

The Wrist and Hand

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CARPAL TUNNEL SYNDROME

What is carpal tunnel syndrome?

Carpal tunnel syndrome is a common, painful disorder of the wrist and hand.

How does it occur?

Carpal tunnel syndrome is caused by pressure on the median nerve in your wrist. People who use their hands and wrists repeatedly in the same way (for example, illustrators, carpenters, and assembly-line workers) tend to develop carpal tunnel syndrome.

Pressure on the nerve may also be caused by a fracture or other injury, which may cause inflammation and swelling. In addition, pressure may be caused by inflammation and swelling associated with arthritis, diabetes, and hypothyroidism. Carpal tunnel syndrome can also occur during pregnancy.

What are the symptoms?

The symptoms include:

- pain, numbness, or tingling in your hand and wrist, especially in the thumb and index and middle fingers; pain may radiate up into the forearm
- increased pain with increased use of your hand, such as when you are driving or reading the newspaper
- increased pain at night
- weak grip and tendency to drop objects held in the hand
- sensitivity to cold
- muscle deterioration especially in the thumb (in later stages)

How is it diagnosed?

Your healthcare provider will review your symptoms, examine you, and discuss the ways you use your hands. He or she may also do the following tests:

- Your provider may tap the inside middle of your wrist over the median nerve. You may feel pain or a sensation like an electric shock.
- You may be asked to bend your wrist down for one minute to see if this causes symptoms.
- Your provider may arrange to test the response of your nerves and muscles to electrical stimulation.

How is it treated?

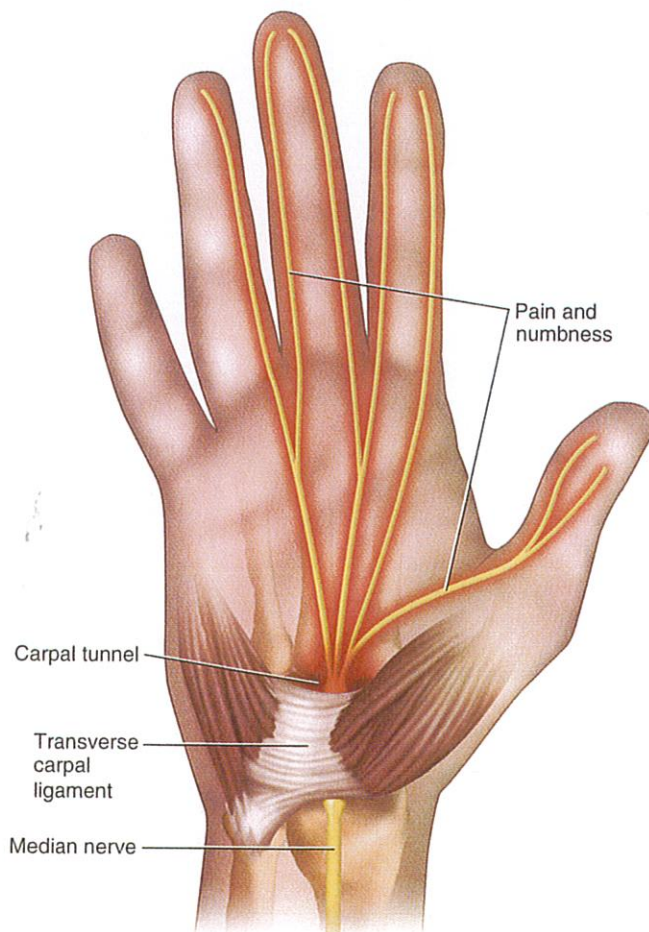
If you have a disease that is causing carpal tunnel syndrome (such as rheumatoid arthritis), treatment of the disease may relieve your symptoms.

Other treatment focuses on relieving irritation and pressure on the nerve in your wrist. To relieve pressure your healthcare provider may suggest:

- restricting use of your hand or changing the way you use it
- changing your work station (the position of your desk, computer, and chair) to one that irritates your wrist less
- wearing a wrist splint
- exercises

Your provider may prescribe an oral cortisone-like medicine or a nonsteroidal anti-inflammatory medicine, such as ibuprofen. He or she may recommend an injection of a cortisone-like medicine into the carpal tunnel area. In some cases surgery may be necessary (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval).

CARPAL TUNNEL SYNDROME



How long will the effects last?

How long the symptoms of carpal tunnel syndrome last depends on the cause and your response to treatment. Sometimes the symptoms disappear without any treatment, or they may be relieved by nonsurgical treatment. Surgery may be necessary to relieve the symptoms if they do not respond to treatment or they get worse. Surgery usually relieves the symptoms, especially if there is no permanent damage to the nerve.

Symptoms of carpal tunnel syndrome that occur during pregnancy usually disappear following delivery.

How can I take care of myself?

Follow your healthcare provider's recommendations. Also try the following:

- Elevate your arm with pillows when you lie down.
- Avoid activities that overuse your hand.
- When you use a computer mouse, use it with the hand that does not have carpal tunnel syndrome.
- Find a different way to use your hand by using another tool or try to use the other hand.
- Avoid bending your wrists.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when you are able to painlessly grip objects like a tennis racket, bat, golf club, or bicycle handlebars. In sports such as gymnastics, it is important that you can bear weight on your wrist without pain. You must have full range of motion and strength of your wrist.

What can I do to help prevent carpal tunnel syndrome?

If you do very repetitive work with your hands, make sure that your hands and wrists are comfortable when you are using them. Take regular breaks from the repetitive motion. Avoid resting your wrists on hard or ridged surfaces for prolonged periods.

If you have a disease that is associated with carpal tunnel syndrome, effective treatment of the disease might help prevent this condition.

In some cases the cause is not known and carpal tunnel syndrome cannot be prevented.

CARPAL TUNNEL REHABILITATION EXERCISES

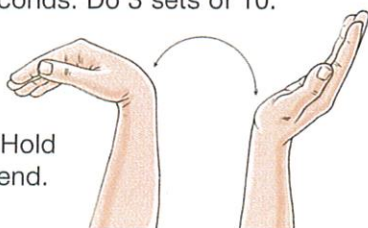
You may do all of these exercises right away.

1. WRIST RANGE OF MOTION

A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



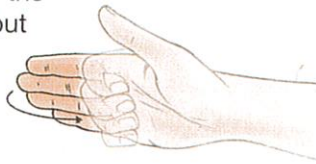
WRIST ACTIVE RANGE OF MOTION



WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. TENDON GLIDE: Start with the fingers of your hand held out straight. Gently bend the middle joints of your fingers down toward your upper palm. Hold for 5 seconds. Do 3 sets of 10.



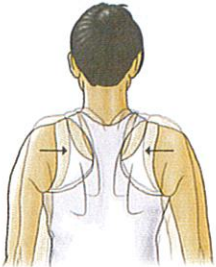
TENDON GLIDE

5. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10. Gradually increase the weight of the object you are holding.

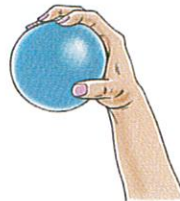


WRIST EXTENSION

4. SCAPULAR SQUEEZE: While sitting or standing with your arms by your sides, squeeze your shoulder blades together and hold for 5 seconds. Do 3 sets of 10.



SCAPULAR SQUEEZE



6. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

GRIP STRENGTHENING

DE QUERVAIN'S TENOSYNOVITIS

What is de Quervain's tenosynovitis?

De Quervain's tenosynovitis is a painful condition affecting the tendons located on the thumb side of your wrist. A tendon is a strong band of tissue that attaches muscle to bone. A sheath, or covering, surrounds the tendons that go to your thumb. Tenosynovitis is an irritation of this sheath.

How does it occur?

De Quervain's tenosynovitis usually occurs from overusing your thumb or wrist, especially in activities that move your thumb directly away from your wrist such as skiing or hammering.

What are the symptoms?

Symptoms may include:

- pain when you move your thumb or wrist
- pain when you make a fist
- swelling and tenderness on the thumb side of your wrist
- feeling or hearing creaking as the tendon slides through its sheath

How is it diagnosed?

Your healthcare provider will examine your wrist and thumb and find the areas that are tender and painful to move. An X-ray may be taken to be sure you don't have a broken bone.

How is it treated?

The initial treatment for de Quervain's tenosynovitis is a splint that will cover your wrist and thumb. It is important that you protect your thumb and wrist from activities that worsen your pain.

Treatment may also include:

- placing an ice pack on your thumb and wrist for 20 to 30 minutes every 3 or 4 hours until the pain goes away
- doing ice massage for 5 to 10 minutes several times a day
- taking an anti-inflammatory medicine such as ibuprofen (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)
- having an injection of a medicine like cortisone

You will be given rehabilitation exercises to help speed your recovery and prevent the problem from returning.

When can I return to my sport or activity?

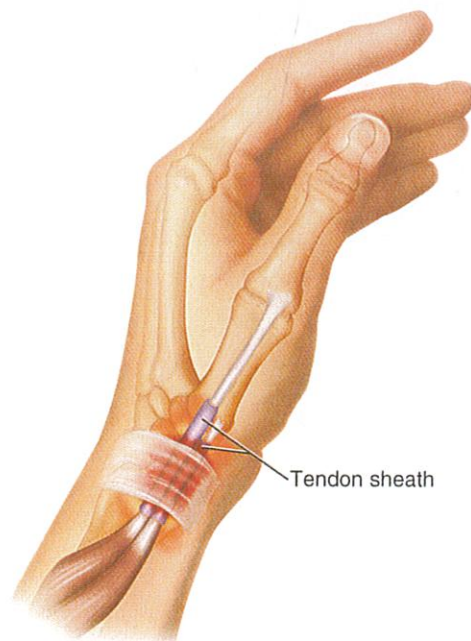
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when it is no longer painful to move your thumb or wrist. You may need to do activities wearing a supportive splint until you no longer have symptoms.

How can I prevent de Quervain's tenosynovitis?

Avoiding activities that overuse your thumb or wrist may prevent de Quervain's tenosynovitis.

DE QUERVAIN'S TENOSYNOVITIS

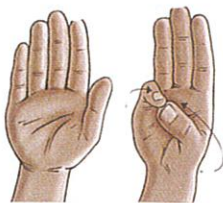


DE QUERVAIN'S TENOSYNOVITIS REHABILITATION EXERCISES

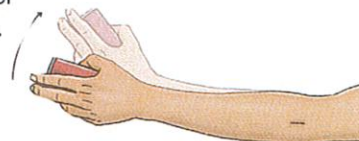
You may do all of these exercises when the initial pain is gone.

1. OPPOSITION STRETCH: Rest your hand on a table, palm up. Touch the tip of your thumb to the tip of your little finger. Hold this position for 6 seconds. Repeat 10 times.

OPPOSITION STRETCH



4. WRIST RADIAL DEVIATION STRENGTHENING: Put your wrist in the sideways position with your thumb up. Hold a can of soup or a hammer handle and gently bend your wrist up, with the thumb reaching toward the ceiling. Slowly lower to the starting position. Do not move your forearm throughout this exercise. Do 3 sets of 10.



WRIST RADIAL DEVIATION STRENGTHENING

5. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10. Gradually increase the weight of the object you are holding.



WRIST EXTENSION



WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10. Gradually increase the weight of the can or weight you are holding.

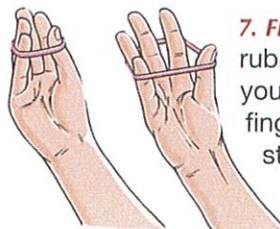


WRIST FLEXION

6. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING



FINGER SPRING

7. FINGER SPRING: Place a large rubber band around the outside of your thumb and the rest of your fingers. Open your fingers to stretch the rubber band. Do 3 sets of 10.

FINGER DISLOCATION

What is a finger dislocation?

