



## Diseases and Conditions

# De Quervain's tenosynovitis

By Mayo Clinic Staff

De Quervain's tenosynovitis (dih-kwer-VAINS ten-oh-sine-oh-VIE-tis) is a painful condition affecting the tendons on the thumb side of your wrist. If you have de Quervain's tenosynovitis, it will probably hurt when you turn your wrist, grasp anything or make a fist.

Although the exact cause of de Quervain's tenosynovitis isn't known, any activity that relies on repetitive hand or wrist movement — such as working in the garden, playing golf or racket sports, or lifting your baby — can make it worse.

Symptoms of de Quervain's tenosynovitis include:

- Pain near the base of your thumb
- Swelling near the base of your thumb
- Difficulty moving your thumb and wrist when you're doing something that involves grasping or pinching
- A "sticking" or "stop-and-go" sensation in your thumb when moving it

If the condition goes too long without treatment, the pain may spread further into your thumb, back into your forearm or both. Pinching, grasping and other movements of your thumb and wrist aggravate the pain.

## When to see a doctor

Consult your doctor if you're still having problems with pain or function and you've already tried:

- Not using your affected thumb
- Applying cold to the affected area
- Using nonsteroidal anti-inflammatory drugs, such as ibuprofen (Advil, Motrin IB, others) and naproxen (Aleve)

Chronic overuse of your wrist is commonly associated with de Quervain's tenosynovitis.

Tendons are rope-like structures that attach muscle to bone. When you grip, grasp, clench, pinch or wring anything in your hand, two tendons in your wrist and lower thumb normally glide smoothly

through the small tunnel that connects them to the base of the thumb. Repeating a particular motion day after day may irritate the sheath around the two tendons, causing thickening and swelling that restricts their movement.

Other causes of de Quervain's tenosynovitis include:

- Direct injury to your wrist or tendon; scar tissue can restrict movement of the tendons
- Inflammatory arthritis, such as rheumatoid arthritis

Risk factors for de Quervain's tenosynovitis include:

- **Age.** If you're between the ages of 30 and 50, you have a higher risk of developing de Quervain's tenosynovitis than do other age groups, including children.
- **Sex.** The condition is more common in women.
- **Being pregnant.** The condition may be associated with pregnancy.
- **Baby care.** Lifting your child repeatedly involves using your thumbs as leverage and may also be associated with the condition.
- **Jobs or hobbies that involve repetitive hand and wrist motions.** These may contribute to de Quervain's tenosynovitis.

Untreated de Quervain's tenosynovitis might make it hard to use your hand and wrist properly and limit your wrist's range of motion.

Make an appointment with your doctor if you have hand- or wrist-related pain and self-care measures — such as avoiding activities that trigger your pain — aren't helping. After an initial exam, your doctor may refer you to an orthopedist, rheumatologist, hand therapist or occupational therapist.

Here's some information to help you get ready for your appointment.

## What you can do

- **Write down key medical information**, including other conditions you have and all medications and supplements you're taking.
- **Note hobbies and activities that may strain your hand or wrist**, such as knitting, gardening, playing an instrument, participating in racket sports or performing repetitive workplace activities.
- **Note any recent injuries** to your hand or wrist.
- **Write down questions to ask** your doctor.

Below are some basic questions to ask a doctor who evaluates you for wrist- or hand-related symptoms.

- What is the most likely cause of my symptoms?
- Are there other possible causes?
- Do I need tests to confirm the diagnosis?
- What treatment do you recommend?

- I have other health problems. How can I best manage these conditions together?
- Will I need surgery?
- How long will I need to avoid the activities that caused my condition?
- What else can I do on my own to improve my condition?

Don't hesitate to ask other questions, as well.

## What to expect from your doctor

Your doctor is likely to ask you a number of questions, including:

- What are your symptoms and when did they begin?
- Have your symptoms been getting worse or staying the same?
- What activities seem to trigger your symptoms?
- Do you participate in any hobbies or sports that involve repetitive hand or wrist movements?
- What tasks do you perform at work?
- Have you recently had an injury that may have damaged your hand or wrist?
- Does it help to avoid the activities that trigger your symptoms?
- Have you tried at-home treatments, such as over-the-counter pain relievers? What, if anything, helps?

