Dequervains Tenosynovitis

**What is De Quervains tenosynovitis?**

De Quervain’s tenosynovitis is a common painful condition that causes swelling of the tendon sheath (which covers the tendons as they run through a tunnel on the thumb side of the wrist) or of the tendons themselves. Due to the swelling, the tendons’ ability to glide smoothly back and forth to move the thumb is restricted. This is not harmful, but it can be painful.

**How is it caused?**

De Quervain’s tenosynovitis can be caused by repetitive activities such as gripping or typing. It is also common in new mothers, as they perform repetitive movements of the hand by lifting their babies, and during pregnancy, possibly due to hormonal changes or fluid retention. In some cases, the condition develops for no known reason.

**What are the symptoms?**

You may experience:

* pain on the thumb side of the wrist, which is made worse by lifting the thumb upwards (‘thumbs up’ position), turning a key, wringing out clothes or twisting the wrist towards the little finger.
* mild swelling around the site of pain
* difficulty gripping objects.

**How is it diagnosed?**

A diagnosis can be made based on your symptoms alone and/or including a physical examination from your Physiotherapist or GP.

**What can I do?**

Rest:

It is important to limit the aggravating movements to reduce pain and allow the symptoms to settle. Try to maintain neutral wrist posture when lifting things and avoid wrist postures where wrist deviates towards little finger direction.

Splinting:

Using a splint for 4 to 6 weeks (a device used for support or immobilisation) may allow the condition to settle as it will limit the movement of thumb and wrist and helps them to rest.

Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

Exercise:

Exercises such as those below can help to strengthen your tendon, improve hand function and minimise pain. They should be done as pain allows, with some discomfort being acceptable. If a sharp shooting pain is provoked then ease off. As your pain reduces and your movement improves consider progressing to the more difficult exercises.



**What other options are there?**

Corticosteroid injections:

In persistent cases steroid injections may be considered to help with reducing swelling and pain. Steroid injections are not always a cure but some studies have reported up a 75% success rate within 2 injections. Side effects are rare but include a possible temporary flare in pain and symptoms.

Surgery:

Surgery should be considered for stubborn cases where trial of above non-surgical treatments for 3-6 months have failed to bring any improvement.