

Extensor Carpi Ulnaris (ECU) Injury

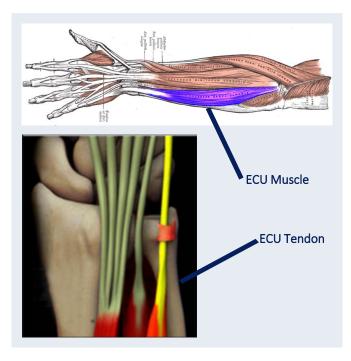
WHAT IS AN ECU INJURY AND HOW DOES IT HAPPEN?

ECU tendonitis is the result of inflammation of the ECU tendon. This condition is most common in non-athletes, however ECU injuries frequently occur in tennis, golf and the rugby codes.

The ECU tendon sheath can be irritated and become inflamed by repetitive forward and backwards movement of the wrist, or when the tendon is put under excessive load. This results in pain with gripping and twisting movements of the wrist e.g. opening bottles.

Signs and symptoms of ECU tendonitis include:

- Tenderness directly over the ECU tendon
- Swelling or fullness of the tendon sheath
- Pain with twisting movements e.g. opening doors, opening jars or bottles



HOW IS AN ECU INJURY TREATED? Hand Therapy

Your hand therapist will assess your wrist and treatment may include

- A splint and changing how you use your hand in activities to rest the irritated tendons
- Massage, ultrasound and anti-inflammatory treatments to settle your swelling
- Gradual strengthening exercises for your wrist
- Referral for scans or to a surgeon

Injection or surgery

- A cortisone injection can be helpful to reduce inflammation if your injury is not improving
- An injection is usually done by a surgeon and is most effective when followed by time in a cast or splint
- Surgery may be needed to fix the ligaments that form the tunnel if it is not holding the tendon in place properly



WHAT CAN I EXPECT FROM MY REHABILITATION?

The initial treatment is to rest the wrist by wearing a splint which stops the wrist from moving for a 4-6 week period. The splint is worn day and night and is only taken off to wash the hand and perform exercises given by your hand therapist.

If the symptoms are longstanding (more than 3 months) and you have not improved with hand therapy, your hand therapist may refer you to a hand surgeon for a cortisone injection. In this scenario the area is injected with a steroid which is a strong anti-inflammatory that helps reduce the swelling and pain. Sometimes the wrist is placed into a cast following the injection for a period of 3 weeks.

Do

- Wear your splint.
- Follow your hand therapists' instructions about exercises and using your hand.
- Avoid or modify daily tasks that involve any strong gripping or lifting, especially when twisting the forearm

Do Not

 Remove your splint without guidance from your hand therapist.



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WHAT SHOULD I LOOK OUT FOR?

- Look out for any activity that causes pain or swelling of the injured area. Try to avoid aggravating activities and share that information with your therapist.
- 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 your symptoms are getting worse book an appointment to see you hand therapist.

WHAT WILL HAPPEN IF I DO NOT HAVE TREATMENT?

In most cases pain and swelling will get worse with time and become much harder to treat. This will affect you in everyday tasks such as twisting open door handles, turning keys in locks, and lifting pots with your injured hand. Treatment is more effective if started within the first few months of symptoms.

CONTACT DETAILS AND REFERENCES

Your hand therapist is______ Merivale Hand Clinic (03) 3559775

Atlas of Hand Anatomy and Clinical Implications. Yu Chase & Strauch

British Journal of Sports Medicine https://bjsm.bmj.com/content/47/17/1105

Common Injuries in the Hand and Wrist. Ben Cunningham (Australian Registered Hand Therapist, Masters of Hand Therapy)