CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

de Quervain's Release

A de Quervain's release opens the tight tunnel (the first dorsal compartment) over the two thumb-side wrist tendons, giving them room to glide freely.

Kieran Hirpara 4.0

This protocol guides your recovery after a **de Quervain's release** – a small operation that opens the tight tunnel over the thumb-side tendons of your wrist – with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It begins with your home exercise program, followed by the structured clinical protocol written **for your hand therapist** – bring this page or its PDF to your first therapy visit so your rehabilitation stays coordinated. Your hand therapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

De Quervain's tenosynovitis is irritation of the two tendons that run to your thumb – the abductor pollicis longus and extensor pollicis brevis – where they pass through a snug tunnel (the **first dorsal compartment**) on the thumb side of the wrist. The release is a small operation that **opens that tunnel** so the tendons have room to glide freely, settling the pain and catching.

Because nothing is stitched back together or tightened – the tunnel is simply opened and is **meant to stay open** – this is an **early-motion** recovery, not a long protected one. There is no construct that needs months of healing. The whole aim of the rehabilitation is to keep the tendons **moving** through the healing surgical bed so they do not stick down, while the small wound and the skin nerves over it settle.

So the plan is simple: a soft dressing (sometimes a light thumb splint just for comfort) for the first few days to about a week or two, **gentle thumb and wrist movement started early**, scar care once the wound is healed, and a gradual build-up of grip and pinch strength. Most people are back to comfortable normal activity by around **four to six weeks**.

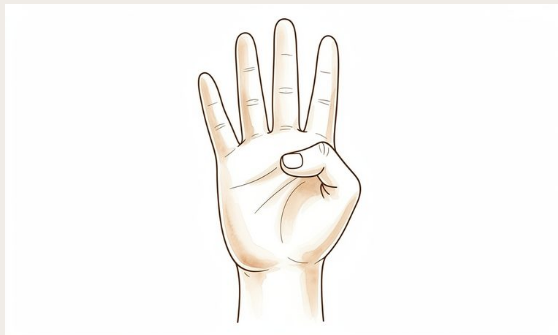
Two things are watched after this particular operation. The first is a small skin nerve – the **radial sensory nerve** – whose branches run right across the front of the surgical site; it can be left tingly or tender for a while, and the early nerve-settling work is aimed at it. The second is the position of the tendons: opening the tunnel too far towards the palm side can occasionally let a tendon slip forwards (subluxate) when you move the thumb. Both are uncommon, and your hand therapist will keep an eye out for them.

Precautions and limitations

- **Keep the thumb and wrist moving from the start** – gentle movement is the treatment here, not rest. Stiffness from doing too little is the main thing we are trying to avoid.
- Use any **comfort splint** only as directed and only for the first days to a week or two – it is for comfort, not protection, and should come off for your exercises.
- Keep the wound **clean and dry** until it is healed; do not start scar massage until the dressings are off and the skin is closed.
- Avoid **heavy gripping, forceful pinching, lifting and twisting** (wringing a cloth, opening tight jars, heavy tools) until around three to four weeks, then build back up gradually.
- Tell your therapist or the rooms if you notice **tingling, numbness or a sharp shooting feeling** over the back of the thumb and wrist, or a tendon that **snaps or slips** when you move the thumb.

For wound, swelling and scar management, see the practice's wound care guidance.

Your exercises



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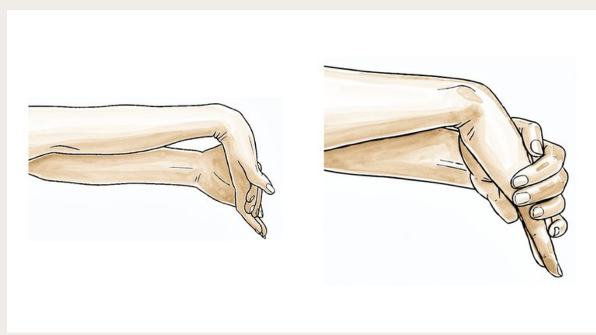
Thumb movement (bend, straighten and reach)

Gently move your thumb through its full range: bend the tip down towards your palm, straighten it out, then move the whole thumb across to touch the base of your little finger and back out wide. Keep it slow and comfortable. Early thumb movement keeps the released tendons gliding so they do not stick down in the healing scar.

