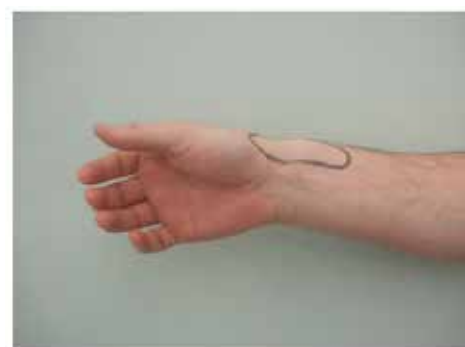


Wrist Tendonitis / De Quervain

The aim of this information sheet is to give you some understanding of the problems you may have with your wrist. It has been divided into sections, describing your wrist, what we know about De Quervain's, and your treatment options. It is not a substitute for professional healthcare advice and should be used in conjunction with verbal information given by your GP or Physiotherapist.

What is it?

It is a problem with irritation or swelling around two tendons which run side by side in a tunnel at the the thumb side of your wrist. These two tendons lift your thumb up and sideways away from the palm. Tendons attach muscles to bone. The tunnel the tendons run in is lined with a slippery membrane called tenosynovium, which helps the tendons slide and glide. Irritation of the lining causes swelling which restricts the tendon movement and causes pain, especially on movements involving the wrist and thumb e.g. grasping.



How common is it?

De Quervain's occurs most often between 30 and 50 years of age. It is 10 times more common in women. It can be due to trauma, overuse or inflammation, but often there is no clear reason. It is not harmful but can be a very painful nuisance. This is a condition that gets better on its own, but may take several weeks or months to settle.

What are the symptoms?

The main symptom is pain over the thumb side of the wrist. It may develop suddenly or gradually. It is worse with use of the hand and thumb, especially grasping, pinching and twisting. There may be swelling at the thumb side of the wrist and 'creaking' or 'snapping' when the thumb is moved. Due to pain and swelling, movement of the thumb may be less.

What tests can be done?

The main way we diagnose De Quervain's is through what you tell us and by examining your wrist and thumb.

What is the treatment?

The first treatment is to rest the wrist.

Try wearing a splint for 10-14 days.

- Change or stop all aggravating positions and activities. Stop doing an activity if your pain starts to increase, do not push through increasing pain.
- If it is not possible to stop doing a particular activity altogether, reduce the amount done at one time and take regular 'micro' breaks. Prioritise and plan daily tasks.
- Avoid repetitive hand movements e.g. wringing, turning or twisting. Check your wrist position when you do activities at work and home. You may need to modify your posture and work-station.
- Keep your wrist in a straight line with your forearm.
- Apply ice for 5 minutes to the side of your wrist at least 4 times a day. You could use some frozen peas in a small food bag, covered with a tea towel.

Try stretching your wrist like this.

Wrap your fingers around your thumb, and then gently stretch your wrist towards your little finger. This will be uncomfortable to start with but should ease off as you do more.

Repeat 10 times in a row, about 4 times a day

Physiotherapy can help with reducing pain, increasing movement and strength in your wrist and thumb.

In some cases the area is also injected with a steroid by a suitably trained healthcare professional. Steroid is a strong anti-inflammatory and helps reduce the swelling.

This usually takes 3 to 4 weeks to be effective. 50-70% of patients are helped with an injection.

Surgical treatment:

You may be offered surgery, usually as a day case, if

- You have had the problem for over a year
- Have pain when your arm is resting
- You have had physiotherapy and at least one steroid injection, and no improvement in your symptoms
- Your everyday life is influenced in a significant way by your problem (i.e. unable to work etc.)

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

