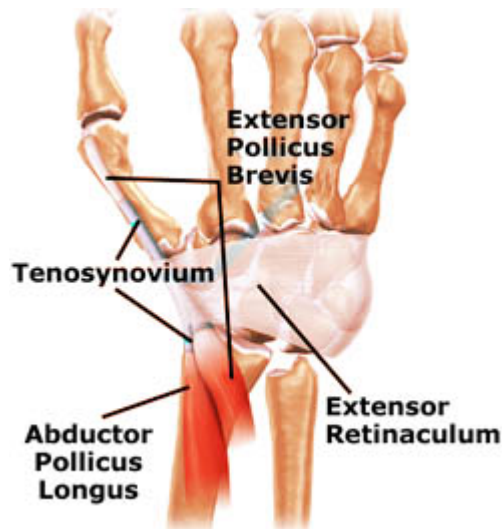


“WHAT IS TENOSYNOVITIS (TENO)?”

I must admit the first time I heard a rower worriedly ask me if they had ‘teno’ I had to stop to think before realising that they meant tenosynovitis. The word literally means inflammation of the tendon sheath and commonly occurs at the wrist affecting the tendons of abductor pollicis longus and extensor pollicis brevis which control movements of the thumb. Tenosynovitis of these tendons is called De Quervain’s.



The injury normally occurs when a rower grips the oar too tightly for an extended period of time; for example in rough waters or to compensate for an unbalanced boat. It also frequently occurs with excessive movement of the wrist during feathering or if the wrist is not kept in a neutral position throughout the rest of the stroke.

The injury can be present in varying degrees and will present differently according to the severity. Specific testing by a physiotherapist will identify if the abductor pollicis longus and extensor pollicis brevis tendons are a source of pain. The forearm swells up and often creaking or crepitus is audible as the wrist moves up or down.

The treatment needs to include rest from activities involving gripping i.e. training on the erg, upper body weights and rowing. A splint or taping is often used to minimise the movement through the thumb. While there is obvious swelling, icing the area for 20 minutes three times a day is advisable. The ice should be wrapped in damp towel to avoid ice burns. Anti-inflammatory medication is also useful to reduce the swelling and therefore help to restore normal movement at the tendons as quickly as possible. A physiotherapist may also use ultrasound which is a pro-inflammatory modality to help speed up the body’s natural healing process.

Time away from training depends on the severity of the injury but it is normally possible to return to light weights after a week and gradually progress back to the erg and then rowing after another week. It is important not to train when the wrist is swollen or while it has crepitus and returning to training too quickly will only extend the rehabilitation time. In some intractable cases a steroid injection may be indicated. In severe cases surgery may also be considered but this is less common.

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If you have any specific questions about the Tenosynovitis (TENO) or any other medical treatment please contact us on **0870 2000 878** or reception@puresportsmed.com

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