

Madigan Army Medical Center Referral Guidelines

de Quervain's Syndrome

Diagnosis/Definition

Tendonitis/Tenosynovitis of the extensor pollicis brevis and abductor pollicis longus within the extensor sheath of the thumb.

Initial Diagnosis and Management

- History and physical exam. Positive Finklestein's test is diagnostic.
- Plain films, MRI, CT not required.
- Splinting: Thumb spica splint or cast for one month (at minimum for aggravating activities).
- Activity modification.
- Work simplification techniques.
- Ice massage.
- Refer to OT for Modalities (i.e., heat, ice, ultrasound, iontophoresis) as clinically indicated.
- Prescribe NSAID.

Ongoing Management and Objectives

Modification/continuation of initial management.

Indications for Specialty Care Referral

- Consider referral to OT for modalities or for injection in chronic cases.
- X-ray for chronic/traumatic cases.
- Surgical referral is handled by the occupational therapist following failure of non-operative modalities.

Criteria for Return to Primary Care

Chronic condition that can be managed at primary care level with intermittent specialty care evaluation as needed.

Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator