

## deQuervain's Release Rehabilitation Guidelines

<b>Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.</b> <b>Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.</b> <b>Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.</b>			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	<b>Protection</b>  Keep the postoperative splint clean and dry  Minimize swelling  Prevent finger stiffness and loss of motion for the unaffected joints  Avoid upper quadrant pain from holding arm in a guarded position	<b>Postoperative splint: thumb spica</b>  A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	<b>Elevation</b>  NWB of the surgical upper extremity  Movement of unaffected joints throughout the day  <b>Suggested Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Finger flexion and extension AROM and AAROM for tendon glides</li> <li>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand</li> <li>• AROM elbow flexion/extension</li> <li>• If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction</li> <li>• Forward and backward shoulder circles moving the scapula on the thorax</li> <li>• Abdominal breaths/deep breathing</li> </ul> Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

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**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.  
No resistance strengthening until 6 weeks post op.**

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Restore range of motion</p> <p>Promote tendon gliding through the first dorsal compartment of the thumb</p> <p>Address compensatory movement patterns</p> <p>Restore dexterity</p> <p>Scar management</p>	<p>Thumb spica orthosis (WHFO-wrist neutral to slight extension, thumb mid-way between radial and palmar abduction for function, MCP in slight flexion, thumb IP free)</p> <p>compression sleeve and/or glove prn</p> <p>week 4: may begin orthosis weaning, if tolerated</p>	<p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>Continue previous recommendations</li> <li>AROM wrist 4-way, consider table top reverse RD/UD for comfort progressing to active RD/UD</li> <li>AROM forearm rotation</li> <li>Progressive thumb opposition to the tip of each finger as tolerated</li> <li>Joint blocking thumb CMC for thumb MCP and IP flexion/extension</li> <li>Radial nerve glides</li> </ul> <p><b>Dexterity activities</b></p> <p><b>Scar management activities</b></p>

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Phase 3 Precautions: Gradual weaning from orthosis.

***Avoid pain when strengthening*** and when progressing ADL's and functional use of the surgical hand.

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Orthosis weaning</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion, if applicable</p> <p>Encourage progressive functional use of the surgical hand</p>	<p>Wean wrist orthosis as tolerated, consider continuing at night for relative rest and soft tissue recovery</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>• Progressive strengthening wrist and forearm avoiding 1st dorsal wrist compartment irritation</li> <li>• Forearm flexibility stretches</li> <li>• Grip strengthening</li> <li>• Radial nerve glides</li> </ul> <p>Progress ADL's, allowing pain to guide activity</p> <p>Scar management activities including myofascial mobilization</p>

**Note:** These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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