



DE QUERVAIN'S TENDINOPATHY

ABOUT

De Quervain's tendinopathy is a painful condition that affects the thumb tendons at the wrist level. Tendons are the rope like structures that connect muscle to bone. This tendinopathy involves the thumb tendons that lift the thumb up (extensor pollicis brevis) and out away from the palm (abductor pollicis longus); and a tendon sheath, which is like a protective covering, encases these tendons to allow smooth gliding. At the wrist level they run through a tunnel like structure called the first dorsal compartment, part of the extensor retinaculum, which helps to hold the tendons in place. Inflammation or changes to the tendons, the overlying sheath or retinaculum can result in impaired gliding of the tendons through this compartment, and subsequent pain and restriction in movement can develop. De Quervain's tendinopathy symptoms usually begin spontaneously and can worsen over time if left untreated.

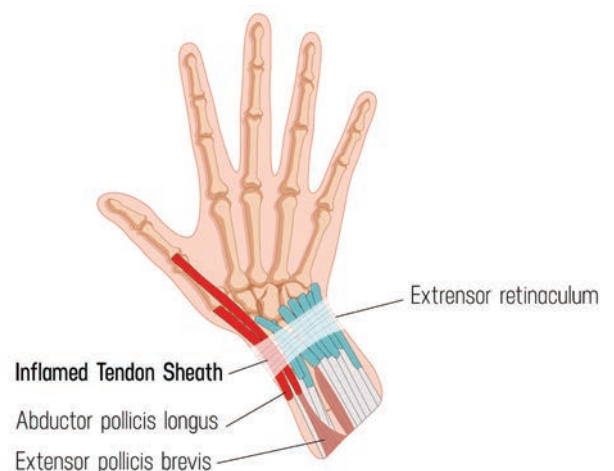
Factors that may contribute to the development of this tendinopathy:

- Forceful, sustained, or repetitive thumb and wrist movement. Opening jars, cutting with scissors, playing the piano, doing needlepoint work are a few examples of provocative activities.
- The condition can affect both men and women, however it is most common in women between the ages of 35 and 55. Women are more susceptible to de Quervain's as it is often associated with pregnancy, breastfeeding and caring for young children. This can be due to hormonal changes as well as repetitive or sustained movements that may occur when positioning for breastfeeding and looking after a new baby e.g. picking baby up under their arms where the thumb is up and out away from palm.
- Although less common, acute injuries to the first dorsal compartment can occur. A sudden wrenching of the wrist and thumb, a direct blow to the area, or a fall on an outstretched hand can precipitate the condition.

SYMPTOMS

- Pain at the thumb side of the wrist (specifically over the bony prominence on the thumb side of the wrist), pain can sometimes radiate to the thumb or up the forearm
- Pain is aggravated with movement of the thumb or attempting to grasp or pinch objects, as well as moving the wrist in the direction of the little finger
- Swelling at the thumb side of the wrist
- A feeling of 'sticking', 'catching' or 'crunching' under the skin with movement of the thumb
- Reduced thumb movement

1ST DORSAL COMPARTMENT INFLAMMATION



HOW HAND THERAPY CAN HELP

A therapist can help by developing a treatment program that is tailored to your circumstances and meet your specific needs. Conservative management often involves a therapist fabricating a custom made orthosis (support) to limit wrist and thumb movement to allow the thumb tendons to rest, decrease inflammation and promote healing. The orthosis is generally worn full time for 4 weeks and then part time for a further 2 weeks for at risk situations.

Treatment may also include other modalities to assist in reducing pain and swelling, as well as advice on activity and work modification to avoid the positions and actions that may be potentially contributing to the symptoms. As your symptoms improve, your therapist will be able to guide you through a graded exercise program to regain full movement and strength of the affected thumb and wrist with the ultimate goal for you to return to your meaningful activities without pain.

In conjunction with the orthosis, a corticosteroid injection may also be recommended by your medical practitioner or a hand surgeon to help decrease inflammation and pain. If conservative management does not help to resolve the condition and symptoms are persisting, a referral to a hand surgeon may be indicated for an operation to surgically release the first dorsal compartment to allow more room for the thumb tendons to move. After the procedure you may see a therapist again to help regain movement, for scar management, desensitisation program and for strengthening exercises to help prevent recurrence of the condition.



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