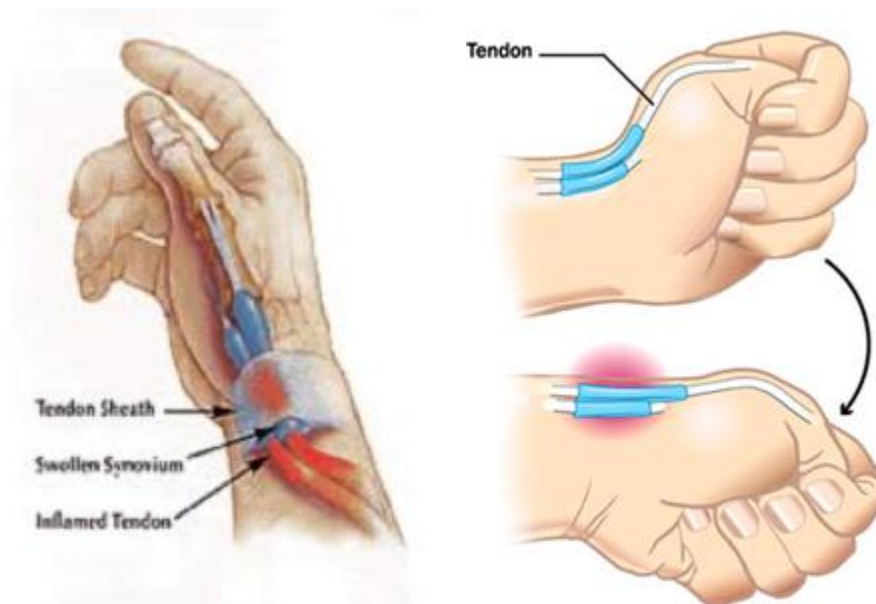


De Quervain's Syndrome

By Dr. Derek Conte



Finkelstein's Test

Almost everyone is familiar with the term “carpal tunnel syndrome” which affects the wrist and hand, but very few are familiar with De Quervain's syndrome or ‘disease’, as it is sometimes called. De Quervain's is an inflammation of the sheaths of the wrist through which a pair of tendons run (that control two distinct thumb movements that help to spread the palm wide). The muscles that control these tendons are located in the forearm just above the wrist. When for some reason they become too tight it puts a strain on the tendons and, in turn, the sheath. This unrelieved tension is what produces inflammation and great pain at the base of the thumb at the wrist (see diagram).

Think of the muscles, tendons and sheaths as a bicycle brake system: when your muscles squeeze the brake handles, the cables (your tendons) get tight as they run through the plastic tubes (your sheaths) on their way to activating the brake (your thumb movements). If the tension of the brake is too high, there will be a constant rubbing of the brake on the wheel. This is what happens in De Quervain's syndrome.

You can do a simple self-test, called Finkelstein's test (see diagram), to determine if you may have De Quervain's: make a fist with the thumb on the inside of the fingers and tilt your wrist, thumb side up, down and away from you. The pain will be very apparent if you have a problem.

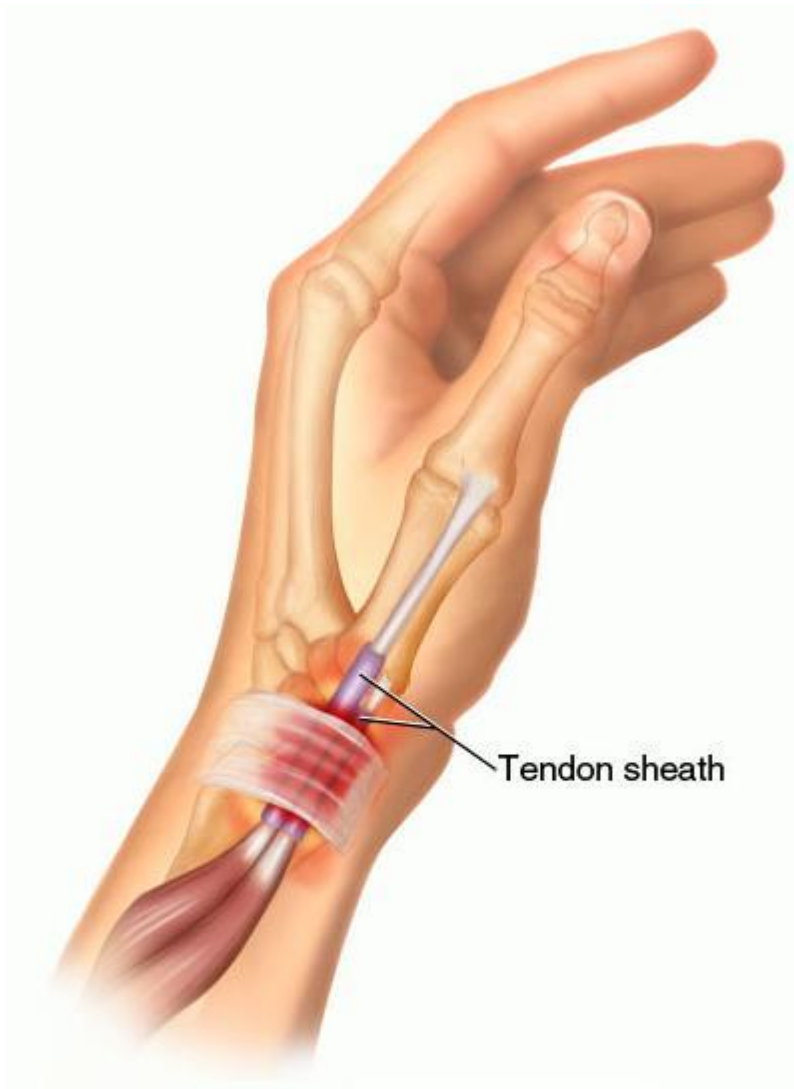
Solutions for De Quervain's include rest, anti-inflammatory drugs, splints and braces, cortisone injections, and surgery to “release” the tendons by cutting the sheaths. There are risks with some of these treatments. Anti-inflammatories can damage kidneys and the liver with long-term use or in combination with other medications you may be taking. Cortisone may work temporarily, but tends to

weaken the bone and predispose one to infections. Surgery carries the risks of all minor surgeries and, over time, the resulting scarring could recreate the original problem.

But there is a simpler, more elegant way to approach the problem. Many times, the point of pain is not the area that is best treated, and if one looks to the original cause, a solution is found. As we trace the problem backwards, we find the tightening of the muscles to be the first event in De Quervain's (and most other cases of tendonitis and bursitis in the body).

The idea here is to locate and loosen and relax the muscles by means of manual therapy done by the doctor or therapist. Other modalities may be employed to help this objective. Once the muscles are released to their normal length, the tendons, and in turn the sheaths, relax and operate normally, without strain. Inflammation goes away --- and so does the pain. It's always best to keep it simple.

Dr. Derek Conte is co-founder of Chiropractic Specialists on Concord Rd. in Smyrna. For questions, call: 404-784-6008. Also visit: drderek57@msn.com for articles, testimonials, photos and directions.



Tendon sheath

De Quervain's Disease