tight or uncomfortable, your splint becomes loose or if you have any numbness or pins and needles.
- If your wrist becomes red, swollen and painful you should stop your exercises and book an appointment to see your hand therapist. Elevation and ice may be helpful to reduce swelling.
- If things are getting worse book an appointment to see your hand therapist.

WHAT WILL HAPPEN IF I DO NOT HAVE TREATMENT?

In most cases pain and swelling will worsen with time and become much harder to treat. This will effect you in everyday tasks. Treatment is more effective if started within the first few months of noticing your symptoms.

CONTACT DETAILS AND REFERENCES

Your hand therapist is

Merivale Hand Clinic (03) 3559775

<http://orthoinfo.aaos.org>

Ilyas, A. M., Ast, M., Schaffer, A. A., & Thoder, J. (2007). De quervain tenosynovitis of the wrist. *Journal of the American Academy of Orthopaedic Surgeons*, 15(12), 757-764.

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