A finger dislocation is a displacement of the bones of the finger from their normal position.

How does it occur?

A dislocation usually occurs when there is an accident such as a ball striking the tip of the finger or a hard fall onto a finger or getting a finger caught on a piece of equipment like a football mask or a basketball net.

What are the symptoms?

A dislocation causes immediate pain and swelling. The finger looks swollen and crooked. Usually you are unable to bend or straighten the dislocated joint.

How is it diagnosed?

Your healthcare provider will examine your finger. An X-ray will be taken to confirm the dislocation and to determine if there is also a break in your finger.

How is it treated?

Your healthcare provider will realign the dislocated bones. Your finger will be placed in a protective splint for several weeks.

Your finger will most likely be swollen after the dislocation. You should apply ice packs to your finger for 20 to 30 minutes every 3 to 4 hours for 2 or 3 days or until the pain goes away. Your hand should be elevated on a pillow while you are lying down or on the back of a chair or couch when you are sitting. Your healthcare provider may prescribe an anti-inflammatory medicine (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval). You will be given exercises to strengthen your finger during the healing process.

How long do the effects last?

Your finger may remain swollen and have decreased range of motion and strength for many weeks and in some cases may be permanent. It is important to continue your rehabilitation exercises.

When can I return to my sport or activity?

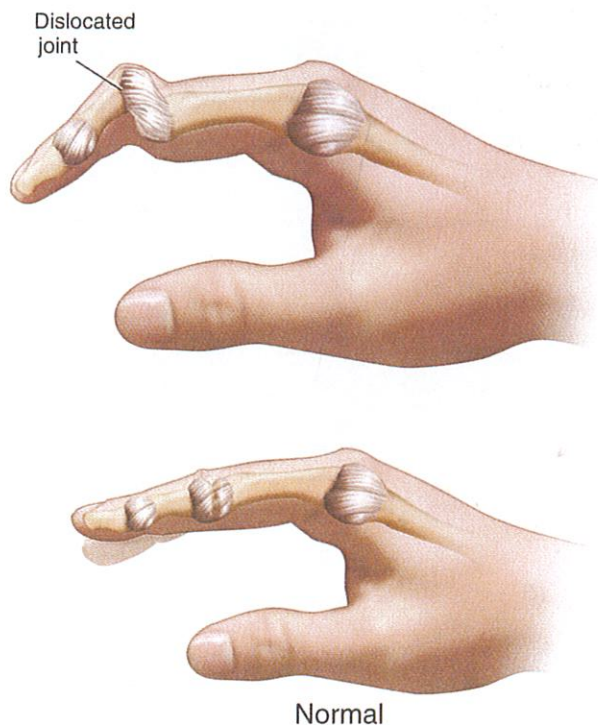
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your activity will be determined by how soon your finger recovers, not by how many days or weeks it has been since your injury occurred.

Your healthcare provider will recommend that your dislocated finger be splinted or "buddy taped" (taped to the finger next to it) for 3 to 6 weeks after your injury. In many cases, you will be able to return to your sport or activity as long as you are wearing your splint or have your finger taped.

How can I prevent finger dislocation?

Finger dislocations are usually the result of accidents that are not preventable. However, whenever possible you should try to avoid getting your finger stuck in objects such as helmets, nets, or athletic jerseys.

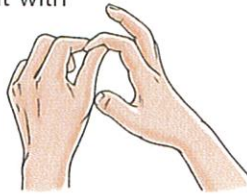
FINGER DISLOCATION



FINGER DISLOCATION REHABILITATION EXERCISES

You may do all of these exercises right away.

1. FINGER PASSIVE RANGE OF MOTION: Gently assist the injured joint by helping to bend it with your other hand. Gently try to straighten out the injured joint with your other hand. Repeat slowly, holding for 5 seconds at the end of each motion. Do this 10 times. Do these exercises 3 to 5 times per day.



FINGER PASSIVE RANGE OF MOTION

4. FINGER EXTENSION: With your palm flat on a table and your fingers straight out, lift each finger straight up one at a time. Hold your finger up for 5 seconds then and put it down. Continue until you have done all 5 fingers. Repeat 10 times.

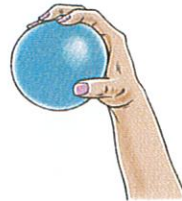


FINGER EXTENSION



2. FIST MAKING: Make your hand into a fist. If the injured finger will not bend into the fist, assist it with your uninjured hand and try to help it bend into the fist. Hold this position for 5 to 10 seconds. Repeat 10 times.

FIST MAKING



5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

GRIP STRENGTHENING

3. OBJECT PICK-UP: Practice picking up small objects such as coins, marbles, pins, or buttons with one finger and the thumb.



OBJECT PICK-UP

FINGER FRACTURES

What is a finger fracture?

A fracture is a break in a bone. When you break your finger the break may be small or large, may be straight or crooked, and may go into the joint (the place where 2 finger bones meet).

How does it occur?

A finger fracture usually occurs from hitting a hard object with your finger, being hit by a ball, getting slammed in a door, or falling onto your hand.

What are the symptoms?

You will have pain, swelling and tenderness on the finger that is injured. You may have difficulty moving that finger and it may look crooked.

How is it diagnosed?

Your healthcare provider will review your symptoms, ask about how the injury occurred, and examine you. An X-ray of your finger will be taken. The X-ray will show if there is a break.

How is it treated?

If the broken bone is crooked your provider will straighten it. Then a splint will be placed on your finger. Depending on the type of fracture the splint may be placed on the bottom surface of your finger or the top surface. Your provider will decide if your finger should be kept straight or slightly bent. You will need to wear this splint for 3 to 6 weeks, depending on your injury. Some finger fractures don't need to be splinted, they only need to be taped to the finger next to it (called "buddy taping").

Fractures that are large, crooked, or go into the joint may need surgery.

Treatment will also include:

- elevating your finger by placing your hand on a pillow when you sleep or the back of a couch when you are sitting down
- putting an ice bag on your injured finger for 20 to 30 minutes every 3 to 4 hours for the first 2 to 3 days
- taking anti-inflammatory medicine or other medicine prescribed by your provider (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)

What are the complications?

Even small fractures may cause swelling in the joints where the injury is. Sometimes this swelling may take weeks or months to go away, and in some cases may be permanent. Some fingers are crooked when the fracture heals.

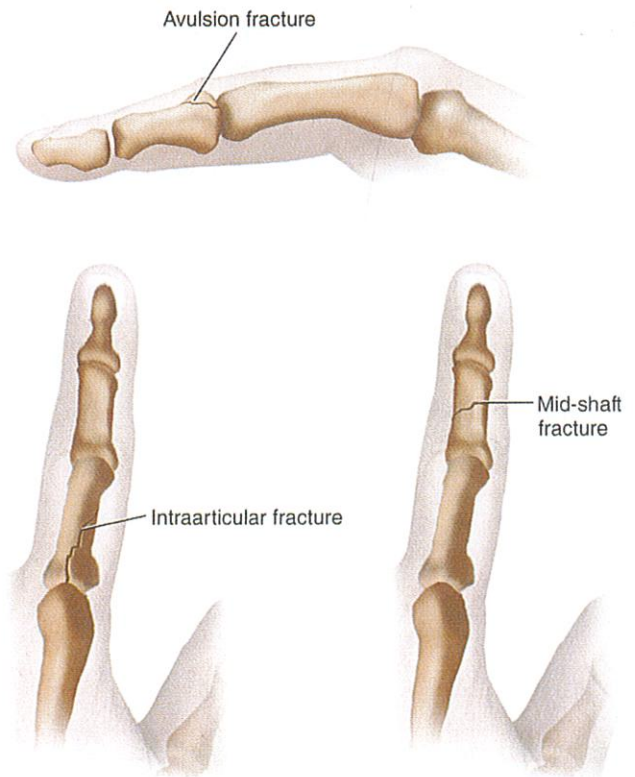
When can I return to my sport or activity?

You may start your rehabilitation exercises when your provider has told you that your fracture has healed. Your provider will order a follow-up X-ray if you need one.

Small fractures may not need a follow up X-ray.

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your hand recovers, not by how many days or weeks it has been

FINGER FRACTURES



since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when your finger has full range of motion without pain and has the same strength as the uninjured side. You may

be able to participate in some activities while wearing a splint or while your finger is buddy-taped.

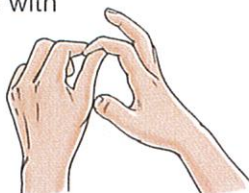
How can I prevent a finger fracture?

Most finger fractures happen from accidents that are not preventable.

FINGER FRACTURE REHABILITATION EXERCISES

You may do all of these exercises after you no longer need the splint or tape on your finger.

1. FINGER PASSIVE RANGE OF MOTION: Gently assist the injured joint by helping to bend it with your other hand. Gently try to straighten out the injured joint with your other hand. Repeat slowly, holding for 5 seconds at the end of each motion. Do this 10 times. Do these exercises 3 to 5 times per day.



FINGER PASSIVE RANGE OF MOTION

4. FINGER EXTENSION: With your palm flat on a table and your fingers straight out, lift each finger straight up one at a time. Hold your finger up for 5 seconds then and put it down. Continue until you have done all 5 fingers. Repeat 10 times.



FINGER EXTENSION

2. FIST MAKING: Make your hand into a fist. If the injured finger will not bend into the fist, assist it with your uninjured hand and try to help it bend into the fist. Hold this position for 5 to 10 seconds. Repeat 10 times.



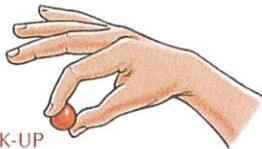
FIST MAKING



5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

GRIP STRENGTHENING

3. OBJECT PICK-UP: Practice picking up small objects such as coins, marbles, pins, or buttons with one finger and the thumb.



OBJECT PICK-UP

FINGER SPRAIN

What is a finger sprain?

A sprain is an injury to a joint that causes a stretch or tear in a ligament. Ligaments are strong bands of tissue that connect one bone to another.

How does it occur?

A sprain usually occurs when there is an accident. For example, a ball may hit the tip of your finger or you may fall forcefully onto your finger.

What are the symptoms?

You have pain, swelling, and tenderness in your finger.

How is it diagnosed?

Your healthcare provider will examine your finger. You may have an X-ray to be sure you have not broken any bones in your finger.

How is it treated?

Treatment may include:

- applying ice packs to your finger for 20 to 30 minutes every 3 to 4 hours for 2 or 3 days or until the pain goes away
- elevating your hand on a pillow while you are lying down or on the back of a chair or couch while you are sitting (to help reduce swelling)
- taking an anti-inflammatory or other pain medicine prescribed by your healthcare provider (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)
- doing exercises to strengthen your finger during the healing process

Your healthcare provider will recommend that your sprained finger be splinted or "buddy taped" (taped to the finger next to it) for 1 to 4 weeks after your injury.

How long will the effects last?

Your finger may remain swollen with decreased flexibility and strength for many weeks. Sometimes the joint swelling may take weeks or months to go away, and in some cases may be permanent. It is important to continue doing finger exercises during and even after you return to your normal activities. These exercises help strengthen your finger and improve range of motion.

When can I return to my sport or activity?

