[CASE REPORT]

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Differential Diagnosis and Physical Therapy Management of a Patient With Radial Wrist Pain of 6 Months' Duration: A Case Report

hen evaluating a patient with radial wrist pain, clinicians need to consider a number of possible etiologies, including systemic disease, referred pain to the radial aspect of the wrist, and local tissue dysfunction. A commonly considered local tissue dysfunction in patients with radial wrist pain is De Quervain syndrome or stenosing tenosynovitis of the first dorsal compartment.²⁹

Although implying an inflammatory etiology, the histopathology of stenosing tenosynovitis is generally characterized by fibrosis and fibrocartilaginous metaplasia leading to thickening of the extensor retinaculum in the absence of inflamma-

- . STUDY DESIGN: Case report.
- BACKGROUND: Differential diagnosis for patents, with radial wrist pain necquires consideration of systemic disease, referred pain to the radial aspect of the wrist, and local dysfunction. The list of possible local dysfunctions should include De Quervain syndrome, as well as entrapment neuropathy of the superficial radial nerve.
- CASE DESCRIPTION: The patient was a 57-year-old man with right radial wrist pain of 6 moeths' duration. The referral diagnosis was. De Quervain syndrome, but a previous course of electrophysical agents-based physical therapy management had been unsuccessful. The physical examination ruled out the cervical, shoulder, elbow, and wrist joints as possible sources of pain. In this case, the diagnosis of entrapement neuroposity of the superficial radial nerve, rather than De Quervain syndrome, was primarily based on the symptom provocation resulting from a modified radial bias upper limb nerve tension test. Sased on

this diagnosis, treatment consisted of active and passive exercises using neurodynamic techniques.

- OUTCOMES: After 1 treatment session, the patient noted changes with regard to current pain intensity and function that exceeded the minimal clinically important difference and the minimal detectable change, respectively. After only 2 treatment sessions, the patient reported a complete resolution of symptoms and a full return to work.
- DISCUSSION: This case report critically evaluates the diagnostic process for patients with radial wrist pain and suggests repropatity of the superficial sensory branch of the radial nerve as a differential diagnostic option.
- LEVEL OF EVIDENCE: Therapy, level 4.
 J Orthop Sports Phys Ther 2000;40(6):361-368.
 doi:10.2519/jospt.2010.3210
- KEY WORDS: De Quervain syndrome, neuropathe, superficial sensory branch radial nerve, thumb

tory findings. The sliding impairment of the entrapped but normal abductor pollicis longus and extensor pollicis brevis tendons within the stenosed extensor compartment is thought to be responsible for the symptoms. Epidemiological studies in industrial settings have shown a point prevalence of 8% for De Quervain syndrome, when wrist pain and a positive Finkelstein test, with or without tenderness to palpation of the radial wrist, were used as diagnostic criteria. **.** More relevant to nonindustrial settings, in 485 patients with upper extremity musculoskeletal disorders consisting mostly of computer users and musicians, 17% were diagnosed with De Quervain syndrome on the right and 5% on the left, based solely on a positive Finkelstein test.10

Relevant to a patient with radial wrist pain is the differential diagnosis between stenosing tenosynovitis and an entrapment neuropathy of the superficial radial nerve.¹⁹ Moore²⁹ described the superficial radial nerve as a critical neural structure in this area. After crossing the elbow, the radial nerve splits and forms the posterior interesseus nerve and the superficial sensory branch of the radial nerve, which supplies the sensation to the radial aspect of the forearm and wrist. This superficial sensory branch courses

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<u>Differential Diagnosis And Physical Therapy</u> <u>Management Of</u>

Susan J. Herdman, Richard Clendaniel

Differential Diagnosis And Physical Therapy Management Of:

