

Post-operative rehabilitation protocol

De Quervain's release

Release of the tight tunnel around the thumb tendons at the wrist. For patients, hand therapists, and GPs.

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The plan at a glance

The tendons glide freely once the tunnel is opened. The thumb and wrist move from day one. Forceful pinching and twisting wait a few weeks.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 After 6 weeks
Dressing	Bulky dressing for 2 to 3 days, then a plaster	None	None
Movement	Full thumb, wrist, and finger movement	Full, with stretches and scar massage	Full
Load	Light use only	Up to 2 kg. No forceful pinch or twist	Unrestricted
Review	Wound check at 10 to 14 days	Hand therapy if stiff or tender	Discharge

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- The tendons snap or flick over the wrist bone when you move the thumb.
- Sharp, electric pain or spreading numbness develops over the back of the thumb.
- The dressing, splint, or cast feels too tight, or the fingers become cold, pale, blue, or very swollen.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control swelling, keep the thumb moving, let the wound heal.

Do

- Keep the hand raised above the heart for the first 48 to 72 hours.
- Move the thumb out, across the palm, and to each fingertip, ten times every hour.
- Bend the wrist forwards and back gently.
- Reduce the bulky dressing to a plaster at two to three days.
- Use the hand for light tasks: eating, dressing, typing.
- Keep the wound dry until the wound check.

Avoid

- Forceful pinching and gripping.
- Wringing and twisting: cloths, jar lids.
- Lifting with the thumb pointing up.
- Soaking the wound.

Expected in this phase

The sharp pain on moving the thumb usually goes at once. A small numb or tingling patch over the back of the thumb is common. A skin nerve runs across the wound, and it usually settles over weeks.

Phase 2

Recover: weeks 2 to 6

Aims: soften the scar, restore full movement, build light strength.

Do

- Massage the scar firmly with plain moisturiser, several times a day.
- Rub and tap a sensitive scar with different textures.
- Stretch the thumb across the palm with the wrist tilted towards the little finger, gently.
- Start pinch and grip work with soft putty from week three.
- Lift a baby or a child by scooping with the palms up, not with the thumbs hooked under the arms.

Avoid

- Lifting more than 2 kg with that hand.
- Repetitive pinching and twisting.
- Racket sports and golf until week four to six.

Move on to Phase 3 when

The wound has healed, the scar tolerates touch, and thumb movement is full and comfortable.

Phase 3

Return: after 6 weeks

Aims: full strength, no restrictions.

- Use the hand normally for work and sport.
- Build pinch and grip to match the other side.
- Change the way you lift and grip if a repeated task brought the problem on.

What to expect

Scar tenderness settles over two to three months. The condition rarely returns after surgery.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	A few days	As comfort allows
Driving	1 week	Able to grip the wheel firmly without pain
Swimming	2 weeks	Wound fully healed
Light manual work	2 weeks	Within the 2 kg limit
Lifting a baby or child	2 weeks	Scooping, palms up
Gym, golf, racket sports	4 to 6 weeks	Comfortable pinch and grip
Heavy manual work	4 to 6 weeks	Good strength

When to slow the protocol

Some patients need more time. Your surgeon will tell you if any of these apply.

- **A sensitive skin nerve.** Desensitising exercises and hand therapy help. Recovery can take three months.
- **Tendons that flick out of place.** A thumb splint is worn for two to three weeks. Tell your surgeon.
- **Diabetes.** Stiffness and wound healing are slower. Keep blood sugar well controlled.
- **New parents.** Lifting a baby is the commonest cause of a slow recovery. Use the scooping lift and a feeding pillow.

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This protocol is general guidance for uncomplicated De Quervain's release. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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