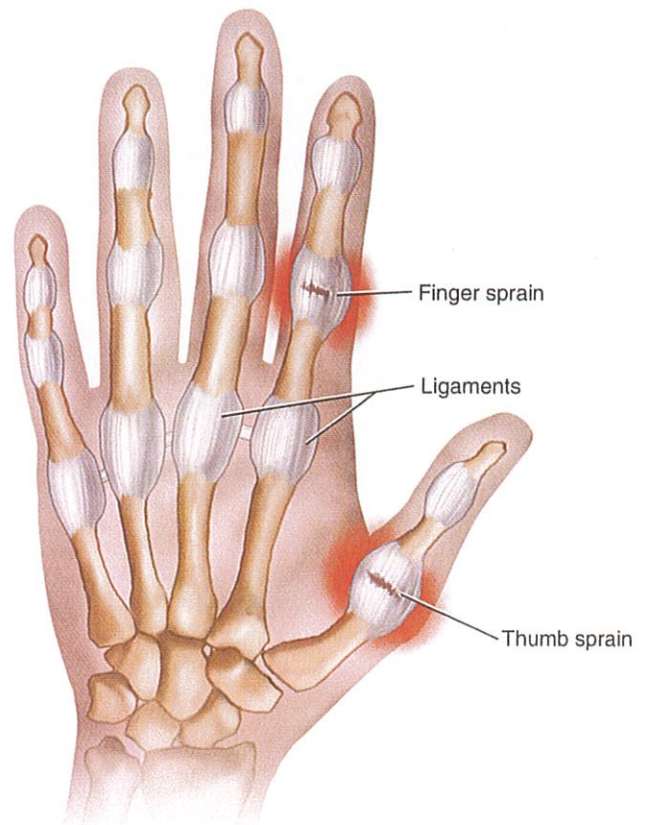
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Your finger may remain swollen with decreased range of motion and strength for many weeks. It is important to continue your rehabilitation exercises during this time and even after you return to your sport. In many cases, you will be able to return to your activities as long as you are wearing your splint or have your finger taped.

How I prevent a finger sprain?

Finger sprains are usually the result of injuries that are not preventable.

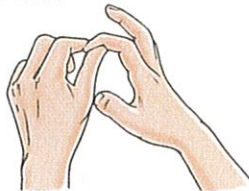
FINGER SPRAIN



FINGER SPRAIN REHABILITATION EXERCISES

You may do all of these exercises right away.

1. FINGER PASSIVE RANGE OF MOTION: Gently assist the injured joint by helping to bend it with your other hand. Gently try to straighten out the injured joint with your other hand. Repeat slowly, holding for 5 seconds at the end of each motion. Do this 10 times. Do these exercises 3 to 5 times per day.



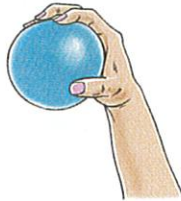
FINGER PASSIVE RANGE OF MOTION

4. FINGER EXTENSION: With your palm flat on a table and your fingers straight out, lift each finger straight up one at a time. Hold your finger up for 5 seconds then and put it down. Continue until you have done all 5 fingers. Repeat 10 times.



FINGER EXTENSION

5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING

2. FIST MAKING: Make your hand into a fist. If the injured finger will not bend into the fist, assist it with your uninjured hand and try to help it bend into the fist. Hold this position for 5 to 10 seconds. Repeat 10 times.



FIST MAKING

3. OBJECT PICK-UP: Practice picking up small objects such as coins, marbles, pins, or buttons with one finger and the thumb.



OBJECT PICK-UP

GANGLION CYST

What is a ganglion cyst?

A ganglion cyst is a swollen, closed sac under the skin. The sac is attached to the sheath of a tendon or may be attached to a joint. The cyst contains fluid similar to the fluid that is in your joints. It can vary in size from a small pea to a golf ball. Ganglion cysts most often occur on the wrist, at the end joint of a finger, or at the base of a finger. They may also occur on the foot.

How does it occur?

The cause of ganglion cysts is not known.

What are the symptoms?

You may feel discomfort or pain. Sometimes the area of the cyst becomes swollen or disfigured.

How is it diagnosed?

Your healthcare provider may stick a needle into the cyst to take a sample of the fluid inside it.

How is it treated?

Unless a cyst hurts, it does not need to be treated. If it does hurt, put ice on it for 20 to 30 minutes 3 or 4 times a day, or at least once daily, until it becomes less painful. Taking an anti-inflammatory drug, such as aspirin or ibuprofen, may also help.

The fluid can be removed with a needle, but the cysts tend to fill up again with fluid.

Do not try to smash the cyst with a heavy object. Even if this home remedy succeeds at first, the cyst will almost always fill up again with fluid. In addition, you could seriously damage your wrist or finger.

If a ganglion cyst is painful, limits activity, or is unsightly, it can be surgically removed. Surgery to remove the cyst requires making a small cut through the skin. The cut usually heals quickly and leaves a small scar.

How long will the effects last?

Sometimes cysts eventually go away whether they are treated or not. If your cyst is painful or interferes with your activities, you may need to have surgery. Even with surgical treatment, a cyst may come back.

How can I take care of myself?

Follow the treatment recommended by your healthcare provider.

When can I return to my sport or activity?

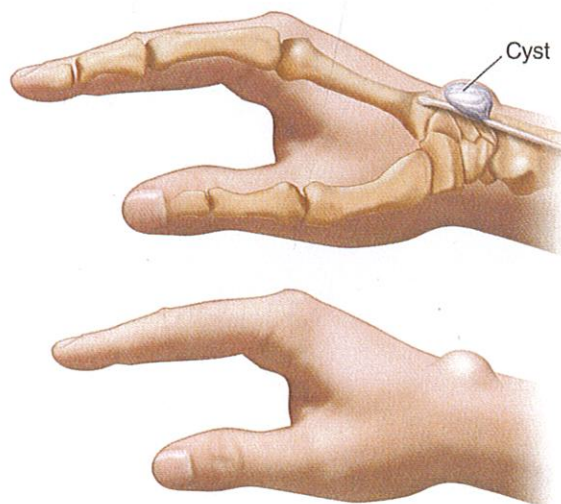
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport will be measured by how soon your joint recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

If you have a wrist ganglion, you may return to your sport or activity when you can do your activities without pain. You may need to wear a wrist brace or have your wrist taped. In sports such as gymnastics, you will not be able to participate fully until you can bear weight on your wrist while tumbling without pain. In sports such as baseball or tennis, it is important that your wrist does not hurt when you are holding the bat or racquet while doing your swing.

How can I help prevent ganglion cysts?

There is no known way to prevent these cysts because their cause is not known.

GANGLION CYST



GANGLION CYST REMOVAL (GANGLIONECTOMY)

What is a ganglion cyst removal?

Ganglion cyst removal, called a ganglionectomy, is a procedure in which your healthcare provider removes a cyst from your hand, wrist, foot, or other part of your body. A ganglion cyst is a swollen, closed sac under the skin. The sac may develop from may develop from the sheath of a tendon or joint. The cyst contains fluid similar to joint fluid.

Alternatives to this procedure include:

- taking out the fluid with a needle or a syringe, with or without a cortisone injection
- choosing not to have treatment, recognizing the risks of your condition

You should ask your provider about these choices.

How do I prepare for a ganglionectomy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Arrange for someone to drive you home afterwards. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

Follow the instructions your healthcare provider gives you. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water after midnight.

What happens during the procedure?

You will be given a general, regional, or local anesthetic. Local and regional anesthetics numb part of the body while you remain awake. You may be given a sedative along with a local or regional anesthetic to relax you and reduce anxiety. A general anesthetic relaxes your muscles and puts you to sleep. All three types of anesthesia should keep you from feeling pain during the operation.

Your healthcare provider will cut around the cyst and remove it. Your provider will then close the cut with stitches.

What happens after the procedure?

You can go home the day you have the surgery. A bulky dressing, with or without a splint, may cover the area where you had the cyst to protect it.

Your healthcare provider will recommend when you should come back to get the stitches out, often in 1 to 2 weeks.

You should ask your provider what other steps you should take.

What are the benefits of this procedure?

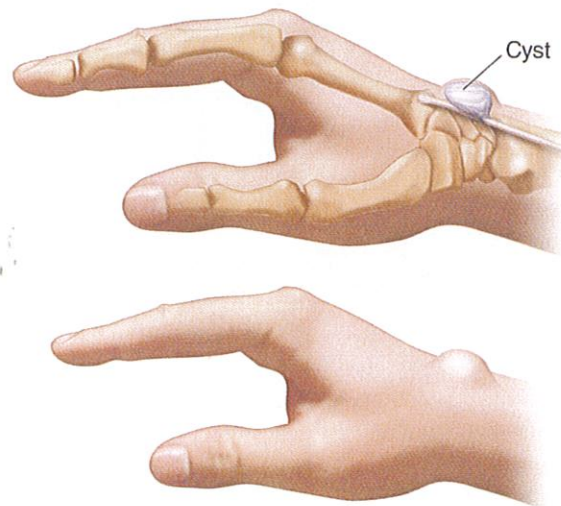
The hand, wrist, foot, or other part of your body that had the cyst may return to normal function. The area may also feel and look better.

What are the risks associated with this procedure?

There are some risks when you have anesthesia. Discuss these risks with your healthcare provider.

A local or regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Local or regional anesthesia is considered safer than general anesthesia.

GANGLION CYST REMOVAL (GANGLIONECTOMY)



The cyst may come back.

There is a small risk of infection and bleeding. However, the cut usually heals quickly without any problems.

In rare cases, nerves or blood vessels in the area may be damaged.

The healing cut could form an unsightly scar. Usually the scar is not noticeable in the long run.

You should ask your provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- you have increasing pain despite taking the pain medicine recommended by your provider
- you notice pus; drainage; or increasing redness, swelling, and tenderness near the cut and stitches

Call during office hours if:

- you have questions about the procedure or its result
- you want to make another appointment

JERSEY FINGER (FLEXOR TENDON INJURY)

What is Jersey Finger?

Jersey finger is a tear in one of the flexor tendons in your hand. The flexor tendons allow you to flex or bend your fingers, such as making a fist. The deep part of the flexor tendon (flexor digitorum profundus) attaches to the bone near the tip of the finger. This is usually the part that tears.

How does it occur?

Jersey finger usually occurs from grabbing an opponent's jersey. This causes a stress to the attachment of the tendon at the finger. This can pull the tendon off the bone, can tear a small piece of bone off the finger (avulsion) or tear the tendon itself. This commonly happens in sports like football when a tackle is made. When the jersey is grabbed with closed fist and the hand is forced open the injury occurs. The most common finger injured is the ring finger because it has the least amount of strength. Sometimes a flexor tendon is injured when the palm or palmar surface of a finger is cut.

What are the symptoms?

Symptoms can include:

- feeling a pop or snap when the injury occurs
- inability to flex your finger, in particular the tip of the finger at the last knuckle
- pain
- swelling
- bruising
- possible lump in the palm of your hand (the torn flexor tendon may retract into your palm)

How is it diagnosed?

Your provider will take your history and examine your finger. You will be unable to flex or bend your finger. An X-ray may be done to see if your finger is broken.

How is it treated?

A torn flexor tendon needs to be surgically repaired. Before surgery you may be:

- put in a splint
- instructed to keep your hand elevated

- told to apply ice for 20 to 30 minutes every 3 to 4 hours
- given pain medicine

How long will the effects last?

Recovery after surgery may take several months, including physical therapy. If surgery is not done you may have a permanent deformity and be unable to flex or bend you injured finger.

When can I return to my sport or activity?

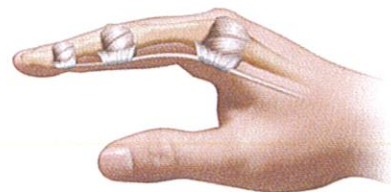
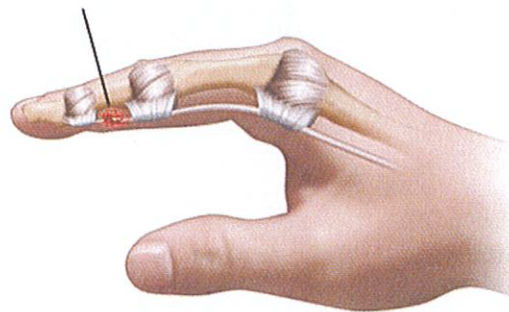
This will be determined by your surgeon after full recovery.