Differenzialdiagnostik in der Physiotherapie - Screening, Pathologie, Red Flags Christoff Zalpour, Harry J.M. von Piekartz, 2024-03-12 Vom Leitsymptom zur richtigen Diagnose vom Krankheitsbild zur richtigen TherapieDieses Buch bietet Ihnen fundierte Orientierung zur klinischen Urteilsfindung eine F lle an Informationen um Symptome Erkrankungen und Red Flags zu erkennen Hilfen um anhand des Red Flag Screenings ggf ber eine weitere medizinische Abkl rung zu entscheiden einen strukturierten didaktischen Aufbau viele bersichtstabellen und zahlreiche Fallbeispiele die Ihnen die Inhalte einpr gsam vermitteln Das Buch bietet Ihnen eine Vielzahl an Leitsymptomen und Pathologien und gliedert sich in die Bereiche Bewegungsapparat Nervensystem Atmung Herz Kreislauf Blut und Abwehr Hormon und Immunsystem Gastrointestinaltrakt Haut Urogenitalsystem und Psyche Erg nzend werden Syndromale Erkrankungen Notf lle sowie besondere Gruppen von Patienten Sportler Musiker Kinder vorgestellt Die Kapitel Bildgebung und Pharmakologie bieten Ihnen wertvolle Zusatzinformationen Seit Beginn der Akademisierung der Physiotherapie vor ca 20 Jahren wird eine st rkere Selbstst ndigkeit der Physiotherapeutinnen und therapeuten gefordert Die Zusatzausbildung Sektoraler Heilpraktiker Physiotherapie erm glicht inzwischen das Arbeiten im Erstkontakt ohne rztliche Verordnung Aber auch alle anderen Therapierenden sollten in der Lage sein Symptome zu erkennen Red Flags die nicht vom muskuloskelettalen oder neuromuskul ren System stammen Ein Grundlagenwerk das Sicherheit fr die Differenzialdiagnostik in der Physiotherapie gibt Das Buch eignet sich fr Physiotherapeut innen in Ausbildung Studium und Praxis Pierson and Fairchild's Principles & Techniques of Patient Care - E-Book Sheryl L. Fairchild, 2012-05-01 NEW Video clips and skills activities on companion Evolve site illustrate the techniques and procedures described in the text NEW Content based on the ICF model the model currently endorsed by the APTA and AOTA reflects the current theories and practice guidelines of physical and occupational therapy NEW Information on professionalism teaches about the guidelines that currently exist and how to apply those guidelines to patient interactions Primary Care E-Book Terry Mahan Buttaro, JoAnn Trybulski, Patricia Polgar-Bailey, Joanne Sandberg-Cook, 2019-11-04 Primary Care E Book Neurological Rehabilitation - E-Book Darcy Ann Umphred, Rolando T. Lazaro, Margaret Roller, Gordon Burton, 2013-08-07 Using a problem solving approach based on clinical evidence Neurological Rehabilitation 6th Edition covers the therapeutic management of people with functional movement limitations and quality of life issues following a neurological event It reviews basic theory and covers the latest screening and diagnostic tests new treatments and interventions commonly used in today s clinical practice. This edition includes the latest advances in neuroscience adding new chapters on neuroimaging and clinical tools such as virtual reality robotics and gaming Written by respected clinician and physical therapy expert Darcy Umphred this classic neurology text provides problem solving strategies that are key to individualized effective care UNIQUE Emerging topics are covered in detail including chapters such as Movement Development Across the Lifespan Health and Wellness The Beginning of the Paradigm Documentation and

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offer quick access to vital information including how to avoid misdiagnosis of disorders that may mimic more commonly encountered surgical neurologic problems that are not actual disorders requiring surgical repair Symptome verstehen -Interpretation klinischer Zeichen Mark Dennis, William Talbot Bowen, Lucy Cho, 2019-07-22 Diagnose leicht gemacht Woher kommen die Symptome Die richtige Diagnose ist die Kernfrage eines jeden Arztbesuches Umso besser wenn Sie einen kleinen Helfer zur Hand haben der Ihnen noch einmal bersichtlich auflistet welche klinischen Zeichen auf welche Diagnose hinweisen Bei der klinischen Untersuchung ist der erste Eindruck den Sie vom Patient gewinnen h ufig entscheidend Wandeln Sie Ihr Bauchgef hl in eine gesicherte Diagnose zielsicher und rasch Diese 362 klinischen Befunde helfen Ihnen bei der Diagnosestellung 50 muskuloskelettale Befunde 58 respiratorische Befunde 92 kardiovaskul re Befunde 17 h matologisch onkologische Befunde 45 gastroenterologische Befunde 69 neurologische befunde und 31 endokrinologische Befunde Gut zu wissen Die Autoren legten bei Erstellung dieses Nachschlagewerkes Wert auf Evidenzbasierung und wenn vorhanden weitere statistische Kriterien Dies gibt Ihnen einen sicheren Hintergrund fr Ihre Diagnosestellung Ein einzigartiges Nachschlagewerk fr PJ Studierende und Assistenz rzte Das erwartet Sie in Symptome verstehen Interpretation klinischer Zeichen Alphabetische Reihenfolge der klinischen Befunde Befunde mit besonderer klinischen Relevanz sind markiert Inhaltsverzeichnis nach klinischen Befunden Zus tzliches Inhaltsverzeichnis nach Krankheiten Ausf hrlicher Index Literaturliste zu jedem Kapitel Leserstimmen zur englischsprachigen Aussage Einzigartige Herangehensweise Es erm glicht die einzelnen Symptome und Zeichen wirklich zu verstehen und gleichzeitig auch die Bedeutung kritisch zu hinterfragen Ein solches Buch gibt es im deutschsprachigen Raum bisher nicht Die Sammlung aller klinischen Zeichen und Symptome die Erkl rung dahinter wie das Zeichen entsteht und die Ableitung der m glichen Differentialdiagnosen genauso luft auch der klinische Alltag ab Ein Patient pr sentiert sich mit einem Symptom und man muss auf die Krankheit schlie en Das Buch ist in der Hinsicht einzigartig und sehr hilfreich H tte ich mir schon fr her im Studium gew nscht Schnelle berblicke auf KLINISCHE Symptome Keine Laborwerte oder hinderliche Syndrombeschreibungen Das reine Symptom und die Gr nde die es hervorrufen So habe ich es in noch keinem anderen Buch gelesen Gute Verzahnung von differentialdiagnostischen berlegungen und Erl uterung zur Pathophysiologie Vestibular Rehabilitation Susan J. Herdman, Richard Clendaniel, 2014-07-24 Recognized as two of the world's leading authorities on the subject Susan Herdman and Richard Clendaniel joined by a team of expert contributors deliver the 4th Edition of the field s definitive text on the management of vestibular diseases and disorders From assessment through therapy they present the scientific and clinical knowledge you need to distinguish between vestibular and non vestibular dizziness and to plan and implement the appropriate treatments Clinical Guide to Musculoskeletal Medicine S. Ali Mostoufi, Tony K. George, Alfred J. Tria Jr., 2022-05-10 This unique

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