DeQuervain’s Tenosynovitis
1st Dorsal Compartment Release

**Post-op Days 10:**
- The post-op dressing is removed. Edema control is initiated with a light compressive dressing to the hand & forearm or an elastic bandage.
- Active & PROM exercises are initiated 4-6 times a day for 10 minute sessions. Exercises to emphasize include: wrist flexion, extension, radial & ulnar deviation, thumb flexion & extension, & thumb flexion along with ulnar deviation of the wrist.
- Within 48 hours following suture removal scar mobilization techniques may be initiated including scar massage with lotion along with Rolyan 50/50, Elastomer or Otoform K.
- Manual desensitization techniques are initiated due to hypersensitivity along the superficial branch of the radial nerve.
- Dynamic splinting &/or taping may be initiated to the thumb if PROM is limited.

**Post-op Weeks 3-4:**
- Progressive strengthening may be initiated to the wrist & thumb.
- Using the hand in normal daily activities is encouraged

Patient education becomes important for return to work & normal daily activities. The patient should be advised to avoid activities requiring a sustained pinch in combination with wrist ulnar deviation &/or palmer flexion.

Typically, patients will have restored ROM & function within 3-4 weeks following surgery.

Emphasis is placed on a home program.