What can I do to prevent a Jersey Finger?

Jersey finger usually occurs from an injury that cannot be prevented. However, proper form in tackling and strong hands can help prevent injury.

JERSEY FINGER (FLEXOR TENDON INJURY)

Torn Flexor Tendon



MALLET FINGER (BASEBALL FINGER)

What is mallet finger?

Mallet finger, also known as baseball finger, is an injury to the fingertip caused by a blow to the end of the finger. In mallet finger, the tendon that straightens the tip of the finger is injured and you may lose the ability to straighten your finger.

How does it occur?

There is usually a jamming injury to the tip of the finger.

What are the symptoms?

You may have pain and swelling at the tip of the finger. You may be unable to straighten the tip of your finger. If the injury is old or if you do not seek medical care soon enough, you may permanently lose the ability to straighten your finger.

How is it diagnosed?

Your healthcare provider will examine your finger and review your symptoms. An X-ray may be taken to see if there is also a fracture. Commonly, the tendon will pull off a piece of the bone to which it is attached at the end of your finger.

How is it treated?

Your finger will be straightened and placed in a splint for about 6 weeks to allow the tendon to reattach to the finger bone or, if a piece of bone has been pulled off, to allow the bone to heal. It is important to keep this splint on to permit healing. Because your finger probably will be swollen, you should apply ice packs to your finger for 20 to 30 minutes every 3 to 4 hours for the first 2 or 3 days or until the pain goes away. Your hand should be elevated on a pillow when you are lying down or placed on the back of a chair or couch when you are sitting.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which

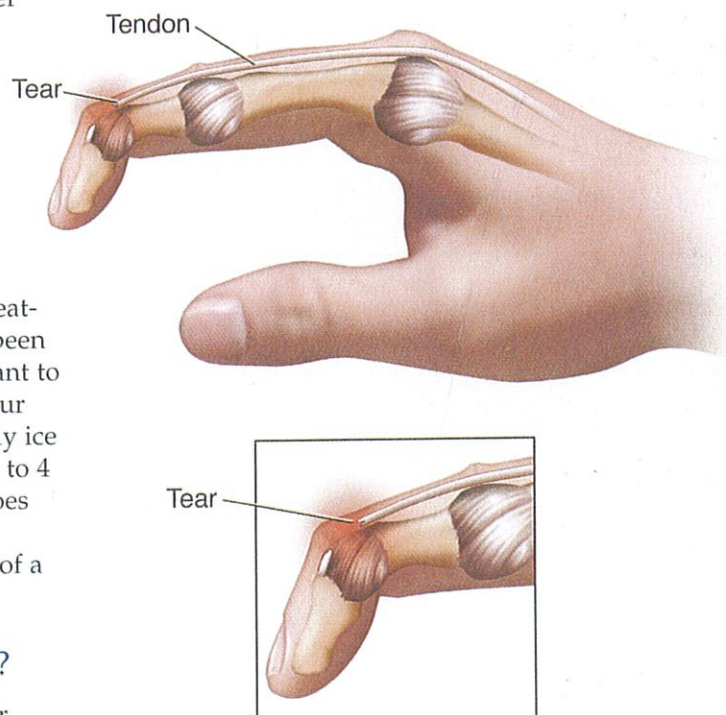
could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your finger recovers, not by how many days or weeks it has been since your injury occurred.

It is important that you wear a splint for your mallet finger for at least 6 weeks after your injury. If you wear your splint as your healthcare provider has recommended you may return to your activities immediately. NOT wearing your splint can lead to permanent injury or deformity of your finger.

How can I prevent mallet finger?

Mallet finger is caused by a direct blow to the end of the finger during an accident that is usually not preventable.

MALLET FINGER (BASEBALL FINGER)

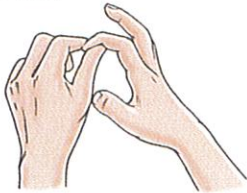


MALLET FINGER (BASEBALL FINGER) REHABILITATION EXERCISES

You may do all of these exercises when your health care provider says you are ready.

WRIST/HAND

1. FINGER PASSIVE RANGE OF MOTION: Gently assist the injured joint by helping to bend it with your other hand. Gently try to straighten out the injured joint with your other hand. Repeat slowly, holding for 5 seconds at the end of each motion. Do this 10 times. Do these exercises 3 to 5 times per day.



FINGER PASSIVE
RANGE OF MOTION

4. FINGER EXTENSION: With your palm flat on a table and your fingers straight out, lift each finger straight up one at a time. Hold your finger up for 5 seconds then and put it down. Continue until you have done all 5 fingers. Repeat 10 times.

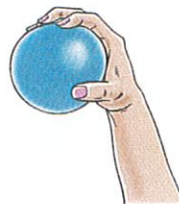


FINGER EXTENSION

2. FIST MAKING: Make your hand into a fist. If the injured finger will not bend into the fist, assist it with your uninjured hand and try to help it bend into the fist. Hold this position for 5 to 10 seconds. Repeat 10 times.



FIST MAKING



5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

GRIP STRENGTHENING

3. OBJECT PICK-UP: Practice picking up small objects such as coins, marbles, pins, or buttons with one finger and the thumb.



OBJECT PICK-UP

FIFTH METACARPAL FRACTURE (BOXER'S FRACTURE)

What is a fifth metacarpal fracture?

The metacarpals are the long bones in the hand. The fifth metacarpal is the bone in the hand that attaches to the pinky finger. A fracture is a break in the bone.

How does it occur?

A fifth metacarpal fracture usually occurs from hitting a hard object with your fist. That is why it is also called a boxer's fracture. It can also occur from falling onto your hand.

What are the symptoms?

Pain, swelling, and tenderness on the pinky finger side of the hand. There may be a bump on the side of your hand or it may look crooked.

How is it diagnosed?

Your healthcare provider will review your symptoms, ask you how you got the injury, and examine you. Your provider will take an X-ray of your hand, which will show the break.

How is it treated?

If the broken bone is crooked your provider will straighten it. Then a cast or splint will be placed from your hand to your forearm. You will wear this cast or splint for 4 to 6 weeks.

Treatment will also include:

- elevating your hand by placing it on a pillow when you sleep or the back of a couch when you are sitting down
- putting an ice bag over the cast or splint for 20 to 30 minutes every 3 to 4 hours for the first 2 to 3 days
- taking anti-inflammatory medicine or other medicine prescribed by your provider

When can I return to my sport or activity?

You may start your rehabilitation exercises when your provider has taken a follow-up X-ray sees that your fracture has healed.

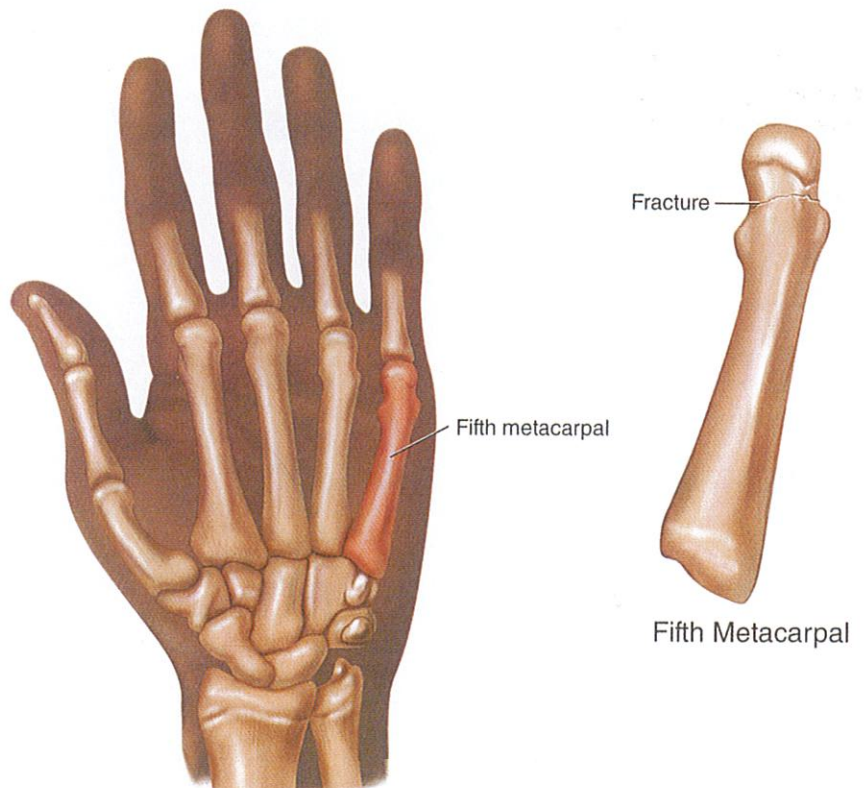
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your hand recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when your hand has full range of motion without pain and has the same strength as the uninjured side.

How can I prevent a fifth metacarpal fracture?

Since most fifth metacarpal fractures happen because of hitting hard objects with your fist...don't hit things!

FIFTH METACARPAL FRACTURE



FIFTH METACARPAL FRACTURE REHABILITATION EXERCISES

You may do the stretching exercises right away when your cast is removed. You may do the strengthening exercises when stretching is nearly painless.

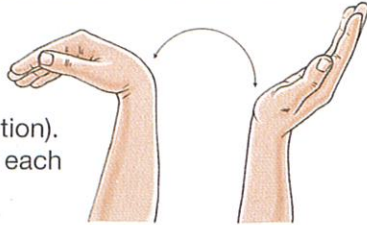
Stretching Exercises

1. WRIST RANGE OF MOTION

A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.

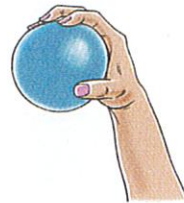


WRIST ACTIVE RANGE OF MOTION

4. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10. Gradually increase the weight of the object you are holding.



WRIST EXTENSION

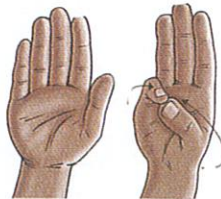


GRIP STRENGTHENING

5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

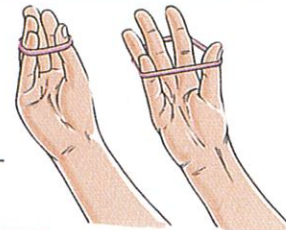
Strengthening Exercises

2. OPPOSITION STRETCH: Rest your hand on a table, palm up. Touch the tip of your thumb to the tip of your little finger. Hold this position for 6 seconds. Repeat 10 times.



OPPOSITION STRETCH

6. FINGER SPRING: Place a large rubber band around the outside of your thumb and the rest of your fingers. Open your fingers to stretch the rubber band. Do 3 sets of 10.



FINGER SPRING

3. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10. Gradually increase the weight of the can or weight you are holding.



WRIST FLEXION

NAVICULAR (SCAPHOID) FRACTURE

What is a navicular or scaphoid fracture?

A navicular fracture is a break in one of the bones in your wrist. The wrist is made up of 8 bones between the forearm and hand. The navicular, or scaphoid, bone is near the thumb. Fractures to this bone sometimes have a healing problem because the bone does not have a good blood supply.

How does it occur?

A navicular fracture is caused by a fall onto your wrist or a direct blow to the bone.

What are the symptoms?

You may have pain, swelling, or tenderness in your wrist, usually just below the thumb.

How is it diagnosed?

Your healthcare provider will examine your wrist and review your symptoms. An X-ray may show a break in the navicular bone. Sometimes a fracture may not show up in the first X-ray and your provider may recommend a repeat X-ray in 1 to 2 weeks. Sometimes your provider may order a CAT scan or bone scan to confirm the fracture.

How is it treated?

You will need to wear an arm cast that includes your thumb. The cast may or may not extend above your elbow. You will wear the cast for up to 12 weeks or longer to be sure the bone heals.

