Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

De Quervain's Syndrome

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De Quervain's Syndrome

Patient Information

Therapy Department

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What is De Quervain's Syndrome?

De Quervain's Syndrome is a painful condition that affects the tendons on the thumb side of the wrist (Abductor Pollicis Longus – APL, and Extensor Pollicis Brevis - EPB). These tendons run through a narrow tunnel known as a sheath. This sheath can become irritated, causing constriction, thickening and swelling, and the tendons can no longer run through it smoothly. This in turn can cause localised pain, swelling and discomfort when moving the thumb and wrist, and when using the hand.

What causes De Quervain's Syndrome?

It is not always clear why this condition occurs. Adults between 30 and 50 years of age are most affected, but anyone can experience this condition. Women are more commonly affected than men, and pregnant women / new mothers can be particularly affected.

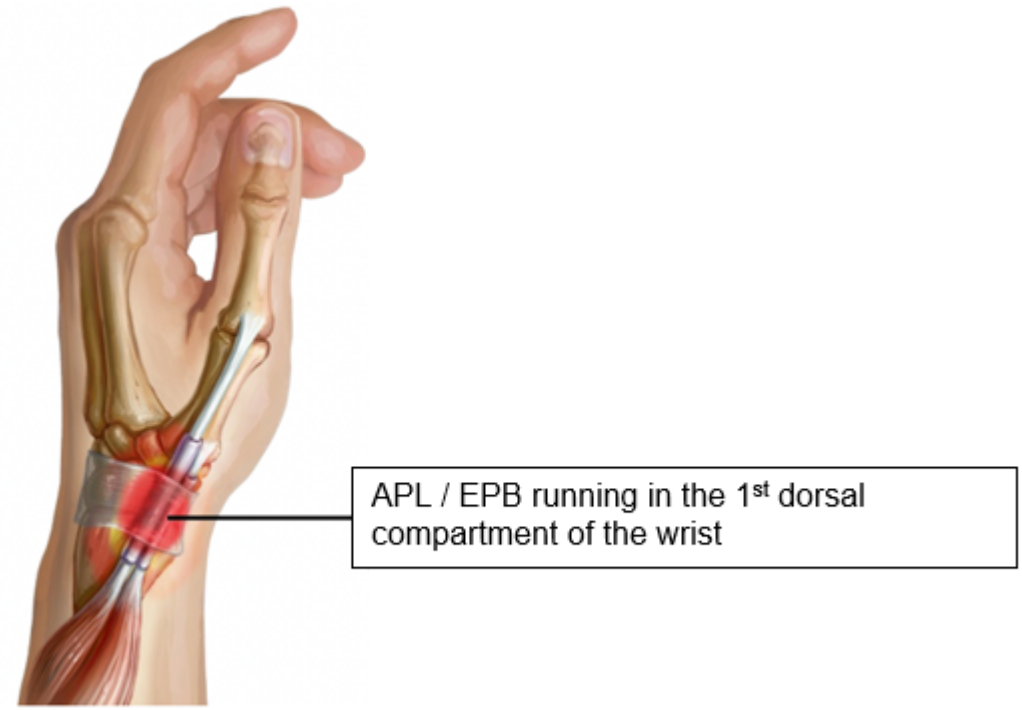
The problem can often occur after a prolonged period of repetitive use. For example, when starting a new activity, or increasing the timescale or intensity of an activity. It can sometimes happen after a fall or injury to the hand and wrist, causing inflammation around the tendon sheath.

Symptoms

Pain is experienced over the base of thumb/ wrist area known as the 1st dorsal compartment.

Pain is made worse on certain thumb and wrist movements i.e. grasping, twisting and pinching.

Swelling can sometimes be seen over the base of thumb /wrist over the 1st dorsal compartment.



How is this condition diagnosed?

Diagnosis of this condition is normally based on the history of your symptoms, plus some simple clinical tests which can reproduce your symptoms. These clinical tests put your hand and wrist in different positions to reproduce your symptoms.

Treatment of this condition

De Quervain’s is normally treated successfully with advice, physiotherapy, and splinting if needed, without the need for surgery.

The aim of treatment is to reduce your pain and swelling, to help you to get your wrist and thumb moving well, and to restore your normal function.

Activity modification

Activities that aggravate your pain should be modified or avoided, to allow your symptoms to settle.

Pain management

Simple pain relief, ice and heat therapy may help reduce symptoms. You may wish to see a pharmacist or GP for advice on pain relief.

Splinting

You may be issued with a splint, to help settle your symptoms. This can be used for daily functioning, however it should be removed regularly to complete your exercises and to prevent your wrist and thumb getting stiff.





Taping

Taping can be used to help to ease your symptoms by reducing pain and allowing you to use your hand more freely for daily functioning. Taping can be used as a step down from use of a splint. Your therapist will show you how to apply the tape safely if required.



