

De Quervain's tenosynovitis

Patient Information

What is de Quervain's tenosynovitis?

De Quervain's is a painful but common problem associated with thumb movements. Two tendons that help to move the thumb run through a tunnel between the thumb and the wrist called a sheath. Thickening of the sheath restricts the glide of the tendons causing pain and swelling.

The pain can vary from mild which can spontaneously resolve in a few weeks, to severe which can take several months and will require some form of intervention to manage the symptoms.

What are the symptoms?

- Pain on the thumb side of the wrist
- Movements involving the thumb and wrist such as pinching, grasping, gripping or wringing may make symptoms worse
- Swelling around the site of pain which can extend upwards towards the thumb or downwards and across the wrist in comparison to the other wrist
- Tenderness around the site of the pain
- Weakness in pinch or grip



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Cause

In many cases the cause is unknown. Significant anatomical differences exist within the first extensor compartment containing these tendons so symptoms can affect people in varying ways. It is more common in women, particularly during pregnancy, and generally in an active, working population but this is not exclusive.

Possible triggers are:

- Following trauma
- Overuse
- Hormonal changes e.g. during pregnancy
- Spontaneous with no clear cause

Treatment

1. Rest – limit the aggravating movements or activities where possible to reduce the pain and allow time for the symptoms to settle
2. Pain relief – take appropriate analgesia or use topical gels or creams to help reduce the pain
3. Splinting – use a splint either off the shelf or a custom made one that includes both the thumb and wrist as shown below to allow the thumb to rest

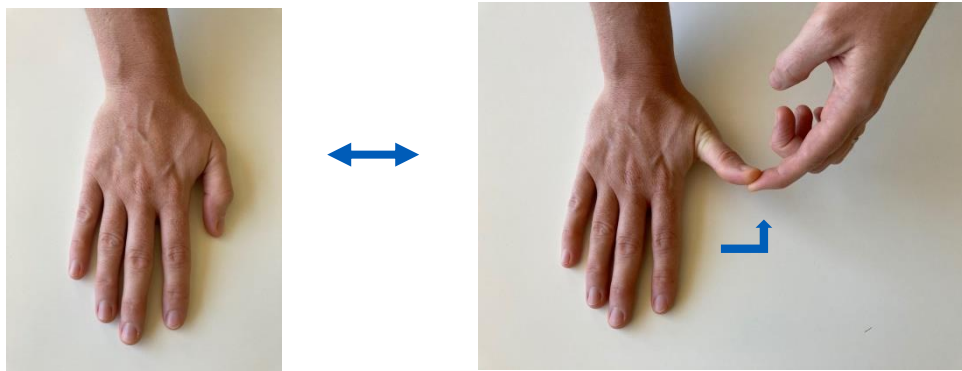


4. Physiotherapy – this will involve a rehabilitation programme including advice, education and exercises which will be individually tailored based on your symptoms
5. Steroid injection – if Physiotherapy does not resolve your symptoms an injection may be appropriate but this will be discussed by your GP or Physiotherapist
6. Surgery – if your symptoms persist despite the above mentioned treatments then surgery may be an option but is only advised for individuals with severe pain and dysfunction

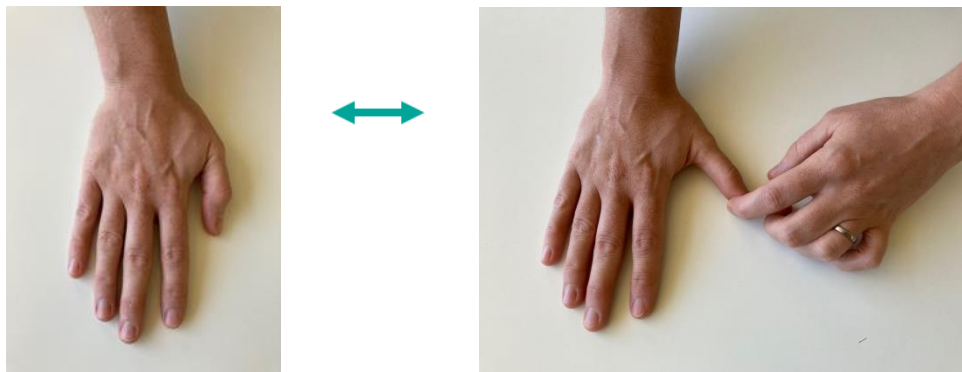
Exercises

- If you have been instructed to wear a splint remove for all exercises.
- Do NOT exercise into pain, although you may experience some mild discomfort that settles within an hour.
- Your physiotherapist will guide you as appropriate with regards to the progression of exercises.