In some cases healing does not occur and the pieces of bone do not grow back together. This may require surgery.

Sometimes the failure of the pieces of bone to grow back together leads to a problem called avascular necrosis. In avascular necrosis, part of the bone dies because it does not get enough blood. In these cases, an operation is necessary to remove part of the injured bone, insert grafted bone to help heal the fragment, or insert an artificial bone.

Your wrist may heal completely or you may have some permanent stiffness or loss of range of motion.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers

from injury at a different rate. Return to your sport or activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred.

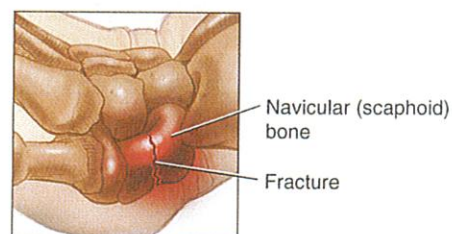
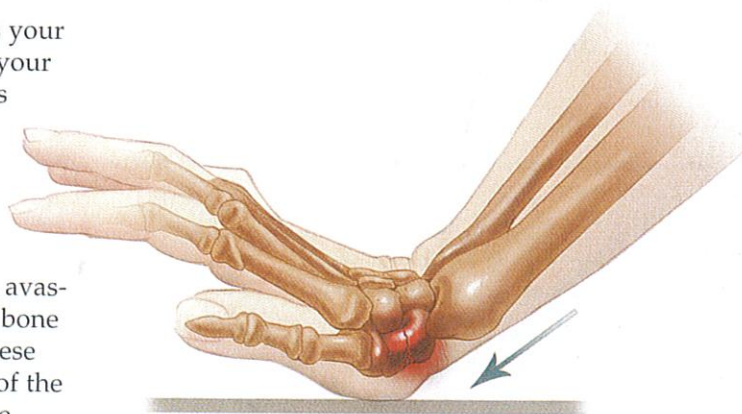
You may return to your sport or activity when you have full range of motion in your wrist without pain. Your healthcare provider may allow you to return to competition with your wrist taped or in a brace. Your injured wrist, hand, and forearm need to have the same strength as the uninjured side. You must not have any pain when you do activities such as swinging a bat or a racket or tumbling in gymnastics.

If you return to a sport or activity too soon after a navicular fracture there still could be problems with healing. It is very important to be sure that none of your activities cause wrist pain or tenderness.

How can I prevent a navicular fracture?

A navicular fracture usually occurs during an accident that is not preventable. When you do activities such as skating be sure to wear protective wrist guards.

NAVICULAR (SCAPHOID) FRACTURE



NAVICULAR (SCAPHOID) FRACTURE REHABILITATION EXERCISES

You may do the stretching exercises when your cast is removed. You may do the strengthening exercises when stretching is nearly painless.

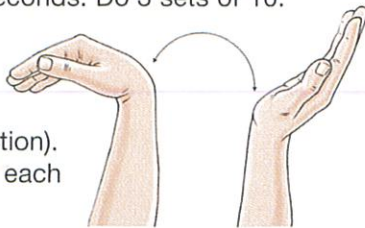
Stretching exercises

1. WRIST RANGE OF MOTION

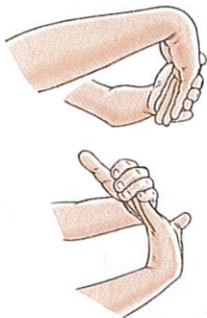
A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



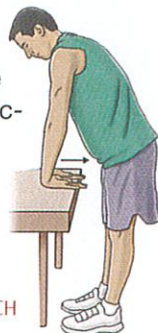
WRIST ACTIVE RANGE OF MOTION



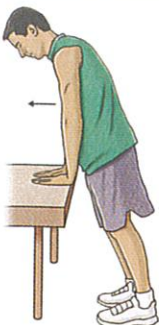
WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. WRIST FLEXION STRETCH: Stand with the back of your hands on a table, palms facing up, fingers pointing toward your body, and elbows straight. Lean away from the table. Hold this position for 15 to 30 seconds. Repeat 3 times.



WRIST FLEXION STRETCH



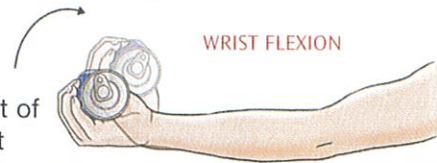
4. WRIST EXTENSION STRETCH: Stand at a table with your palms down, fingers flat, and elbows straight. Lean your body weight forward. Hold this position for 15 seconds. Repeat 3 times.

WRIST EXTENSION STRETCH

Strengthening exercises

5. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10.

Gradually increase the weight of the can or weight you are holding.



WRIST FLEXION

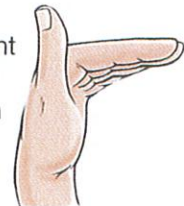
6. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10.



WRIST EXTENSION

Gradually increase the weight of the object you are holding.

7. STRAIGHT FINGER FLEXION: Make a right angle with your knuckles and keep your fingers straight. Hold this position for 10 seconds. Repeat 5 times.



STRAIGHT FINGER FLEXION

8. FINGER EXTENSION: With your palm flat on a table and your fingers straight out, lift each finger straight up one at a time. Hold your finger up for 5 seconds then and put it down.



FINGER EXTENSION

Continue until you have done all 5 fingers. Repeat 10 times.

9. FOREARM PRONATION AND SUPINATION: With your elbow bent 90°, turn your palm upward and hold for 5 seconds. Slowly turn your palm downward and hold for 5 seconds. Make sure you keep your elbow at your side and bent 90° throughout this exercise. Do 3 sets of 10.



FOREARM PRONATION AND SUPINATION

10. FOREARM PRONATION AND SUPINATION STRENGTHENING:

Hold a soup can or hammer handle in your hand and bend your elbow 90°. Slowly rotate your hand with your palm upward and then palm down. Do 3 sets of 10.



FOREARM PRONATION AND SUPINATION STRENGTHENING

THUMB SPRAIN

What is a thumb sprain?

A thumb sprain is an injury to your thumb joint that causes a stretch or tear in a ligament. A ligament is a strong band of tissue connecting one bone to another.

How does it occur?

A sprain usually occurs when there is an accident. For example, a ball may hit the tip of your thumb or you may fall forcefully onto your thumb.

What are the symptoms?

You usually have pain, swelling, and tenderness in your thumb.

How is it diagnosed?

Your healthcare provider will examine your thumb. You may have an X-ray to make sure you have not broken any bones.

How is it treated?

Treatment may include:

- putting ice packs on your thumb for 20 to 30 minutes every 3 to 4 hours for 2 or 3 days or until the pain goes away

- elevating your injured hand on a pillow when you are lying down or on the back of a chair or couch when you are sitting
- taking an anti-inflammatory or other pain medicine prescribed by your healthcare provider
- doing exercises to strengthen your thumb during the healing process
- you may have to wear a splint on your thumb for 1 to 4 weeks after your injury

When can I return to my sport or activity?

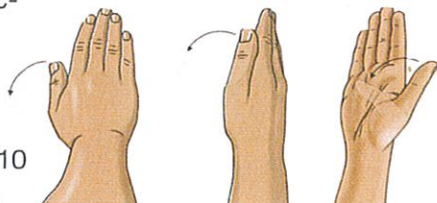
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your thumb recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

Your thumb may remain swollen with decreased range of motion and strength for many weeks. It is important to continue your rehabilitation exercises during this time and even after you return to your sport. In many cases you will be able to return to your activities as long as you are wearing your splint or have your thumb taped.

THUMB SPRAIN REHABILITATION EXERCISES

If you have had surgery or if you have been in a cast or splint, you may do these exercises when your healthcare provider says you are ready.

1. THUMB ACTIVE RANGE OF MOTION: With your palm flat on a table or other surface, move your thumb away from your hand as far you can. Hold this position for 5 seconds and bring it back to the starting position. Rest your hand on the table in a handshake position. Move your thumb out to the side away from your palm as far as possible. Hold for 5 seconds. Return to the starting position. Next, bring your thumb across your palm toward your little finger. Hold this position for 5 seconds. Return to the starting position. Repeat this entire sequence 10 times. Do 3 sets.



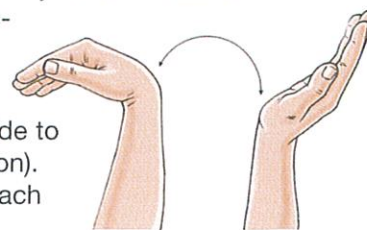
THUMB ACTIVE RANGE OF MOTION

2. WRIST RANGE OF MOTION

A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

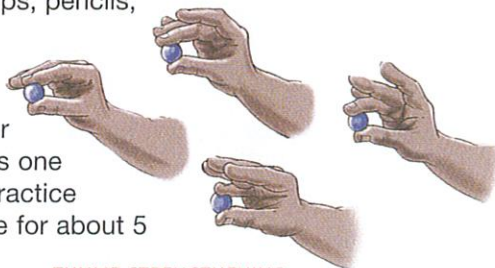
B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



WRIST ACTIVE RANGE OF MOTION

3. THUMB STRENGTHENING: Pick up small objects such as paper clips, pencils, and coins using your thumb and each of your other fingers one at a time. Practice this exercise for about 5 minutes.

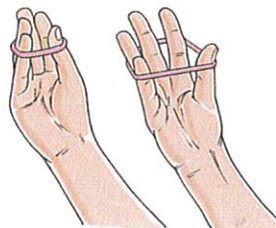


THUMB STRENGTHENING

4. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING



5. FINGER SPRING: Place a large rubber band around the outside of your thumb and the rest of your fingers. Open your fingers to stretch the rubber band. Do 3 sets of 10.

FINGER SPRING

TRIANGULAR FIBROCARILAGE COMPLEX (TFCC) INJURIES

WRIST/HAND

What is the triangular fibrocartilage complex (TFCC)?

The triangular fibrocartilage complex (TFCC) is a small piece of cartilage and ligaments on the little-finger side of the wrist, located just past the end of the forearm bone (ulna). Cartilage is a tough rubbery tissue that acts as a cushion for the joint. The ligaments are strong bands of tissue that attach the cartilage to bones in the wrist. The ligaments or cartilage can be torn during a wrist injury.

How do TFCC injuries occur?

TFCC injuries are usually caused by:

- a fall onto the outstretched hand
- a direct blow to the little finger side of the wrist or hand
- swinging a bat or a racquet
- a violent twist of the wrist at work or in sports

What are the symptoms?

Symptoms include:

- pain on the little-finger side of the wrist
- clicking sound or feeling or a catching sensation when moving the wrist

How is it diagnosed?

Your healthcare provider will ask about your symptoms and examine your wrist and hand.

Among tests your provider may order are:

- X-rays
- an arthrogram, which is an X-ray done after special dye is injected into the wrist to outline the injured structures
- an MRI (magnetic resonance image), which is a scan that uses radio waves and magnets to produce images of body structures in cross-section

Arthroscopy may be necessary to diagnose the tear. Arthroscopy is a surgical procedure in which a small fiber-optic scope is inserted into your wrist so your doctor can look inside your wrist.

How is it treated?

