De Quervains tenosynovitis “Mums thumb”



Article by Kate McLeod June 2014

De Quervains tenosynovitis is a common injury in new mothers. It is caused by an inflammation of the lining of the sheath that surrounds two of the tendons of the thumb as they pass through a tunnel on the side of the wrist. The two muscles involved, abductor pollicis longus and extensor pollicis brevis move the thumb out and back from the palm.

The injury is primarily an overload of the tendons of the wrist. All tendons in the body are slow to respond to new loads. They will adapt and strengthen as a normal response to increased load, but this requires time and recovery periods between loads. New mothers do not have the luxury of either of these, as looking after a newborn is a physically demanding job. Upper body and shoulder girdle posture change in pregnancy with increasing breast size. The high demands placed on the upper body with lifting and caring for a baby, together with reduced core function immediately after the birth, predispose the wrist tendons to overload injuries.

Thumb sided wrist pain and swelling is a common sequelae to the repetitive demands of lifting, carrying and holding young babies. Once the pain has started, it gets progressively worse with activities involving grasping and turning the wrist and tasks requiring pincher and fist grips. Lifting babies under their arms with the thumb and index finger in an L-shape is a very common overload mechanism to these thumb tendons. Sustained positions of the hand in breast feeding and holding/rocking a baby, will also overload the tendons with time. The pain can become debilitating enough to make caring for the baby very difficult.Early management of the injury is important. Your physiotherapist will provide strategies to off-load the tendon as soon as symptoms start will prevent progression of the injury.

Common management strategies for De Quervains include:

Resting from unnecessary loading. Getting help whenever possible with lifting, carrying, food prep and household tasks to decrease the stress on the tendon.
Changing the technique for lifting the baby from an underarm lift to scooping under the babies buttocks and chest with the palms up.
Avoiding holding the babies head with the palm of the hand while breast feeding. Use pillows to prop the babies body weight and rest the head on the forearm.
Resting and icing the tendons as often as possible
Avoiding unnecessary loading of the tendon with i-pad and i-phone use
Early application of a wrist brace that includes the thumb which allows for more effective off-loading of the tendon. The brace is worn for a few weeks and is weaned off as the tendon recovers and is re-strengthened with a rehabilitation

E: admin@ibphysio.com.au | T: 02 9976 3540 | F: 02 9976 3290 | Suite 14, Level 2, 22 Darley Road, Manly, NSW 2095 Australia

program.
In severe cases, a corticostroid injection and local anesthetic into the tendon sheath can be helpful.
It is rare that this injury needs surgery. This is only considered in severe cases that have failed good conservative management

Article by Kate McLeod, June 2014

E: admin@ibphysio.com.au | T: 02 9976 3540 | F: 02 9976 3290 | Suite 14, Level 2, 22 Darley Road, Manly, NSW 2095 Australia