CLINICAL PROTOCOL FOR DEQUERVAINS – CONSERVATIVE

FREQUENCY: One to three times per week.

DURATION: Average estimate of formal treatment up to 11 visits over 4 weeks based on Occupational Therapy evaluation findings.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

INITIAL EVALUATION (VISIT ONE)

GOALS:
1. Standard Evaluation
   - Reproduce symptoms and localize source of pain.
   - Finkelstein should be positive.
   - Palpate first dorsal compartment.
   - Measure grip and pinch strength.
   - Measure range of motion with attention to ulnar deviation and thumb abduction.
   - Circumferential measurements of elbow, forearm, and wrist.
   - Rule out CMC arthritis and intersection syndrome.
2. Fabricate long thumb spica splint and/or issue pre-fabricated long thumb splint.
3. Instruct patient in home exercise program of wrist, forearm, digit, and thumb stretching exercises and ice.
4. Educate patient on diagnosis and activities/postures to avoid.

If patient presents with the following Self-Management Criteria:
- No limitation of active range of motion of wrist and thumb;
- Minimal to no pain at rest;
- Low physical demand regarding use of hand/elbow during the day;
- Minimal to no edema.

then patient can be placed on a home exercise program in conjunction with a splint wearing schedule. Patient to be evaluated regarding activities to avoid. Follow-up appointment to be made every 1-2 weeks until Discharge Criteria has been met. (Refer to handout for home exercise program instructions/exercises.) if patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until above criteria has been met.
DISCHARGE CRITERIA:

- Wrist/Thumb active range of motion within normal limits.
- Able to perform functional activities with mild or no pain.
- Independent with proper stretching and strengthening.
- Demonstrates and reports good pacing, posture, and ergonomics.
- Patient has adequate knowledge of diagnosis and demonstrates the ability to self-manage symptoms, correct the problem, and minimize recurrence.
- Grip and pinch strength within normal limits for the individual.
- Failure to progress.
- Failure to comply.

---TREATMENT GUIDELINES---

VISITS 2-6
GOALS:
1. Patient will demonstrate proper home exercise program techniques.
2. Full active range of motion of wrist/thumb.
3. Minimal to no edema.
4. Decreased pain by 25%.

- Modalities (iontophoresis/ice/fluidotherapy) as indicated to reduce pain/inflammation.
- Patient education regarding anatomy and biomechanics.
- Patient education regarding good body mechanics and posture with emphasis on maintaining neutral wrist position. The patient to avoid repetitive/forceful torquing tasks or repetitive/prolonged forceful pinching.
- Splinting frequently for two weeks.

VISITS 7-10
GOALS:
1. Maintain achievements made during visits 2-6.
2. Increase upper extremity strength with pinch strength increased by 10%.
3. Decrease dependency on splint to no longer donning for light, non-repetitive tasks.

- Continue with treatment as in visits 2-6.
- Graded hand strengthening.
- Wrist/Elbow graded strengthening.

REFERENCES:
