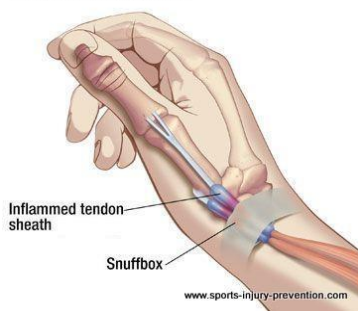


De Quervain's

De Quervain's Tenosynovitis



What is De Quervain's?

De Quervain's is a temporary thickening and narrowing of an area called the first dorsal compartment at the base of the thumb. Two tendons travel through this compartment: the extensor pollicis brevis (EPB) and the abductor pollicis longus (APL).

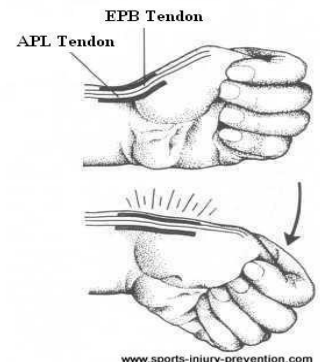
What are the symptoms of De Quervain's?

- Pain and tenderness at the side of the wrist beneath the base of the thumb
- Pain on moving the thumb and wrist
- Pain during functional use of the hand and wrist

How is De Quervain's treated?

Treatments for De Quervain's include these options:

- Steroid injection with or without a thumb and wrist splint for 2 weeks +/- activity modification. This is recommended as the best first line management for the condition and has a success rate of approx. 74% with 2 injections.
- Use of a thumb/wrist splint only for 6 weeks +/- activity modification
- Surgery to release the tendons



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plinting

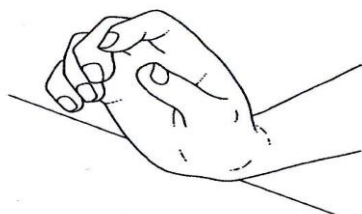
- Ideally splints are custom made by a hand therapist, your GP can refer you
- They are used to prevent repetitive use of your wrist and enable the tendons to rest and to reduce pain while you are using your hand and wrist
- Your splint should be discarded after 6 weeks use and gradually increase in the use of your hand
- A hand therapist can help you with ergonomic advice and activity modification

Activity modification

Avoid using your thumb in a wide span combined with a wrist that is very flexed towards the palm, especially for prolonged periods of time. Opening jars, lifting a small child, piano playing are examples of activities that may make pain worse. Repetitive thumb movements e.g. texting or using a gaming console can be aggravating too.

Range of movement exercises

Some gentle motion is helpful to keep the tendons from getting stiff and deconditioned. Remove your splint to do the exercises a few times a day ensuring they are done within a comfortable range, i.e. they should not be painful. Repeat 5-10 times as comfort allows.



Wrist flexion and extension.

Bend your wrist forwards and backwards.

Repeat ____ times.

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Forearm on a table, turn palm up and down keeping elbow still.



Repeat ____ times.

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Place your little finger on a table.

Bring your thumb away from the palm and then back to the index finger.

Repeat ____ times.

Check movement is occurring at the base of the thumb.

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a) Elbow or back of your hand on a table.

Put your thumb against each fingertip in turn. Making an 'O'.

Repeat ____ times.

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Place the palm of your hand on a table.

Bring your thumb away from the index finger and lift your thumb up from the table. Lower thumb back down onto the table and move back in towards the index finger.

Repeat ____ times.

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If further intervention is required

- If there is no improvement following hand therapy or a steroid injection, your GP can make a referral for a surgical opinion.

References

Cavaleri R, et al. (2016) Hand therapy versus corticosteroid injections in the treatment of de Quervain's disease: A systematic review and meta-analysis. *Journal of Hand Therapy* (29) 3-11

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Effectiveness of Corticosteroid Injections for Treatment of de Quervain's Tenosynovitis Jinhee K. *HAND* 2017, Vol. 12(4) 357–361

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For further general health-related information, please ask the relevant department for an Information Prescription or contact:

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