



Frisbie Memorial Hospital

Marsh Brook Rehabilitation Services

Wentworth-Douglass Hospital

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.

Rehab 3: One High Standard, Three Local Partners
For more information go to www.rehab-3.com

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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:

Baxter-Petralia, P, and Penny V: Cumulative Trauma. Stanley and Tribuzi (eds): Concepts in Hand Rehabilitation. Davis Co. Philadelphia, 1992.

Kinspatrick and Lisser: Soft Tissue Conditions: Trigger Fingers and DeQuervains Disease. Hunter, JM (eds): Rehabilitation of the Hand, ed 4. Mosby, St. Louis, 1995.