DE QUERVAIN’S TENOSYNOVITIS

What is it?
De Quervain’s tenosynovitis is an overuse injury characterized by thickening and swelling of the tendons that run from the base of the thumb into the wrist and forearm. The tendons involved move the thumb away from the hand. It affects mostly middle aged patients in their 30s – 50s, and occurs in women more than men. It is most common in athletes who participate in sports with repetitive hand and wrist movements, such as racket sports and golf. The repeated wrist and thumb motions in these activities can increase the tension and stress on the tendons around the thumb, and cause symptoms.

Symptoms
Patients with de Quervain’s tenosynovitis have pain in the wrist or thumb aggravated by movement. They may complain of pain while gripping or hitting, such as while playing golf, tennis, weight lifting or rowing. They may also have swelling at the base of their thumb, decreased movement of the wrist and thumb, and a sensation of their thumb sticking or locking with movement.

Sports Medicine Evaluation
A Sports Medicine specialist will examine the movement of the thumb and wrist, and evaluate for areas of tenderness and swelling. X-rays are usually not needed for diagnosing de Quervain’s, unless the physician is concerned about an additional injury, like a fracture. An MRI may show the injured tendon, but is usually not needed for diagnosis.

Sports Medicine Treatment
De Quervain’s is generally treated conservatively with relative rest by avoiding activities that are painful and by immobilizing the thumb in a splint to decrease the repetitive movement. Ice and non-steroidal anti-inflammatory medications, like ibuprofen, will also help with pain and swelling. Sometimes, physical or occupational therapy will be prescribed to help with thumb motion and strengthening, and corticosteroid injections may be recommended. Surgery is a possibility for the most severe cases that don’t respond to conservative treatment.
**Injury Prevention**

De Quervain’s tenosynovitis can be prevented by avoiding repetitive movements when possible, especially if an athlete experiences pain. In patients who participate in activities such as racquet sports, weight lifting, golfing, and rowing, a strengthening program for the wrist and forearm, prior to starting activities may be useful.

**Return to Play**

Patients can return to activities once they have relief of symptoms including pain free full movement without swelling. Bracing during activities may be recommended.

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**References:**

