"The Wrist of the Story"

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Kaitlyn, 54, is a healthy woman who comes to your office complaining of left wrist pain that she has had for about two months. She states that she recalls no particular precipitant or injury. As Kaitlyn tells you more of her history, you discover that she has been carrying her purse draped over her left wrist and that she has been lifting her granddaughter repeatedly over the previous year.

Kaitlyn's pain is localized to the radial aspect of her left wrist. She has a lot of stiffness first thing in the morning and it gets a little better as the day goes on, with worsening symptoms in the afternoon. She is right hand dominant.

After performing her physical examination, you notice the radial left wrist is swollen, tender to the touch and that Kaitlyn has pain when her thumb is pulled down into the palm area. She has minimal pain with resisted thumb extension.

You explain to Kaitlyn the nature of the condition and the need for her to modify the use of her left wrist. You also explain to her that she must see a physical therapist for a course of treatment and you suggest that she return in three weeks time for a re-evaluation.

You prescribe a topical anti-inflammatory to be used with ultrasound (known as Sonophoresis).

You instruct her to avoid any activities that cause pain. As well, you advise her to avoid quick movements. You also tell her to ice the area three times per day, for 10 minutes to 15 minutes at a time. Lastly, you explain to her that she needs to obtain a customized splint for her left wrist to be used during the day time.

When Kaitlyn comes back in three weeks time to review her progress, she states that she feels 70% better, but that she still has some residual pain.

You encourage her to keep up her treatments and to see how it goes. There are no radiologic investigations that you feel to be necessary at this time.

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Kaitlyn asks you about the use of cortisone, but you tell her that she is improving and that there is no need to resort to using cortisone at this time.

Two weeks later, Kaitlyn states that she was doing well until she stopped using her splint on a regular basis throughout the day and that she has stopped icing her wrist as often.

You impress upon her the importance of continuing these two treatment methods on a regular basis and you arrange to see her in a follow-up appointment three weeks down the road.

Kaitlyn returns to your office a few weeks later and she is quite happy with her pain level. She is once again playing golf consistently, with minimal difficulty. She begins to wean off using the splint, icing and physical therapy.

Kaitlyn continues to do well until she hits one poor shot in golf. At this point, she hits the ground hard and develops near immediate pain. She returns to you requesting a cortisone shot, as she is losing her patience.

You explain to Kaitlyn the cosmetic risks of a cortisone injection (*i.e.,* staining of the skin, lipoatrophy and worsening pain). When she chooses to go with the cortisone injection anyway, you instruct her to lay low for 10 days and to return to you for follow-up.

Ten days later, Kaitlyn returns to your office with virtually no pain to report. The cortisone shot certainly seems to be effective, with only minimal changes to the soft tissue and to the skin. She is delighted that her left thumb extensor tendonitis (DeQuervain's Syndrome) has resolved and she is ready to get back to playing golf full time.

Repeated actions of any muscle leaves the muscle vulnerable to suffering from overuse type injuries. Thumb extensor tendonitis is common in mothers of infants, as they are constantly lifting their child.

The take-home message for Kaitlyn is to watch the frequency with which she lifts her granddaughter and performs other functions with her left wrist. With moderation being the recipe of the day, she is now equipped to prevent any recurrences. Now you know "the wrist of the story!"

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