Extensor Tendonitis

INTRODUCTION
You have been diagnosed with extensor tendonitis, which is a focal irritation of the tendons at the dorsum of the wrist. This is similar to other forms of wrist tendonitis including deQuervain’s tenosynovitis and intersection syndrome, but tends to be more diffuse over the back of the wrist. The problem is usually due to an injury or overuse. Treatment is with bracing, rest, ice, and anti-inflammatory medications.

BACKGROUND
Tendons from the muscles in the forearm cross over the wrist to attach on the carpal bones and fingers. These tendons function to extend the wrist, thumb, and fingers. The cause of extensor tendonitis is variable, but often relates to overuse of the wrist and thumb from wringing, grasping, turning and twisting motions which eventually cause irritation of these tendons. Most of the cases involve a combination of heavy and repetitive use of the wrist and thumb.

DIAGNOSIS
Pain, swelling and redness may occur at the intersection. Squeaking may be heard as the tendons attempt to move against one another. Pain can spread down to the thumb or up along the forearm.

TREATMENT
Resting the sore area will prevent further injury while allowing time to heal. A splint is used to rest the tendons. Pain with activity is a sign that irritation is occurring. Avoid movements and activities that increase pain. Take frequent breaks or limit the amount of time you are performing tasks that require repetitive wringing, grasping, push, pulling, turning, or twisting type movements of the wrist. Anti-inflammatory medications work well in conjunction with rest. In more refractory cases an
injection of cortisone between the two sets of tendons may give relief. Most cases of extensor tendonitis can be successfully treated with these modalities. Surgery is rarely necessary in this condition. In extremely cases that don’t respond to typical treatments, surgical release of the tendons may be indicated.

EXPECTED OUTCOMES
The prognosis for functional recovery is very good. In general, tendonitis is successfully treated with conservative measures. Because the prognosis is so good, refractory cases should be closely reviewed with regard to compliance and understanding of treatment recommendations.

MORE INFORMATION
Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and www.emedicine.com.

FEEDBACK
If you have questions or comments, please contact the office or submit them to the web site at www.pedortho.com.