10 of each, 3–4 times a day, within comfort



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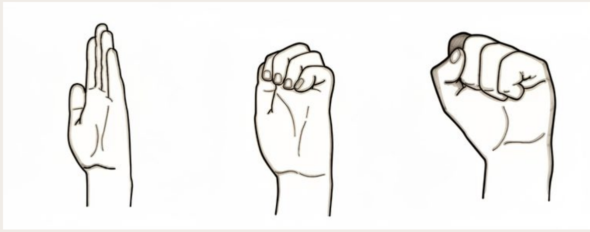
Wrist movement (up, down and side to side)

With your forearm resting on a table, gently bend the wrist up and down, then tilt it side to side (towards the thumb, then towards the little finger). Move only as far as is comfortable. This keeps the wrist supple while the wound settles.

10 each direction, 3–4 times a day



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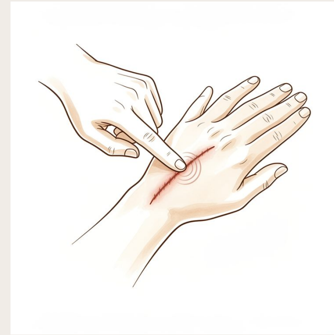
Tendon glides (thumb and finger gliding)

Open your hand wide, then slide the thumb across to touch each fingertip in turn, then make a loose fist and open again. The aim is smooth gliding, not force. Keeping the tendons moving through the released tunnel is the single most important thing in the early weeks to avoid stiffness and adhesions.

5–10 slow cycles, 3–4 times a day



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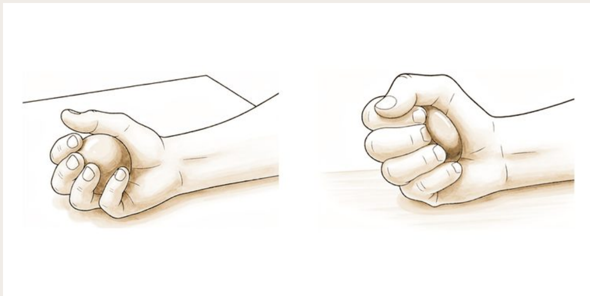
Scar massage

Once the wound is fully healed and the dressings are off (commonly from around two weeks), rub a little plain moisturiser into the scar with small firm circles for a minute or two. This softens the scar and helps the skin and the tender nerve branches underneath settle. Stop if the area is still open or weepy.

1–2 minutes, 2–3 times a day, once healed



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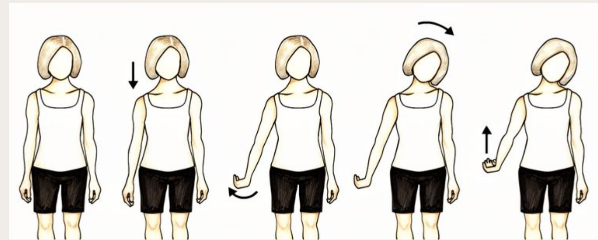
Grip and pinch strengthening

A LATER exercise — usually from around three to four weeks, once the wound has healed and movement is comfortable. Squeeze a soft ball or therapy putty for grip, and pinch a small piece of putty between your thumb and fingertips for pinch. Build the effort up gradually. This rebuilds the strength that always dips after surgery.

10–15 squeezes/pinches, 2–3 times a day (from ~3–4 weeks)



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Radial nerve glide (if the wrist-back feels tingly or tender)

Only if your hand therapist starts it — for tingling, tenderness or sensitivity over the back of the thumb and wrist. With the arm out in front, gently ease the wrist and thumb down into a light stretch until you feel a mild pull, hold a moment, then release. It should never be painful or make the tingling worse. This calms the small skin nerve that runs right over the operation site.

5–10 slow glides, 1–2 times a day, only as guided

These are the exercises from your handout. Start them as guided by Dr Hirpara and your hand therapist. The early exercises — thumb movement, wrist movement and tendon glides — keep everything **moving and gliding** so the released tendons do not stick down; these begin within the first days, within comfort. Scar massage starts once the wound is healed. Grip and pinch strengthening is a **later** addition, usually from around three to four weeks. The nerve glide is only added if the skin over the wrist feels tingly or tender. Stop anything that causes sharp or shooting pain over the thumb side of the wrist.

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Your clinical protocol

The rest of this page is the staged clinical protocol for rehabilitation after de Quervain's (first dorsal compartment) release. This section is to be provided to your hand therapist, and each phase opens with a plain-English explanation of what is happening. This is a **decompression, not a repair** — the first dorsal compartment is divided and is meant to stay divided, so there is no construct to protect. The programme is therefore an **early-motion, glide-based** pathway: keep the APL/EPB tendons gliding through the surgical bed to prevent adhesion, control oedema, manage the scar and the radial sensory nerve, and restore grip and pinch.