To diagnose de Quervain's tenosynovitis, your doctor will examine your hand to see if you feel pain when pressure is applied on the thumb side of the wrist.

Your doctor will also perform a Finkelstein test, in which you bend your thumb across the palm of your hand and bend your fingers down over your thumb. Then you bend your wrist toward your little finger. If this causes pain on the thumb side of your wrist, you likely have de Quervain's tenosynovitis.

Imaging tests, such as X-rays, generally aren't needed to diagnose de Quervain's tenosynovitis.

Treatment for de Quervain's tenosynovitis is aimed at reducing inflammation, preserving movement in the thumb and preventing recurrence.

If you start treatment early, your symptoms should improve within four to six weeks. If your de Quervain's tenosynovitis starts during pregnancy, symptoms are likely to end around the end of either pregnancy or breast-feeding.

## Medications

To reduce pain and swelling, your doctor may recommend using over-the-counter pain relievers, such as ibuprofen (Advil, Motrin IB, others) and naproxen (Aleve).

Your doctor may also recommend injections of corticosteroid medications into the tendon sheath to reduce swelling. If treatment begins within the first six months of symptoms, most people recover completely after receiving corticosteroid injections, often after just one injection.

## Therapy

Initial treatment of de Quervain's tenosynovitis may include:

- Immobilizing your thumb and wrist, keeping them straight with a splint or brace to help rest your tendons
- Avoiding repetitive thumb movements as much as possible
- Avoiding pinching with your thumb when moving your wrist from side to side
- Applying ice to the affected area

You may also see a physical or occupational therapist. These therapists may review how you use your wrist and give suggestions on how to make adjustments to relieve stress on your wrists. Your therapist can also teach you exercises for your wrist, hand and arm to strengthen your muscles, reduce pain and limit tendon irritation.

## Surgery

If your case is more serious, your doctor may recommend outpatient surgery. Surgery involves a procedure in which your doctor inspects the sheath surrounding the involved tendon or tendons, and then opens the sheath to release the pressure so your tendons can glide freely.

Your doctor will talk to you about how to rest, strengthen and rehabilitate your body after surgery. A physical or occupational therapist may meet with you after surgery to teach you new strengthening exercises and help you adjust your daily routine to prevent future problems.

If you don't need surgery, caring for your condition is much the same as preventing it:

- Avoid moving your wrists the same way repeatedly.
- Wear a brace or splint if suggested by your doctor.
- Follow through with recommended exercises.
- Note activity that causes pain, swelling or numbness in your thumb and wrist, try to avoid it, and share that information with your doctor.

## References

1. De Quervain's tendinitis (De Quervain's tendinosis). American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org/topic.cfm?topic=a00007>. Accessed April 30, 2015.
2. Anderson BC, et al. de Quervain's tenosynovitis. <http://www.uptodate.com/home>. Accessed April 30, 2015.
3. de Quervain syndrome. American Society for Surgery of the Hand. <http://www.assh.org/handcare/hand-arm-conditions/de-quervain-syndrome>. Accessed April 30, 2015.
4. Peters-Veluthamaningal C, et al. Corticosteroid injection for de Quervain's tenosynovitis. Cochrane Database of Systematic Reviews. [http://ovidsp.tx.ovid.com/sp-3.15.1b/ovidweb.cgi?&S=MDMIFPOGBPDDNLCMNCKKHEMCFIFAA00&Link+Set=S.sh.18|1|sl\\_50](http://ovidsp.tx.ovid.com/sp-3.15.1b/ovidweb.cgi?&S=MDMIFPOGBPDDNLCMNCKKHEMCFIFAA00&Link+Set=S.sh.18|1|sl_50). April 30, 2015.
5. Goel R, et al. de Quervain's tenosynovitis: a review of the rehabilitative options. *Hand*. 2015;10:1.

June 13, 2015

Original article: <http://www.mayoclinic.org/diseases-conditions/de-quervains-tenosynovitis/basics/definition/con-20027238>

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