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## A Case Of Wrist Pain

By: Jessica Goodwin, Physiotherapist

### HISTORY

Matt is a 36 year old lawyer who came in with pain in his right wrist that had started 6 months ago for no particular reason. He noticed it getting worse over the last 3 months, since he and his wife had a new baby. Matt went to see his family doctor who gave him anti-inflammatories and recommended physiotherapy. Unfortunately, medication did not seem to help and he was worried he was developing “carpal tunnel syndrome.”

### SYMPTOMS

Matt was complaining of pain on the radial (thumb) side of his wrist, that was aggravated with activity. In particular, he had pain that was worse at the end of the work day after a lot of typing and using his Blackberry. He also noticed turning keys, opening doors, getting dressed and picking up/holding the baby produced sharp pain in the wrist.

### PHYSICAL EXAM

While there was no obvious swelling or redness of the wrist, any thumb movement reproduced his pain and the base of the thumb was tender to touch. He did not have any numbness or tingling of the hand or fingers, but his forearm muscles were tight and any pinching or gripping of the hand and fingers produced sharp pain.

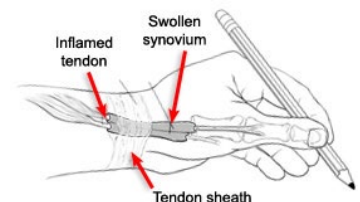


### DIAGNOSIS

I determined that Matt had developed deQuervain's tendinosis (or more commonly known as deQuervain's tenosynovitis). This was caused by repetitive strain from prolonged typing and mousing at a poorly set up desk space. It was then made worse by the sustained and prolonged grasping when picking up and holding his child.



DeQuervain's tenosynovitis was once thought to be due to inflammation of two tendons that control movement of the thumb. Recent studies have found no active inflammation of the tendons. Rather, chronic irritation of the tendons leads to thickening of the surrounding sheath and tendon degeneration. This condition is common in office workers as well as athletes playing racquet sports, rowers and golfers.



### TREATMENT

At the time, Matt's condition was fairly irritable. To settle down pain, I used ice and taping to immobilize the thumb until he got a splint to be worn at work and around the house. Next, I did some soft tissue techniques to address muscular restrictions and reduce strain on tendons. He was given simple exercises to gain range of motion and restore functional movement. As pain and ROM improved over the next two weeks, we added some gentle strengthening exercises. Finally, in order to prevent further injury, we discussed proper set-up of his desk and how to modify his activities to reduce strain. After 6 months of dealing with pain, he was back to all normal activity (splint-free!) in 5 weeks.

For any questions regarding this condition or to book an appointment with any of our services, feel free to call us at 416-367-5200 or look us up on the web at [www.adelaideclinic.com](http://www.adelaideclinic.com).