Prior to treatment, check the patient's operation report and liaise with the treating surgeon regarding the release (longitudinal/dorsal incision, whether a separate EPB sub-sheath/septum was found and released), the dorsal positioning of the release to protect against volar tendon subluxation, and any radial sensory nerve handling. Dr Hirpara performs an open release through a dorsal/longitudinal approach, protecting the radial sensory nerve branches and keeping the release dorsal to avoid volar subluxation; immobilisation is for comfort only (soft dressing ± short thumb spica for a few days to ~1–2 weeks), and early thumb and wrist motion is the default.

PHASE I — EARLY MOTION, OEDEMA AND WOUND CARE (WEEK 0 TO ~2)

The first week or two protect the wound and settle swelling while motion starts immediately. There is **no protected arc to respect** — the goal is to get the released tendons gliding straight away. Any splint is for comfort only and comes off for exercises.

For your hand therapist:

Education and precautions - This is a **decompression** — no construct to protect; early active motion is the intended default - Comfort support only: soft dressing ± short **thumb spica** for the first few days to ~1–2 weeks; off for exercises and washing - Keep the wound clean and dry until healed; defer scar work until skin is closed - Avoid forceful grip, pinch, lifting and wrist twisting in this window - Screen the **radial sensory nerve** distribution (dorsoradial thumb/wrist) for paraesthesiae, hypersensitivity or Tinel's; screen for **APL/EPB subluxation** on resisted/active thumb extension–abduction

Management - Wound: surgical dressings as directed; monitor for infection - Oedema: elevation, gentle retrograde massage, ice as needed - Exercises: active thumb ROM (flexion/extension, palmar + radial abduction, opposition), active wrist ROM, **APL/EPB tendon glides**, full active finger ROM; light functional hand use within comfort

Criteria to progress - Wound healed/settling; swelling controlled; comfortable active thumb and wrist motion

PHASE II — RESTORING MOTION AND SCAR MANAGEMENT (WEEKS ~2 TO 4)

Once the wound is healed, the comfort splint is discarded and the focus shifts to full, comfortable motion plus active scar and nerve desensitisation. Light strengthening begins towards the end of this window.

For your hand therapist:

Assessments - Thumb and wrist active/passive ROM; scar quality; radial sensory nerve symptoms; subluxation screen

Education and precautions - Discontinue any comfort splint; encourage normal light hand use - Continue to avoid heavy/forceful grip and pinch until ~3–4 weeks

Management - Scar: massage and silicone/moisturiser once healed; desensitisation if hypersensitive - Nerve: radial sensory nerve glides/desensitisation if irritable; settle before loading - Exercises: progress to full thumb and wrist ROM; continue tendon glides; **begin light grip/pinch (putty, soft ball) from ~3–4 weeks**

Criteria to progress - Full, pain-free thumb and wrist ROM; healed, mobile scar; settling nerve symptoms

PHASE III — STRENGTHENING AND RETURN TO ACTIVITY (WEEKS ~4 TO 6 AND BEYOND)

With motion restored and the wound mature, grip and pinch are built up and the patient is returned to full activity. Most reach comfortable normal use by around four to six weeks; heavier manual demands take a little longer and are criterion-based.

For your hand therapist:

Assessments - Grip and pinch strength versus the other side; pain with loading; functional/work-specific testing as appropriate

Education and precautions - Graded return to gripping, pinching, lifting and twisting; full activity as comfort and strength allow - Persisting dorsoradial pain/tingling or a snapping tendon → refer back to the treating surgeon (consider neuroma, incomplete release, or volar subluxation)

Management - Exercises: progressive grip and pinch strengthening; task- and work-specific loading; continue any residual scar/nerve work - Consider discharge once strength is near-symmetrical and function is restored - Consider referral back to the treating doctor if recovery plateaus or there is a poor outcome

Criteria for discharge / return to full activity - Near-symmetrical grip and pinch; pain-free functional and work-specific use

Getting back to work and activity

Light everyday hand use — eating, writing, dressing, light tasks — is encouraged from the start, within comfort. Because the operation is on the wrist and the hand needs to move freely and grip safely, **driving** resumes once the wound is comfortable, any comfort splint is off, and you can grip and turn the wheel confidently — for most people within the first week or two, as confirmed at your review.

Forceful gripping, pinching, lifting and twisting wait until around **three to four weeks** and are then built up gradually. Desk and light work often resume within days to a week or two; **heavier manual work** that depends on strong, repeated thumb and wrist loading is usually back by around **four to six weeks**, judged by your regained strength and comfort rather than the calendar alone, by Dr Hirpara and your hand therapist.

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After your protocol

This protocol works alongside the practice's general recovery advice — see managing post-operative pain, wound care and scar management. The phased plan above reflects published rehabilitation guidance after de Quervain's release, and your ongoing recovery is guided individually by Dr Hirpara and your hand therapist according to how your hand progresses.