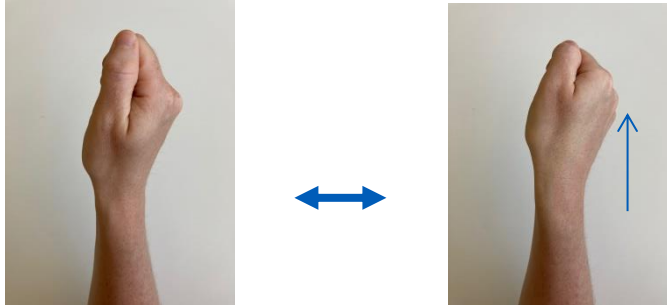
1. Start with your hand flat on the table. Using your unaffected hand lift your thumb up and away from your index finger. Then slowly lower it back down towards your index finger. Repeat 10 times



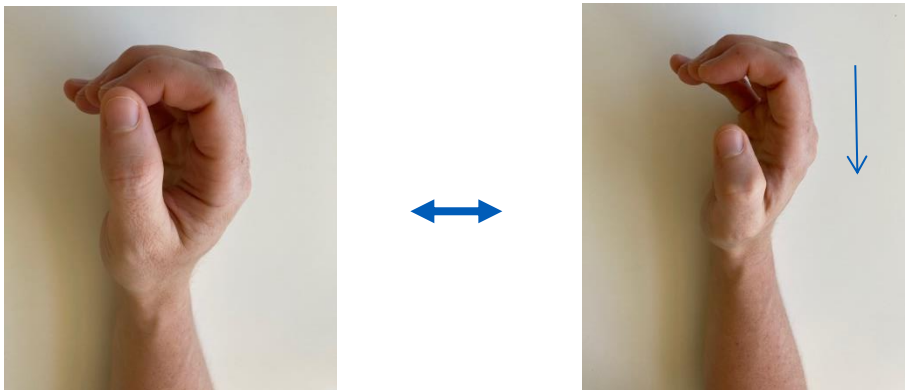
2. Start with your hand flat on the table. Using your unaffected hand move your thumb away from your index finger. Then actively move your affected thumb back to the start position. Repeat 10 times



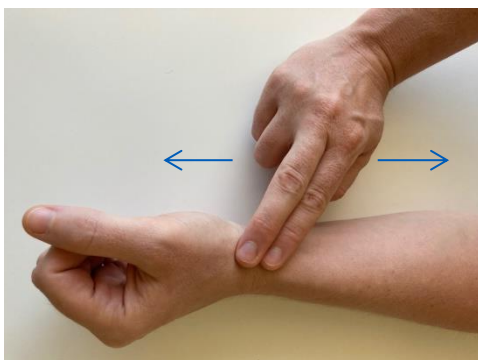
3. With your elbow resting on a stable surface and your wrist in a neutral position, gently drop your wrist down towards your little finger into discomfort. Then return to the start position. Repeat 10 times



4. With your forearm resting on the table. Place the tip of your thumb on your index finger and gently draw your thumb backwards towards your wrist. Keep your fingers relaxed. Repeat 10 times.



5. Place your hand and forearm on a stable surface and relax your wrist and hand. Using the index finger and middle finger off your unaffected hand, gently rub up and down the thumb side of your wrist for 1 minute so that area in question starts to feel warm. Repeat little and often throughout the day.



Rehab tips for your hand and wrist

1. Warm water exercises

Submerge the affected hand/arm in warm water for up to 5 mins and practise the exercises taught by your therapist.

2. Sensory Exercises

If you develop hypersensitivity, sensory exercise will help settle this

- Use different textures/materials to rub over the areas that are sensitive for 2-3 mins each. Aim to use 4-6 different textures per day.
- Using a bowl of dry rice, spend 10 mins gently raking/grasping/swirling the rice and working it between your fingers.

3. If a splint is provided wear it as directed by your therapist. You may need to wear it for a minimum of 3 weeks, and could be as long as 3 months depending on the severity of your symptoms.

4. Your therapist may discuss taping to help ease your symptoms, and if this is indicated they will teach you how to do this.

Further Information

If you would like to seek the advice of a physiotherapist, there are a number of options within Wiltshire. Please speak to your GP practice about the ways you can be referred.

Alternatively, you can visit our website for further information on accessing our services;

<https://wiltshirehealthandcare.nhs.uk/physiotherapy/>

Safeguarding

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If you or your carer have any concerns regarding a child or adult's safety, please phone Wiltshire Safeguarding Team on 0300 456 0111 (Adult) or 0300 456 0108 (Child) (9am – 5pm Monday - Friday) or please call 999 if you feel they are in immediate danger.

Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 123 7797 and whc.pals@nhs.net

Patient and Public Involvement

We value your opinions which will help us to further develop our services.

If you wish to provide feedback or get involved in our patient participation groups, please email the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net or telephone 01249 454386. Please scan the QR code below to access the Friends and Family Test survey.