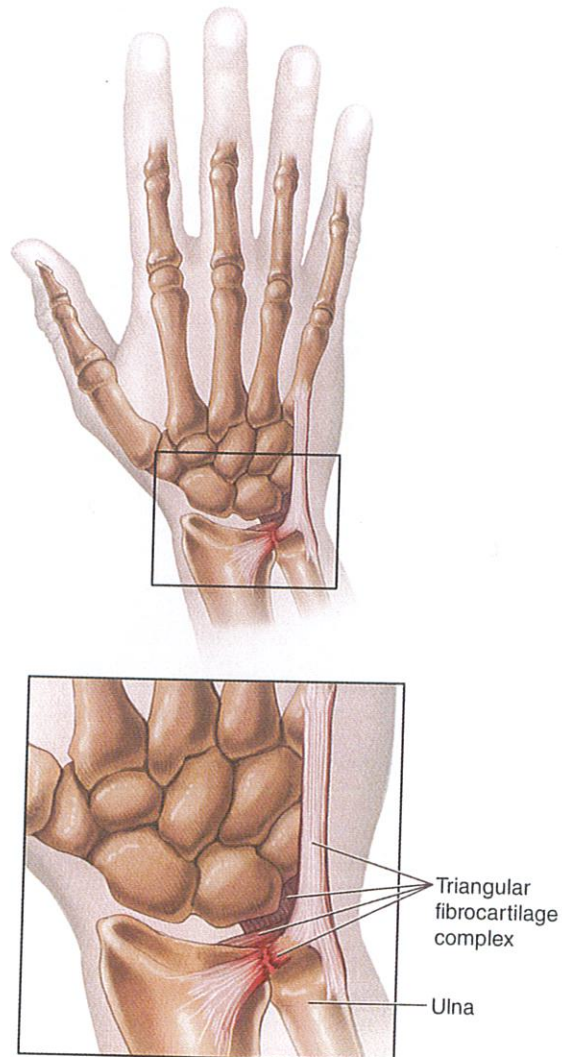
The treatment of TFCC injuries includes:

- using protective support such as a splint or a cast
- putting ice on your wrist for 20 to 30 minutes 3 to 4 times a day

- taking anti-inflammatory medicines such as ibuprofen (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)
- doing wrist rehabilitation exercises
- having an injection of a cortisone-like medicine

A complete tear may require surgery. Many tears become painless with rest and time even if they don't actually heal.

TRIANGULAR FIBROCARILAGE COMPLEX (TFCC) INJURIES



When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity after your wrist injury when the injured wrist has full range of

motion without pain. Your healthcare provider may allow you to return to competition with your wrist taped or in a brace. Your injured wrist, hand, and forearm need to have the same strength as the uninjured side. There must not be any pain when you do activities such as swinging a bat or a racquet or tumbling in gymnastics.

How can I prevent a TFCC injury?

Many injuries are caused by falls or blows that cannot be prevented. In racquet sports it is important to use good technique to prevent injury.

TRIANGULAR FIBROCARILAGE COMPLEX INJURIES REHABILITATION EXERCISES

You may do the stretching exercises when the sharp wrist pain goes away. You may do the strengthening exercises when stretching is nearly painless.

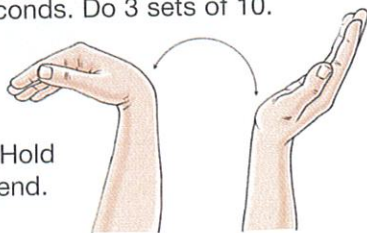
Stretching exercises

1. WRIST RANGE OF MOTION

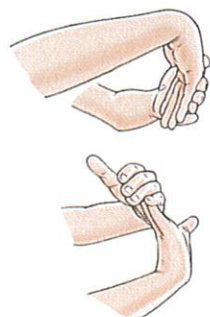
A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



WRIST ACTIVE RANGE OF MOTION



WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. WRIST EXTENSION STRETCH: Stand at a table with your palms down, fingers flat, and elbows straight. Lean your body weight forward. Hold this position for 15 seconds. Repeat 3 times.



WRIST EXTENSION STRETCH



4. WRIST FLEXION STRETCH: Stand with the back of your hands on a table, palms facing up, fingers pointing toward your body, and elbows straight. Lean away from the table. Hold this position for 15 to 30 seconds. Repeat 3 times.

WRIST FLEXION STRETCH



5. FOREARM PRONATION AND SUPINATION: With your elbow bent 90°, turn your palm upward and hold for 5 seconds. Slowly turn your palm downward and hold for 5 seconds. Make sure you keep your elbow at your side and bent 90° throughout this exercise. Do 3 sets of 10.

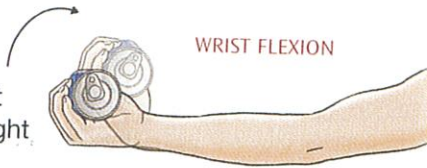
FOREARM PRONATION AND SUPINATION STRENGTHENING

7. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10. Gradually increase the weight of the object you are holding.

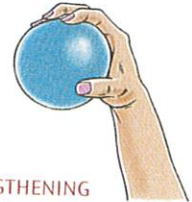


Strengthening exercises

6. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10. Gradually increase the weight of the can or weight you are holding.



8. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



TRIGGER FINGER

What is trigger finger?

Trigger finger is a condition in which it is difficult to straighten a finger (or fingers) once bent. The medical term for trigger finger is stenosing tenosynovitis.

How does it occur?

Trigger finger results from inflammation or swelling of the fibrous sheath that encloses the tendons or a nodule in the tendon. A tendon is a band of strong fibrous tissue that connects a muscle to a bone.

The straightening mechanism hesitates for a few moments before the tendon suddenly overcomes the resistance. The finger then straightens with a sudden jerk or triggering motion.

What are the symptoms of trigger finger?

Symptoms include:

- a snapping sensation (triggering) in the affected finger or fingers
- inability to extend the finger smoothly or at all (it may lock in place while bent)
- tenderness to the touch over the tendon, usually at the base of the finger or palm
- soreness in the affected finger or fingers

How is trigger finger diagnosed?

Your healthcare provider will review your symptoms and examine you.

How is trigger finger treated?

Sometimes it is helped by ice and anti-inflammatory medicine, such as ibuprofen (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval). If this does not work, your healthcare provider may give you an injection of a local anesthetic to keep you from feeling pain in the area and a corticosteroid (cortisone-like medicine) to reduce the inflammation of the tendon sheath.

If necessary, surgery will be done to remove the part of the tendon sheath that is causing the tendon to get stuck.

How long do the effects of last?

The severity of trigger finger varies from person to person. Although response to treatment varies, results are usually good. It is best to discuss progress with your healthcare provider on a regular basis. Surgery for this condition is usually very successful.

When can I return to my sport or activity?

You may return to your sport or activity when your finger no longer catches or locks.

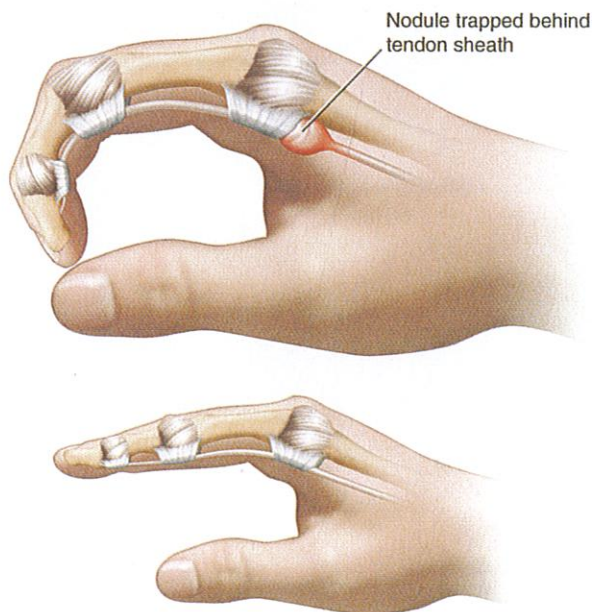
How can I take care of myself?

It is important to follow your healthcare provider's instructions. In addition, rest and limit the activity of the affected finger or fingers and of the hand and wrist.

What can I do to help prevent trigger finger?

Since the cause of trigger finger is unknown, there is no reliable way to prevent this condition from developing.

TRIGGER FINGER



ULNAR COLLATERAL LIGAMENT SPRAIN (SKIER'S THUMB)

What is an ulnar collateral ligament sprain of the thumb?

A sprain is a joint injury that causes a stretch or tear in a ligament. A ligament is a strong band of tissue connecting one bone to another. An ulnar collateral ligament sprain of the thumb is a painful injury that may cause looseness of the thumb joint at the base of the thumb where it attaches to the hand.

Sprains are graded I, II, or III, depending on the severity of the sprain:

- grade I sprain: pain with minimal damage to the ligament
- grade II sprain: more ligament damage and mild looseness of the joint
- grade III sprain: complete tearing of the ligament and the joint is very loose or unstable

How does it occur?

A sprain of the ulnar collateral ligament in the thumb is a common injury in skiing. It may occur when you fall onto your outstretched thumb, bending it back toward your arm. This stretches and injures the ulnar collateral ligament. It may also be caused by catching your thumb on your ski pole strap. It may occur in other activities when you fall onto your outstretched thumb or when your thumb gets hooked onto another player's jersey or face mask.

What are the symptoms?

You usually have pain, swelling, and tenderness at the inner part of the base of your thumb where it attaches to your hand. It may be difficult to hold an object in your hand and apply force with your thumb. Moving your thumb causes pain.

How is it diagnosed?

Your healthcare provider will review your symptoms, examine your thumb, and check to see if your thumb joint is loose. He or she may order an X-ray of your thumb to see if it is broken.

How is it treated?

A grade III sprain with a very loose joint requires surgery to repair the ligament. Grade I and grade II sprains may be treated with a cast, taping, or splinting so that the thumb does not move for up to 6 weeks.

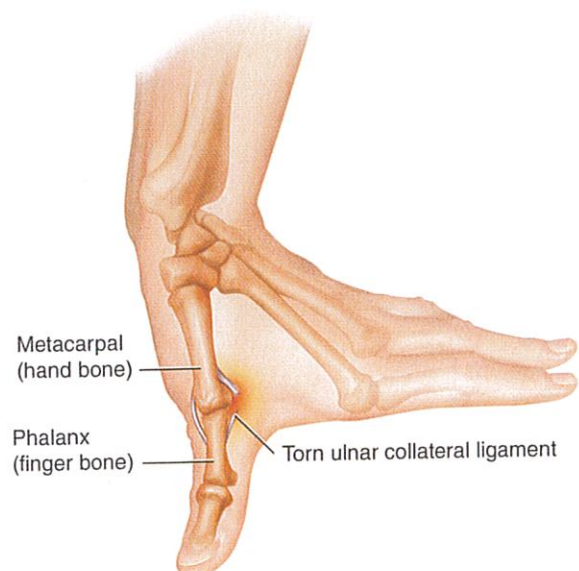
Initially, the hand with the injured thumb should be kept elevated on a pillow when you are lying down or on the back of a chair or couch when you are sitting. Place ice on your thumb for 20 to 30 minutes every 3 to 4 hours for 2 to 3 days or until the pain goes away. Your healthcare provider may prescribe an anti-inflammatory medicine or other pain medicine.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your thumb recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

After you have sprained the ulnar collateral ligament of your thumb you may return to your activity when your injured thumb has gained full strength compared to the uninjured thumb. Swelling must be gone and you must have full range of motion.

ULNAR COLLATERAL LIGAMENT SPRAIN (SKIER'S THUMB)



In sports such as skiing be sure that you are able to grasp a ski pole with full strength. In sports such as baseball or tennis be sure that you are able to grasp the bat and racquet with full strength and without pain. Your healthcare provider may advise you to wear a thumb or wrist brace or tape your thumb before your activities.

How can I prevent an ulnar collateral ligament sprain?

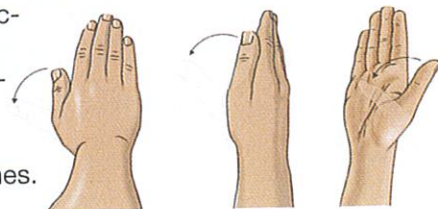
Ulnar collateral ligament sprains are caused by falling onto an outstretched thumb. Many times this happens during accidents that are not preventable. However, in skiing you may be able to avoid this injury by using ski poles that do not have straps.

