

# De Quervain's tenosynovitis

## Information for patients

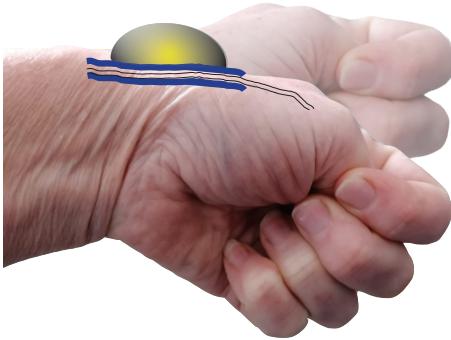


If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

The information on this handout does not seek to replace advice from a medical professional. If in doubt speak to your GP/physiotherapist. All exercises and advice suggested on this handout are undertaken at the risk of the individual.

## What is De Quervain's tenosynovitis?

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De Quervain's tenosynovitis (De Quervain's) is a condition that affects the tendon sheath (outer layer of the tendon) located at the thumb side of the wrist.

Tendons are the connective tissue that connect muscle to bone to allow movement.

The sheath becomes thickened and swollen which reduces the space for the tendons to glide during normal movement of the thumb. Symptoms include pain at the base of the thumb and swelling which may travel into the lower arm. Movements of the thumb and activities such as pinching and gripping can be especially painful.

## What causes De Quervain's tenosynovitis?

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It is not always clear what causes De Quervain's but there are some risk factors which may increase the likelihood of developing it, including:

- Repetitive movements of the wrist and hand, such as twisting and bending
- An unusual increase in activity levels involving the wrist and thumb e.g. starting a new sport, decorating and gardening
- It is also more common in new mothers, however it is not clear whether this is due to hormonal changes or the repeated lifting of the new born child.

## How is De Quervain's tenosynovitis diagnosed?

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In most cases De Quervain's can be diagnosed by the symptoms that you describe. In some cases it may be necessary to complete some simple clinical tests. These tests put the hand and wrist in different positions to reproduce your symptoms.

A clinician may also look at the rest of your arm, shoulder and neck to rule out any other causes of your symptoms.

Imaging and other tests are not always necessary but you may be sent for an ultra sound scan or MRI if the diagnosis is unclear.

## How is De Quervain's tenosynovitis treated?

De Quervain's is usually treated non-operatively (without surgery), with a combination of physiotherapy and steroid injection. Physiotherapy may include:

- Modifying activity– adapting activities that increase symptoms, a thumb splint may be offered for activities that irritate the symptoms (example splint right)
- Pain management– Pain relief, ice and heat therapy may help reduce symptoms. Speak to a pharmacist or GP for advice on pain relief
- Exercise which moves the tendons and strengthens the muscles in the wrist and thumb.



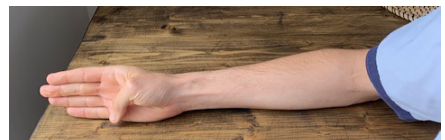
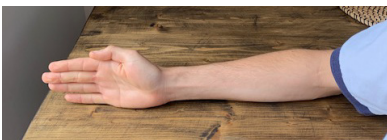
In extreme cases, where non-operative management fails to improve your symptoms you may be offered decompression surgery to increase the space for the tendons.

## Exercises

You should complete exercises 1 and 2 daily and complete exercises 3 and 4 every other day. It is expected that the exercises may cause some irritation of the symptoms initially but this should not last more than a few hours. If it does, it may be necessary to reduce the repetitions.

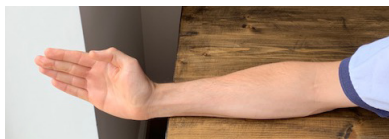
### 1 Opposition tendon glide

Rest your arm on a table, your thumb rested in a comfortable position. Reach across to the base of the little finger with your thumb. You may need to assist the movement with your other hand. Return to the start position. Repeat 12 times. Rest for 45 seconds, repeat 3 sets.



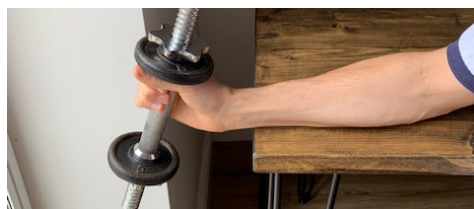
## 2 Ulnar deviation tendon glide

Rest your arm on a table so that your wrist hangs over the edge. Move your hand towards the floor as far as you can. You may need to assist the movement with your other hand. Return to the start position. Repeat 12 times. Rest for 45 seconds, repeat 3 sets.



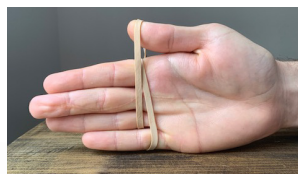
## 3 Weighted radial deviation

Rest your arm on a table so that your wrist hangs over the edge. Hold a weight\* in your hand, control the weight down towards the floor, lift the weight up moving from the wrist. Repeat 12 times. Rest for 45 seconds, repeat 3 sets.



## 4 Resisted thumb abduction

Apply an elastic band or hair bobble around your fingers and thumb. Rest your arm on a table, with your thumb rested in a comfortable position. Lift your thumb up away from the first finger, against the resistance of the band. Slowly return to the start position. Repeat 12 times. Rest for 45 seconds, repeat 3 sets.



\*The weight should be challenging to complete but it should not flare your symptoms up for longer than a couple of hours. If you do not have access to a weight you may use a bag and fill the bag with items until the weight is challenging.