HUMBOLDT HAND & FOOT THERAPY, INC.
1775 Harrison Ave, Eureka, CA 95501
Phone (707)441-1931 ~ Fax (707)444-1940

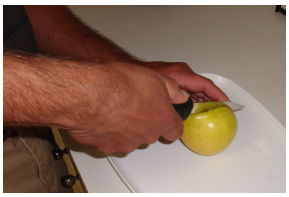
Dedicated Center for Hand and Foot Rehabilation

Did You Know?

Humboldt Hand and Foot Therapy is the only dedicated hand and foot center in Humboldt County. What is a Hand and Foot Therapy Clinic? Humboldt Hand and Foot Therapy is a rehabilitation clinic dedicated to the specialty care of the upper extremity, foot and ankle. We have two hand therapists on staff who have a combined total of fifty years of experience. We treat problems or injuries of the shoulder, elbow, wrist, and hand, as well as the ankle and foot. We work with all the local orthopedic surgeons, podiatrists, rheumatologists, chiropractors and family practitioners to provide quality specialized treatment. If you have questions please just give us a call at: Humboldt Hand and Foot Therapy, Inc. (707) 441-1931

COMMON OVERUSE INJURY IN THE ADULT THUMB: DE'QUERVAIN'S TENOVAGINITIS

De'Quervain's tenovaginitis is a common condition in one-third of all cases of tenovaginitis affecting the hand and the wrist. The first dorsal compartment of the extensor retinaculum is comprised of the abductor pollicis longus (APL) and the extensor pollicis brevis (EPB) tendons and is approximately 2 cm in length. There is a great deal of anatomic variation in this area. In fact, it is estimated that only 20% of individuals have normal anatomy. The EPB is always thinner than the APL and may be absent in 5 to 10% of the population. The first dorsal compartment is easily visualized by thumb extension and radial abduction. In cases of acute symptomology, the first dorsal compartment may appear washed out due to swelling. Inflammation may be easily noted, and there is a spongy painful appearance with palpation.



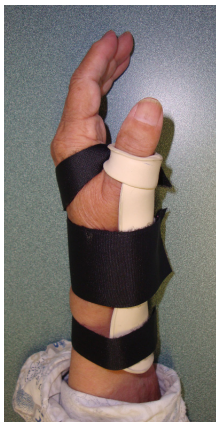
Forceful sustained or repetitive thumb adduction and simultaneous wrist ulnar deviation and flexion may contribute to the development of De'Quervain's tenovaginitis. Pinch or grip coupled with wrist flexion and ulnar deviation is also a high risk motion. Typically, the incidence of De'Quervain's may occur from approximately the fourth decade on but can occur in younger population performing repetitive, sustained work activites. Opening jars, wringing hands, cutting with scissors, holding surgical retractors, piano playing, and needlework are a few examples of activities that provoke De'Quervain's.

Women appear most susceptible to the disease compared to men by at least a 4:1 ratio. Women in the third trimester and those with young children are also vulnerable. Although less common, acute injuries to the first dorsal compartment can occur. A sudden wrenching of the wrist and thumb while trying to restrain an object or person, or a fall on an outstretched arm can lead to injury.

The diagnosis is straight forward. Active thumb extension against resistance may prove quite painful. A Finkelstein's test

in which the patient holds the thumb into the palm and the wrist is ulnar deviated will show a positive test when painful. Wrist flexion and extension can be added to this maneuver with wrist flexion intensifying the pain and extension relieving it. Additional sources of radial wrist pain must also be considered. These include trapezial metacarpal arthritis, scaphoid fractures, arthritis of carpal joints, scapholunate instability, intersection syndrome and a radial neuritis. These conditions can coexist with De'Quervain's. Radiographic studies should be performed to rule out the above conditions.

Once a diagnosis has been made and treatment is indicated, the first approach is to stop all provocative activity that exacerbates the symptoms. For an active adult this is easier said than done, especially if it is the individuals dominant hand. Utilization of a thumb spica splint to rest the APL and EPB tendons is the first step. In the acute stages, a 14 to 21 day treatment course of NSAIDs can be helpful. Utilization of ice can also be of benefit in managing pain and decreasing inflammation. A steroid injection may be the next step if conservative measures are not effective. Success rates of 50 to 90% are reported following one or two injections, with up to a 90% success rate with symptom duration of less than two months. For those individuals apprehensive about an injection, a treatment called iontophoresis, which is a transdermal patch with a corticosteroid solution (4% Dexametnasone) is a viable alternative and performed in the clinic. Typically a series of 8 to 10 treatments at 2 to 3 times per week in conjunction with splinting and rest can be of benefit. Lastly, for individuals with long term chronic pain, if conservative measures have been exhausted, an orthopedic consult should be considered for a possible 1st dorsal compartment release.



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Happy Holidays from Humboldt Hand and Foot Therapy

Our staff left to right: Margie Flanagan, Myrna Rousseau, Patrick Sarabia, Karen Radford, Carli Creech, and Laurel Nyborg

Not pictured: Aldine Pollock and Deidra Scott

We are Moving!

Our new address will be 1775 Harrison Avenue. Come visit us in January at our open house.