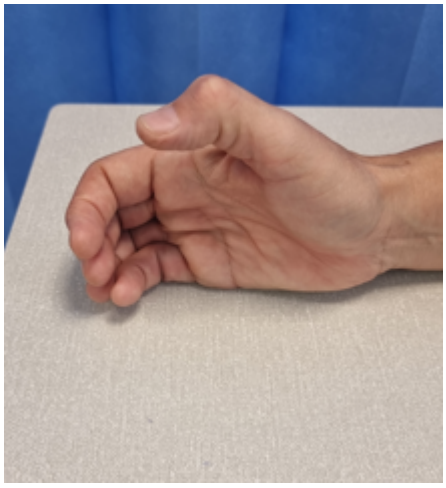
Exercises

It is important to keep your wrist and thumb moving to allow the affected tendons to glide smoothly through the tunnel, and to prevent thumb and wrist stiffness. It is recommended to start with the range of movement exercises below, and you can progress to the gentle strengthening exercises as your symptoms improve.

Range of motion exercises

Thumb extension

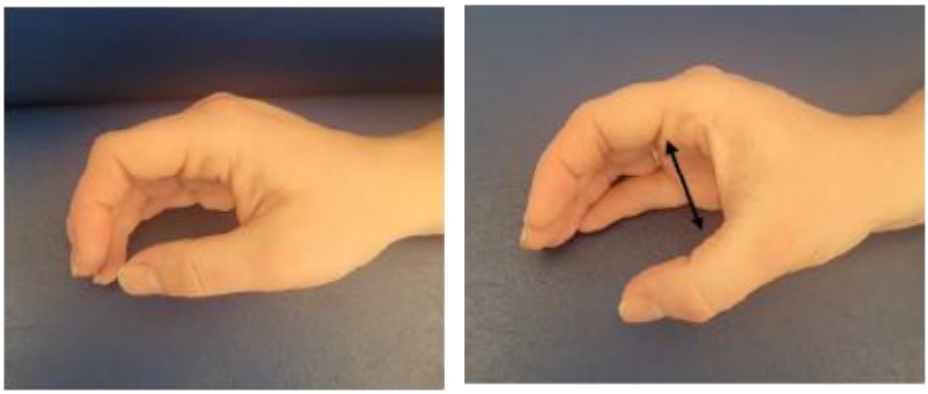
With the top of your thumb slightly bent, lift your thumb away from your index finger as shown below, and then slowly lower your thumb towards the table. Repeat 10 times, 3-4 times a day.





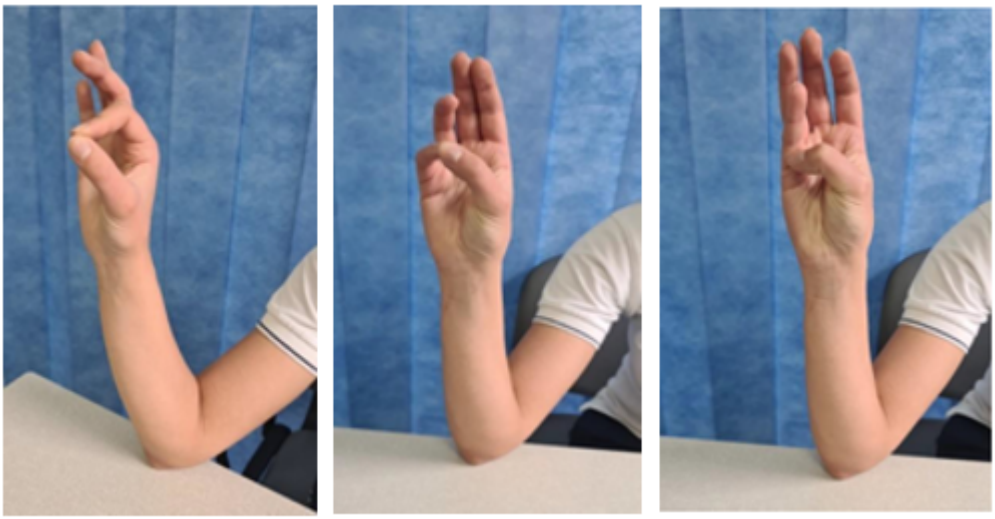
Thumb abduction:

With the top of your thumb slightly bent, move your thumb outwards away from your fingers / palm, (as shown). Repeat 10 times, 3-4 times a day.



Thumb opposition:

Bring your thumb across to touch the tip of each finger in turn. Repeat 10 times, 3-4 times a day.



Wrist flexion / extension

Bend your wrist forwards and then backwards. This can be done supported on a table, or alternatively you can do this unsupported. Repeat 10 times, 3-4 times a day.




Wrist ulnar deviation / radial deviation

Move your wrist towards your little finger, and then in the opposite direction towards your thumb. This can be done supported on a table, or alternatively you can do this unsupported. Repeat 10 times, 3-4 times a day.




Combined thumb flexion / ulnar deviation

When you can comfortably complete the exercises above, you may then start this combined thumb and wrist movement. This should be completed within your comfort range and do not force into pain.