ULNAR COLLATERAL LIGAMENT SPRAIN (SKIER'S THUMB) REHABILITATION EXERCISES

WRIST/HAND

If you have had surgery or if you have been in a cast or splint, you may do these exercises when your healthcare provider says you are ready.

1. THUMB ACTIVE RANGE OF MOTION: With your palm flat on a table or other surface, move your thumb away from your hand as far you can. Hold this position for 5 seconds and bring it back to the starting position. Rest your hand on the table in a handshake position. Move your thumb out to the side away from your palm as far as possible. Hold for 5 seconds. Return to the starting position. Next, bring your thumb across your palm toward your little finger. Hold this position for 5 seconds. Return to the starting position. Repeat this entire sequence 10 times. Do 3 sets.



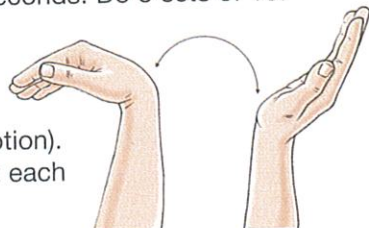
THUMB ACTIVE RANGE OF MOTION

2. WRIST RANGE OF MOTION

A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

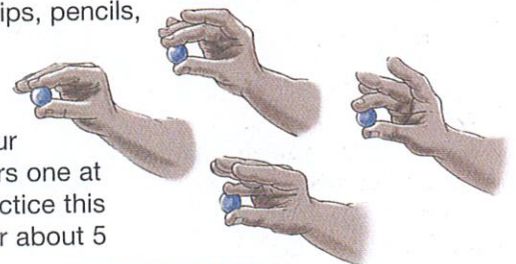
B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.

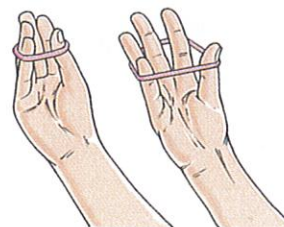


WRIST ACTIVE RANGE OF MOTION

3. THUMB STRENGTHENING: Pick up small objects such as paper clips, pencils, and coins using your thumb and each of your other fingers one at a time. Practice this exercise for about 5 minutes.



THUMB STRENGTHENING



4. FINGER SPRING: Place a large rubber band around the outside of your thumb and the rest of your fingers. Open your fingers to stretch the rubber band. Do 3 sets of 10.

FINGER SPRING

5. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING

ULNAR NEUROPATHY

What is ulnar neuropathy?

Ulnar neuropathy is an inflammation of the ulnar nerve, a major nerve in your arm that runs down into your hand. It supplies movement and sensation to your arm and hand. Ulnar neuropathy causes numbness, tingling, or pain into the arm and hand on the side of the little finger. Bicyclists call this condition handlebar palsy.

How does it occur?

The ulnar nerve may get inflamed in several areas as it travels from your neck to your hand. The ulnar nerve is commonly inflamed during bicycling from repeated shocks or bouncing while your hand is holding onto the handlebar. The nerve may be stretched when held in the lower position of a drop handlebar. Other activities that involve repetitive movements of the wrist may cause ulnar neuropathy such as using a computer mouse or typing. It may also occur from an injury to your elbow.

What are the symptoms?

The symptoms include numbness, tingling, or pain in the forearm or hand on the side of the little finger.

How is it diagnosed?

Your healthcare provider will ask about your symptoms and examine your neck, shoulder, arm, and wrist. He or she may refer you to a specialist to have tests done, such as a nerve conduction study (NCS) and electromyogram (EMG).

How is it treated?

It is important to try to find and eliminate the cause of your ulnar neuropathy. You may be prescribed wrist splints to reduce the discomfort. When you are bicycling, it might help to wear padded gloves. You might also try adjusting the position of your hands on the handlebar, such as by changing your grip from the top to the sides of the handlebar. Your healthcare provider may prescribe anti-inflammatory medicines (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval).

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you

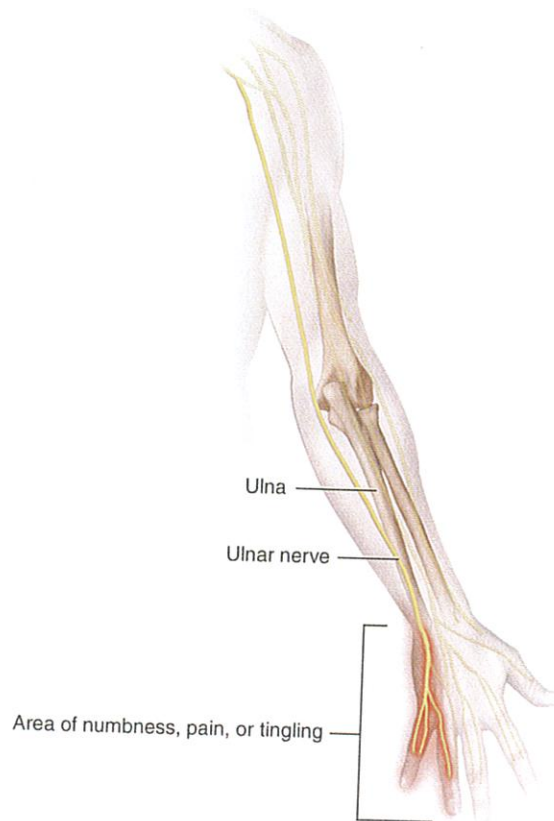
return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your nerve recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when you are able to forcefully grip your tennis racquet, bat, or golf club, or do activities such as working at a keyboard without pain or tingling in your elbow or hand.

How can I prevent ulnar neuropathy?

Ulnar neuropathy is caused by activities that inflame the ulnar nerve. Try to eliminate activities that cause repetitive motion of the wrist, which can irritate your ulnar nerve. When you are bicycling, change your hand position on the handlebar frequently.

ULNAR NEUROPATHY



ULNAR NEUROPATHY REHABILITATION EXERCISES

You may do all of these exercises right away.

1. ACTIVE NECK ROTATION: Sit in a chair, keeping your neck, shoulders, and trunk straight. First, turn your head slowly to the right. Move it gently to the point of pain. Move it back to the forward position. Relax. Then move it to the left. Repeat 10 times.



ACTIVE NECK ROTATION

2. ACTIVE NECK SIDEBEND: Sit in a chair, keeping your neck, shoulders, and trunk straight. Tilt your head so that your right ear moves toward your right shoulder. Move it to the point of pain. Then tilt your head so your left ear moves toward your left shoulder. Make sure you do not rotate your head while tilting or raise your shoulder toward your head. Repeat this exercise 10 times in each direction.



ACTIVE NECK SIDEBEND

3. NECK FLEXION: Sit in a chair, keeping your neck, shoulders, and trunk straight. Bend your head forward, reaching your chin toward your chest. Hold for 5 seconds. Repeat 10 times.



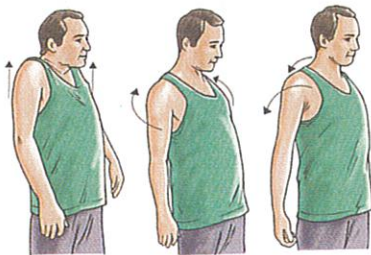
NECK FLEXION

4. NECK EXTENSION: Sit in a chair, keeping your neck, shoulders, and trunk straight. Bring your head back so that your chin is pointing toward the ceiling. Repeat 10 times.



NECK EXTENSION

5. SCAPULAR ACTIVE RANGE OF MOTION: Stand and shrug your shoulders up and hold for 5 seconds. Then squeeze your shoulder blades back and together and hold 5 seconds. Next, pull your shoulder blades downward as if putting them in your back pocket. Relax. Repeat this sequence 10 times.



SCAPULAR ACTIVE RANGE OF MOTION

6. ACTIVE ELBOW FLEXION AND EXTENSION: Gently bring your palm up toward your shoulder and bend your elbow as far as you can. Then straighten your elbow as far as you can 10 times. Do 3 sets of 10.

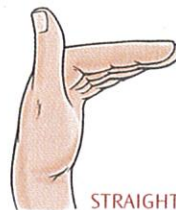


ACTIVE ELBOW FLEXION AND EXTENSION



WRIST STRETCH

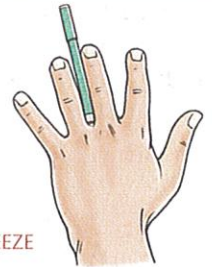
7. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.



STRAIGHT FINGER FLEXION

8. STRAIGHT FINGER FLEXION: Make a right angle with your knuckles and keep your fingers straight. Hold this position for 10 seconds. Repeat 5 times.

9. FINGER SQUEEZE: Practice squeezing items between each of the fingers on one hand. You can use paper, pens, and sponges. Hold for 10 seconds. Repeat 5 times for each finger.



FINGER SQUEEZE



GRIP STRENGTHENING

10. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.

WRIST FRACTURE

What is a wrist fracture?

Your wrist is made up of eight bones. They attach to the bones in your forearm and the bones in your hand. A fracture is a break in a bone. When you break your wrist, you may have broken the ends of the forearm bones (radius or ulna) or one of the eight wrist bones.

How does it occur?

The usual causes of a wrist fracture are:

- a fall
- a direct blow to the wrist

What are the symptoms?

Your wrist is painful and swollen. When the navicular bone is fractured, the area below the thumb is tender.

How is it diagnosed?

Your healthcare provider will examine your wrist and review your symptoms. An X-ray of your wrist may show a fracture. Sometimes a fracture may not show up in the first X-ray and your healthcare provider may recommend that you have a repeat X-ray in 1 to 2 weeks.

How is it treated?

If the broken bone is crooked, your healthcare provider will straighten it. Your provider will give you medicine first so the straightening is not too painful.

You may be given a splint for your wrist for a few days until the swelling begins to go down. Then your wrist will be put in a cast for 4 to 8 weeks. Certain types of fractures may need to be in a cast longer and may eventually need surgery.

Your healthcare provider may prescribe anti-inflammatory medicines or other pain medicines (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval).

You should elevate your wrist on a pillow or the back of a chair as often as possible for the first 2 to 3 days. This will help control pain and swelling.

You may place ice packs over the cast for 20 to 30 minutes every 3 to 4 hours for the first 2 to 3 days. Take care not to get your cast wet if it is a plaster cast.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred.

You may return to your sport or activity when you have full range of motion in your wrist without pain. Your healthcare provider may allow you to return to competition with your wrist taped or in a brace. Your injured wrist, hand, and forearm need to have the same strength as the uninjured side. You must not have any pain when you do activities such as swinging a bat or a racket or tumbling in gymnastics.

If you return to a sport or activity too soon after a wrist fracture there still could be problems with healing. It is very important to be sure that none of your activities cause wrist pain or tenderness.

When should I call my healthcare provider?

Call your healthcare provider if:

- your pain is getting worse instead of better
- you feel that your cast is too tight and you have swelling that doesn't get better when you elevate your injury

How can I prevent a wrist fracture?

Most wrist fractures are caused by accidents that you cannot easily prevent. However, when you do activities such as rollerblading, be sure to wear protective wrist guards.

WRIST FRACTURE REHABILITATION EXERCISES

Do these exercises as soon as your healthcare provider says you can.

Stretching exercises

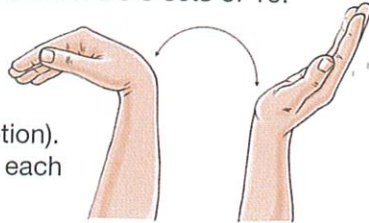
1. WRIST RANGE OF MOTION

A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

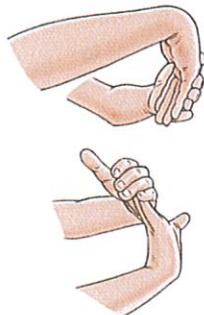
B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side:

Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



WRIST ACTIVE RANGE OF MOTION



WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. WRIST EXTENSION STRETCH: Stand at a table with your palms down, fingers flat, and elbows straight. Lean your body weight forward. Hold this position for 15 seconds. Repeat 3 times.



