

DeQuervains Tenosynovitis

What is De Quervain's tenosynovitis?

De Quervain's tenosynovitis is inflammation of tendons on the side of the wrist at the base of the thumb

Typical causes include stresses such as lifting young children, lifting heavy grocery bags by the loops, lifting pots and pans with one hand, repetitive wringing of a towel or poor ergonomics on keyboard/ mouse.

What are symptoms of De Quervain's tenosynovitis?

De Quervain's tenosynovitis causes pain and tenderness at the side of the wrist beneath the base of the thumb. Sometimes there is slight swelling and redness in the area. Pain with movement of wrist and thumb.

How is De Quervain's tenosynovitis diagnosed?

De Quervain's tenosynovitis is diagnosed based on the typical appearance,

Saba Kamal has over 18+ years of experience as a clinician. She has worked as an Occupational Therapist and a Certified Hand Therapist. In addition, she did her Fellowship in Hand Therapy from Texas Woman's University, in Houston with Baylor alliance.

o She has presented several talks at Local and National level conferences (ASHT: American Society of Hand Therapists and IFSHT: International Federation of Societies of Hand Therapists).

o She has contributed to a book on Arthritis, presented to support groups etc.

o She was the President of the California Chapter of ASHT & has won the best chapter award for her term in 2010 & 2011.

o She is a partner/principal in Advanced Rehab Seminars & provides continuing education seminars to other hand & upper extremity therapists nationwide.

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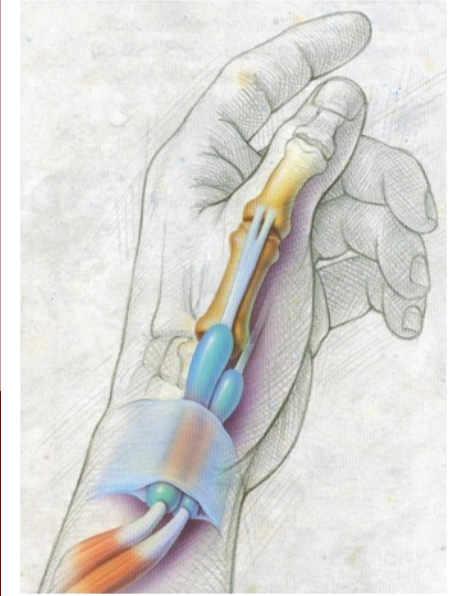
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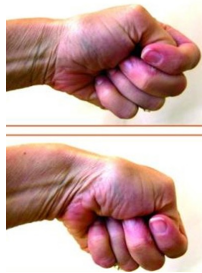
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location of pain, and tenderness of the affected wrist. De Quervain's tenosynovitis is usually associated with pain when the thumb is folded across the palm and the fingers are flexed over the thumb as the hand is pulled away from the involved wrist area.



How is De Quervain's tenosynovitis treated?

Treatments for De Quervain's tenosynovitis includes any combination of rest, splinting, taping, iontophoresis, ice, anti-inflammation medication, and/or cortisone injection. Cortisone injection is use in severe inflammation. Normal activity may be resumed within three weeks after an injection. Surgery is only rarely necessary and usually reserved if conservative management fails.

Acute condition:

Splinting: The thumb and the wrist is immobilized to decrease inflammation and prevent re-injury. Splint is initially worn 23/7 until acute symptoms subside. Splints may then be weaned off slowly.



Iontophoresis: During acute symptoms Iontophoresis may be used along with splinting. This is done to reduce inflammation.



Icing: Patient is instructed to ice the painful area 2-3 times a day for 10 mins. No direct ice.



Taping: As the splint is weaned, your therapist may apply Leuko taping to correct your mechan-

ics to prevent re-injury or kinesio to continue with pain management.



Ergonomics: In addition to treating you

with the above methods your therapist may also check your workstation set



up and use. In correct mechanics may add insult to the injury and prevent you from getting better.

Exercises: Your therapist will also give you stretches to improve the flexibility of your extensors.



This is done in addition to **Ultrasound, Electric Stimulation, Myofascial techniques** etc.

If all else fails, then your therapist will send you back to your surgeon for a surgical consult.

What is the prognosis with De Quervain's tenosynovitis?

Excellent. The patient can generally return to full function after the inflammation quiets down with treatment. Patient may have to relearn few activities to prevent return of symptoms.