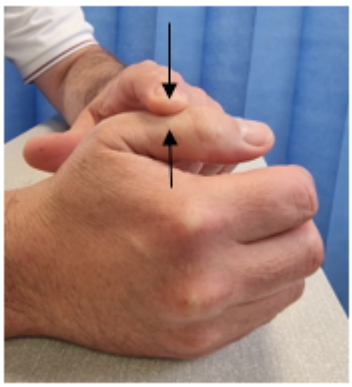
Gently hold your thumb into your palm with your fingers. Gently move your wrist towards your little finger and then back to the starting position.



Isometric exercises

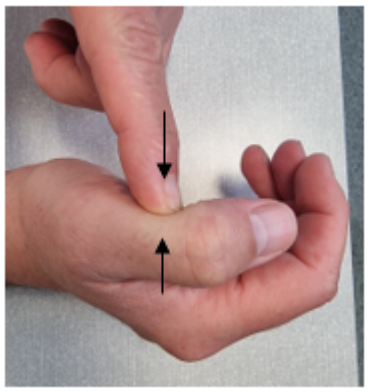
Isometric radial abduction

Relax the tip of the thumb. Gently apply resistance to the top of your thumb with your other index finger as you try to lift the thumb up against the resistance.



Isometric palmar abduction

Relax the tip of your thumb. Gently apply resistance to the outside of your thumb with your other index finger as you try to move the thumb out to the side against the resistance.



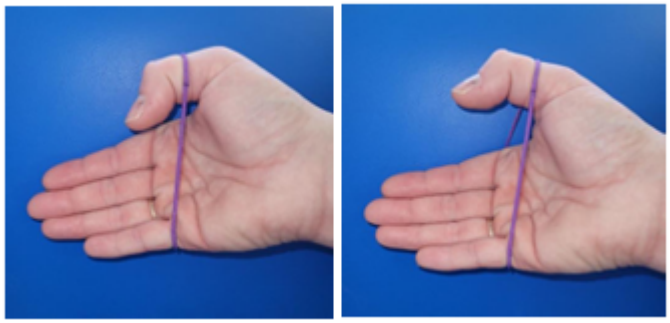
Strengthening exercises

Rubber band exercise - thumb extension

Place a rubber band around your hand and thumb (as shown below). The band should go across the middle section of the thumb.

Lift your thumb slowly upwards, stretching the band. Try to keep the joints of the thumb slightly bent when pulling against the band, and then slowly release. It is equally important

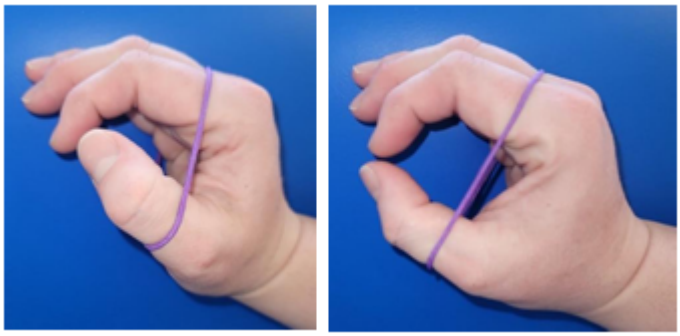
to control the recoil of the band when relaxing the thumb; do not let the band pull the thumb down. Repeat 10 times.



Rubber band exercise - thumb abduction

Place a rubber band or equivalent around your hand and thumb (as shown overleaf). The band should go across the middle section of the thumb.

Move your thumb slowly out to the side, stretching it outwards whilst keeping the end joints of the thumb slightly bent, and then slowly release. It is equally important to control the recoil of the band when relaxing the thumb; do not let the band pull the thumb back in.



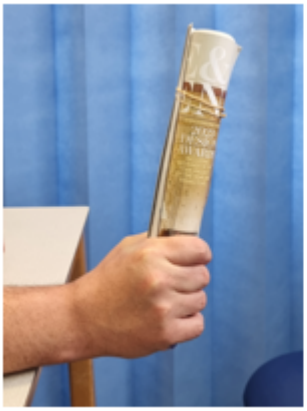
Eccentric wrist ulnar deviation

1. Rest your forearm over the edge of a table, with your thumb facing upwards, whilst holding an object such as a rolling pin or rolled up magazine in your hand.

2. Gently lower your hand towards the floor.

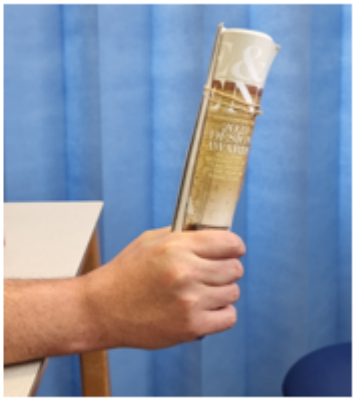
3. Remove the object from your hand and return it to the starting position.

4. Put the object back in your hand and repeat.


1


2


3


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Other treatments:

Steroid injection

A steroid injection can help to reduce inflammation and swelling if the above methods have not helped.

Surgery

This involves surgical decompression of the tendon tunnel. This is only recommended when all the above treatments have not controlled the symptoms.

References

https://fifevirtualhandclinic.co.uk

Acknowledgments

Thank you to NHS Scotland for allowing free access/ use of their images.

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