WRIST EXTENSION STRETCH



WRIST FLEXION STRETCH

4. WRIST FLEXION STRETCH: Stand with the back of your hands on a table, palms facing up, fingers pointing toward your body, and elbows straight. Lean away from the table. Hold this position for 15 to 30 seconds. Repeat 3 times.

5. FOREARM PRONATION AND SUPINATION: With your elbow bent 90°, turn your palm upward and hold for 5 seconds. Slowly turn your palm downward and



FOREARM PRONATION AND SUPINATION

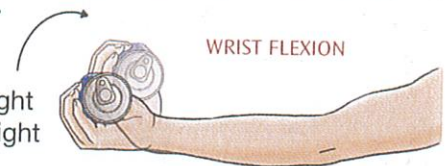
hold for 5 seconds. Make sure you keep your elbow at your side and bent 90° throughout this exercise. Do 3 sets of 10.

When this exercise becomes pain free, do it with some weight in your hand such as a soup can or hammer handle.

Strengthening exercises

5. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10.

Gradually increase the weight of the can or weight you are holding.



WRIST FLEXION

6. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10.



WRIST EXTENSION

Gradually increase the weight of the object you are holding.

7. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING

WRIST SPRAIN

What is a wrist sprain?

A sprain is an injury to a joint that causes a stretch or tear in a ligament. Ligaments are strong bands of tissue that connect one bone to another. Your wrist is made up of 8 bones that are attached to your hand bones and the bones of your forearm. The wrist joint is covered by a joint capsule and the bones are connected by ligaments.

How does it occur?

A wrist sprain can happen when you fall on your wrist or hand, when you are struck by an object, or during a forced motion of the wrist.

What are the symptoms?

You have pain, swelling, and tenderness in your wrist.

How is it diagnosed?

Your healthcare provider will review your symptoms and examine your wrist. He or she may order an X-ray to be sure you have not broken any bones in your wrist.

How is it treated?

Treatment may include:

- putting ice packs on your wrist for 20 to 30 minutes every 3 to 4 hours for 2 or 3 days or until the pain goes away
- elevating your wrist on the back of a chair or couch when you are sitting or on a pillow when you are lying down (to help reduce swelling)
- taking an anti-inflammatory or other pain medicine prescribed by your healthcare provider (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)
- wearing a splint or cast on your wrist to prevent further injury
- doing exercises to help your wrist recover
- Some serious wrist sprains that involve ligament tears may need surgery

While you are recovering from your injury you will need to change your sport or activity to one that does not make your condition worse. For example, you may need to run instead of playing basketball.

How long will the effects last?

The length of recovery depends on many factors such as your age and health, and if you have had a previous wrist injury. Recovery time also depends on the severity of the wrist sprain. Pain from a wrist sprain may last several weeks or longer. You need to stop doing the activities that cause pain until your wrist has improved. If you continue doing activities that cause pain, your symptoms will return and it will take longer to recover.

When can I return to my sport or activity?

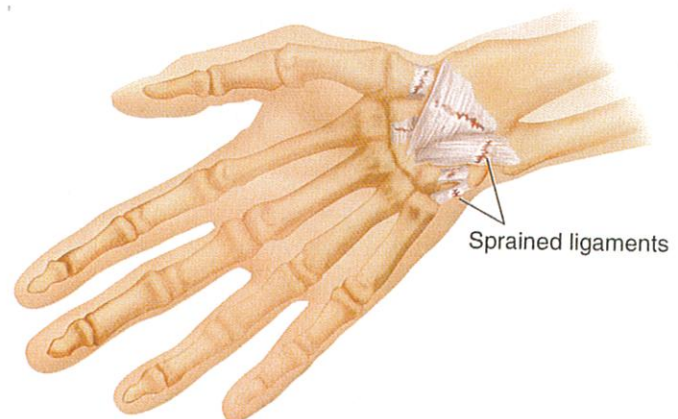
The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity when the injured wrist can move normally without pain. Your healthcare provider may allow you to return to competition with your wrist taped or in a brace. Your injured wrist, hand, and forearm need to have the same strength as the uninjured side. You must not have any pain when doing activities such as swinging a bat or a racquet or performing tumbling in gymnastics.

How can I prevent a wrist sprain?

A wrist sprain usually occurs during an accident that is not preventable. However, when you are doing activities such as rollerblading be sure to wear protective wrist guards.

WRIST SPRAIN



WRIST SPRAIN REHABILITATION EXERCISES

The first 5 exercises are stretching exercises. You may do these when the sharp wrist pain goes away. The last 3 exercises are strengthening exercises. You may do these exercises when stretching is nearly painless.

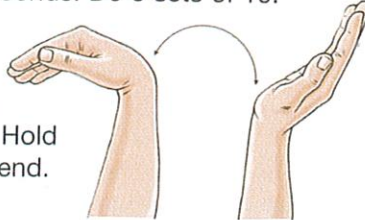
Stretching exercises

1. WRIST RANGE OF MOTION

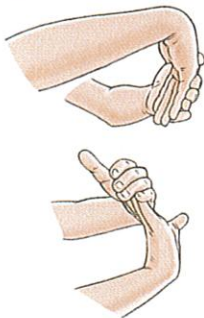
A. Flexion: Gently bend your wrist forward. Hold for 5 seconds. Do 3 sets of 10.

B. Extension: Gently bend your wrist backward. Hold this position 5 seconds. Do 3 sets of 10.

C. Side to side: Gently move your wrist from side to side (a handshake motion). Hold for 5 seconds at each end. Do 3 sets of 10.



WRIST ACTIVE RANGE OF MOTION



WRIST STRETCH

2. WRIST STRETCH: With one hand, help to bend the opposite wrist down by pressing the back of your hand and holding it down for 15 to 30 seconds. Next, stretch the hand back by pressing the fingers in a backward direction and holding it for 15 to 30 seconds. Keep your elbow straight during this exercise. Do 3 sets on each hand.

3. WRIST EXTENSION STRETCH: Stand at a table with your palms down, fingers flat, and elbows straight. Lean your body weight forward. Hold this position for 15 seconds. Repeat 3 times.



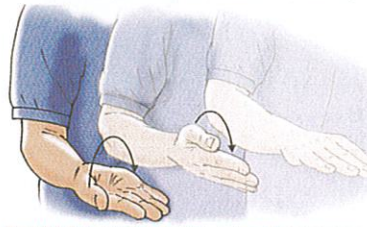
WRIST EXTENSION STRETCH



WRIST FLEXION STRETCH

4. WRIST FLEXION STRETCH: Stand with the back of your hands on a table, palms facing up, fingers pointing toward your body, and elbows straight. Lean away from the table. Hold this position for 15 to 30 seconds. Repeat 3 times.

5. FOREARM PRONATION AND SUPINATION: With your elbow bent 90°, turn your palm upward and hold for 5 seconds. Slowly turn your palm downward and hold for 5 seconds. Make sure you keep your elbow at your side and bent 90° throughout this exercise. Do 3 sets of 10.



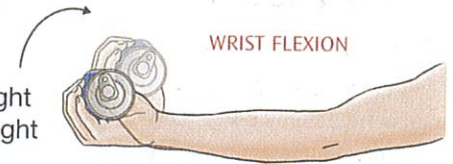
FOREARM PRONATION AND SUPINATION

When this exercise becomes pain free, do it with some weight in your hand such as a soup can or hammer handle.

Strengthening exercises

6. WRIST FLEXION: Hold a can or hammer handle in your hand with your palm facing up. Bend your wrist upward. Slowly lower the weight and return to the starting position. Do 3 sets of 10.

Gradually increase the weight of the can or weight you are holding.



WRIST FLEXION

7. WRIST EXTENSION: Hold a soup can or hammer handle in your hand with your palm facing down. Slowly bend your wrist upward. Slowly lower the weight down into the starting position. Do 3 sets of 10.



WRIST EXTENSION

Gradually increase the weight of the object you are holding.

8. GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING

WRIST TENDINOPATHY

What is wrist tendinopathy?

Tendons are strong bands of connective tissue that attach muscle to bone. When a tendon is acutely injured it is called a strain. Tendonitis is when a tendon is inflamed. When there are micro-tears in a tendon from repeated injury it is called tendinosis. The term tendinopathy refers to both inflammation and micro-tears.

Your wrist moves in many directions, including down, up, in, and out. The muscles and tendons that perform these movements may become overused and inflamed. The muscles and tendons that cross your wrist and attach to your thumb may also become inflamed.

How does it occur?

Tendinopathy is a problem caused by repetitive use. Possible overuse activities include throwing, catching, bowling, hitting a tennis ball, typing, or sewing.

What are the symptoms?

You have pain in the wrist and forearm with repetitive activity. The tendon that is inflamed is tender to the touch. You may have swelling around the inflamed tendon.

How is it diagnosed?

Your healthcare provider will review your symptoms and examine your wrist.

How is it treated?

Treatment may include the following:

- applying an ice pack for 20 to 30 minutes every 3 to 4 hours for the first 2 to 3 days or until the pain goes away
- elevating your wrist on a pillow while sleeping or on the back of a chair or couch while sitting
- wearing a splint that immobilizes the wrist or thumb or taping the wrist or thumb
- taking anti-inflammatory medicine prescribed by your healthcare provider (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)
- doing stretching and strengthening exercises

In many cases of tendinopathy, the injury occurs because of poor technique in a sporting activity. Your healthcare provider may review your technique and try to help you change it.

While you are recovering from your injury you will need to change your sport or activity to one that does not make your condition worse. For example, you may need to run instead of play racquet sports. The most important treatment for tendinopathy is to change your activity.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport or activity will be determined by how soon your wrist recovers, not by how many days or weeks it has been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may return to your sport or activity after your wrist injury when the injured wrist has full range of motion without pain. Your healthcare provider may allow you to return to competition with your wrist taped or in a brace. Your injured wrist, hand, and forearm need to have the same strength as the uninjured side. There must not be any pain when you do activities such as swinging a bat or a racquet or tumbling in gymnastics.

How can I prevent wrist tendinopathy?

Tendinopathy is caused from overuse. Use proper technique in activities such as throwing, hitting a tennis ball, and typing. You should not continue to do these activities when the warning signs of tendinopathy begin.

WRIST TENDINOPATHY



WRIST TENDINOPATHY REHABILITATION EXERCISES

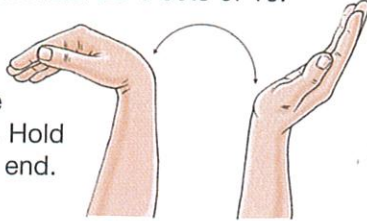
Stretching exercises

1. WRIST RANGE OF MOTION

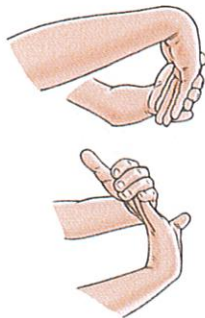
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WRIST ACTIVE RANGE OF MOTION



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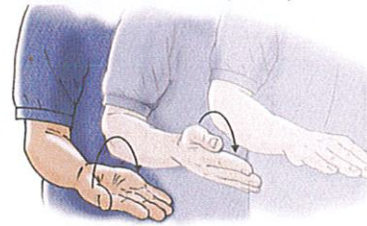
WRIST EXTENSION STRETCH



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WRIST EXTENSION

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GRIP STRENGTHENING: Squeeze a rubber ball and hold for 5 seconds. Do 3 sets of 10.



GRIP STRENGTHENING