

Hand Therapy

What is a Hand Therapist?

A Hand Therapist is either a Physiotherapist or Occupational Therapist who has pursued additional training in the treatment of upper limb conditions from the shoulder to the finger tips.

A recognized hand therapist has achieved a minimum of 3600 treatment hours specific to upper limb conditions.

Most hand therapists are members of the Australian Hand Therapy Association, (AHTA) which is Australia's only professional Association representing hand therapists and has over 300 members nationally.

What do we do?

Assess and treat all upper limb conditions.

Make or provide customized splints, casts or braces

Provide education and advice as to how best to manage your injury/condition to expediate recovery

Please note early treatment and advice are the keys to getting the best possible result

De Quervains Tendinopathy

- Have you got pain on the thumb side of your Wrist?
- Does it hurt to take your thumb out to the side?
- Does it hurt to do pinch or pulling activities?
- The term used to describe common overuse tendon conditions is 'tendinopathy' This is a generic descriptor to include all pathologies that arise in and around tendons. Thus, tendinitis & tendinosis are specific examples of tendinopathy.
- The condition was first described in 1895 by Fritz De Quervains

- It is a relatively common condition
- Initial inflammation of the tendon and surrounding fluid (synovium) can lead to limitation of normal tendon excursion. This then leads to further thickening or increased viscosity of the tendon and fluid surrounding it which further increases frictional forces as the tendons run in a relatively narrow tunnel.
- On the thumb side of your wrist there is a tunnel, or 1st Dorsal compartment, where the tendons that generate counterforce to pinch activities and those that take your thumb out to the side are located. They travel through a fibre-osseous tunnel about 2cm in length.
- Along with the tendons a sensory nerve also travels it can be compressed or irritated if the tendons or fluid around them becomes thickened, or swollen
- The problem usually occurs following an increased demand on the tendons, eg in new mums, as holding new babies, can put the thumb and wrist at an awkward angle and sustained postures are often required.
- Other incidents can involve increase in repetitive pinching eg renovating, paint scraping or increased work place demands
- A direct blow to the area can also cause pain and thickening in the dorsal compartment.



How is the Condition Best Treated?

- Early detection and diagnosis
- Reduction of excessive demand
- Awareness of posture or tasks that are exacerbating the condition
- Task/activity modification
- Appropriate rest, combined with gentle tendon gliding strategies.
- A splint may be required initially for a short period to position the wrist in neutral and assist in supporting pinch
- Local treatment using massage, modalities or ice may assist in the acute phase.
- If the area is very sensitive to touch taping strategies, fluidotherapy and desensitization programs can assist.
- After a period of rest and activity modification it is important to reload the tendons in a graded manner to improve the collagen remodelling process, regain strength and function and reduce the risk of recurrence. Your hand therapist can help develop a program that is timely and meets your needs, without exacerbating the condition.
- Usually with effective management pain and symptoms will improve significantly by 6-12 weeks
- There are some incidences that the compression does not resolve, consideration should then be given to pharmacological or surgical management.