O ur hands connect us with the world. We work with our hands and communicate with our hands. The wear and tear from all that use can sometimes cause painful conditions, and women are particularly prone to develop two of these: de Quervain’s (pronounced deh-KWER-vins) tenosynovitis and stenosing tenosynovitis (or trigger finger). Both involve the tendons of the hand.

In the hand, tendons connect the muscles of the forearm and wrist to the bones of the fingers and thumb, allowing us to bend our wrists and hand joints and move our fingers and thumbs. The tendons are held in place by tubelike fibrous membranes, or sheaths, and coated with a slippery tissue called the synovial membrane, which helps them slide smoothly through the sheaths. As a result of overuse, or a medical condition such as rheumatoid arthritis, or sometimes for no clear reason, tendons and tendon sheaths can become inflamed, swollen, and thickened, causing pain that can limit movement. This condition is called tenosynovitis.

**De Quervain’s tenosynovitis**

De Quervain’s tenosynovitis is a painful inflammation of the tendons in the wrist that abduct and extend the thumb—and the fibrous band, or sheath, that surrounds them.

**What are the symptoms?** The main symptom is pain at the base of the thumb, sometimes extending up the forearm, especially during movements—for example, grasping—that use the thumb and wrist. There may also be swelling along the thumb side of the wrist, and sometimes a fluid-filled cyst. Even simple actions such as lifting a coffee mug or peeling vegetables may become impossible.

**What causes it?** Overuse of the wrist and hand is one of the chief culprits. Two major tendons—the extensor pollicis brevis and abductor pollicis longus tendons—connect the thumb to the forearm, passing through the fibrous sheath at the wrist (see the illustration at left). If you repeatedly extend the thumb, or repeatedly pinch or twist something with the thumb while turning the wrist, you may inflame the tendons and narrow the sheath, limiting the motion of the tendons. Left untreated, the inflammation and progressive narrowing (stenosis) can cause scarring that further limits thumb movement.

De Quervain’s tenosynovitis is sometimes called “baby wrist” or “mother’s thumb” because it often develops in new mothers, possibly because of the repetitive movements needed to care for an infant. It can also be caused by an injury to the thumb or by an inflammatory condition such as rheumatoid arthritis. Often, the source of the problem is unknown.

**How is it diagnosed and treated?** The clinician will check for pain at the base of the thumb while you perform various hand and thumb movements. The most common test is called the Finkelstein maneuver. Your clinician will have you make a fist with your fingers closed over the thumb, then quickly bend your wrist down toward your little finger (see the illustration above), pulling the tendon through the narrowed sheath. This movement is quite painful in people who have de Quervain’s.

The basic treatment is rest, ice, and nonsteroidal anti-inflammatory medication. Rest is particularly important, because continued use of the thumb will continue to stimulate inflammation. One way to rest the thumb and wrist is to use a splint that extends over the thumb and wrist (see the photograph at right). Clinicians don’t agree about the best use of the splint; some think it should be worn continually for four to six weeks; others recommend wearing it only as needed for pain.

For the pain, apply an ice pack to your wrist for 15 minutes every four to six hours and take a nonsteroidal anti-inflammatory drug (NSAID) such as ibuprofen (ask your clinician about the dose and how often you should take it). If your pain hasn’t subsided after three weeks with these therapies, your clinician may
recommend a steroid injection into the tendon sheath. If all of these measures fail, the next step may be surgery to open the sheath and make more room for the tendons.

Once the pain and swelling have calmed down, simple stretching exercises such as the one shown at right can help you restore normal movement in your thumb and wrist. Massage the base of the thumb and palm of the hand before you start stretching.

**Trigger finger**

Trigger finger is a painful condition in which a finger or thumb catches or becomes locked when you try to straighten or bend it. It gets its name from the trigger-like snap that occurs when the finger suddenly releases. Trigger finger is most likely to develop in a person’s 40s and 50s, and it’s about six times more common in women than in men.

**What are the symptoms?** The first symptom may be pain and a slight thickening at the base of the finger or thumb. The characteristic snapping sensation can develop gradually or start suddenly, and the pain may radiate to the palm or toward the end of the finger or thumb. You may find that the finger or thumb is locked toward the palm when you wake up and gradually releases over the course of the day. The problem may seem to be at the middle knuckle of the finger or the top knuckle of the thumb, but it’s actually at the base of the affected digit. Sometimes you can release a locked digit by massaging it at its base.

**What causes it?** Job-related repetitive movements may be a cause, but the research on this connection is conflicting. Trigger finger is also associated with rheumatoid arthritis and diabetes. (People with diabetes have an almost fourfold increased risk of developing trigger finger.) Sometimes a cause can’t be found.

The problem arises when the tendon develops a knot (nodule), or its lining (synovial membrane) becomes swollen. As a result, instead of traveling smoothly through the fibrous sheath through which it passes, the tendon gets stuck (see the illustration), causing pain and catching. Trigger finger can also occur because of inflammation or narrowing of the sheath. Either way, a vicious cycle develops: the more often the tendon catches, the greater the swelling and irritation, the more the tendon catches.

**How is it diagnosed and treated?** The main indication is a history of locking or snapping while bending or extending the affected finger or thumb. X-rays are unnecessary. Your clinician will check for pain and swelling at the base of the finger or thumb as you open and close your hand and perform other hand movements. Another condition, Dupuytren’s contracture, can also cause difficulty straightening a finger, but it’s usually painless.

The first step in treatment is to stop doing anything that aggravates the condition. The second step is to immobilize the affected finger or thumb, either by taping it to an adjacent finger or by using a splint (see the photograph at right). Splinting at night can be especially helpful in preventing the thumb or finger from becoming locked. For pain, apply an ice pack several times a day and take an NSAID.

If you still have severe locking or other symptoms after four to six weeks of immobilization, your clinician may recommend a steroid injection into the base of the affected finger or thumb. If the symptoms still don’t improve after another six weeks, she or he may recommend a second injection. Nonsurgical treatment of trigger finger (and de Quervain’s) is effective if it’s begun early on and you discontinue any repetitive motions that caused or contributed to the problem in the first place.

But when locking and pain persist, surgery may be recommended. Like the surgical procedure for de Quervain’s tenosynovitis, surgery for trigger finger opens the sheath, which allows the tendon to glide through it more easily. This usually restores finger movement immediately, and you can begin gentle range-of-motion exercises within a few days. Postsurgical swelling and discomfort may last for a month or more. ♥

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