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A pilot study comparing the effectiveness of two methods of immobilisation in the treatment of de Quervain's disease

Submission date 28/09/2007	**Recruitment status** No longer recruiting	[ ] Prospectively registered [ ] Protocol [ ] Statistical analysis plan [ ] Results [ ] Individual participant data [ ] Record updated in last year
Registration date 28/09/2007	**Overall study status** Completed	
Last Edited 02/09/2015	**Condition category** Musculoskeletal Diseases	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N0082185031

Study information

Scientific Title
A pilot study comparing the effectiveness of two methods of immobilisation in the treatment of de Quervain's disease

Study objectives
The principal objective is to establish if increasing compliance with an immobilisation technique (by comparing removable and non-removable techniques) will produce a better clinical outcome.

The hypothesis is that by reducing patients' ability to be 'non-compliant' to the splinting regime, and immobilising the hand and wrist in a non-removable cast, the number of patients reporting ongoing symptoms at 6 week review will decrease, and the need for further immobilisation and referral for steroid injection will be reduced.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Primary study design
Interventional

Study design
Randomised controlled pilot study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Musculoskeletal Diseases: De Quervain's disease

Interventions
The study consists of a pre-test post-test design, with a sample of thirty patients referred for assessment to the Hand Injuries Unit at the West Middlesex University Hospital Therapy Centre, and who are subsequently diagnosed to have de Quervain's disease. The sample will be randomised into a treatment group of 15, for each of whom a 'non-removable' cast for hand and wrist will be applied, and a control group of 15, for each of whom a thermoplastic removable splint will be applied. Prior to immobilisation, each patient will be assessed by means of the 'Disability of the Arm and Shoulder' (DASH) assessment questionnaire, a pain scale, Finkenstein's test and the Jebsen Hand Function test. The same measures will be applied to each patient after a period of six weeks immobilisation is complete, when either the 'non-removable' cast or the thermoplastic splint, depending on which group the patient has been randomised into, will be removed. Additionally, all participants will be interviewed at 12 weeks after they enter the study and begin treatment, by a research assistant about their treatment experience and experience following treatment. The research assistant will be blinded to the treatment received by the participant and to their results.

Intervention Type
Other

Phase

Not Specified

Primary outcome(s)
1. Disability of the Arm Shoulder and Hand - measures subjective bilateral function in the upper limb in the week preceding its completion
2. Pain assessment with a modified McGill pain questionnaire, combining a visual analogue scale, word descriptors and body map indicators
3. Jebsen Hand Function test - testing gross functional dexterity
4. Finkelstein's test , of the affected tendons - indicating de Quervain's
5. Interview of participants about compliance, pain, functional impairment and treatment preferences

Key secondary outcome(s)
Not provided at time of registration

Completion date
01/06/2007

Eligibility

Key inclusion criteria
Thirty patients who have been diagnosed as having de Quervain's disease

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Not Specified

Sex
Not Specified

Key exclusion criteria
1. Patients who have already received invasive treatment including steroid injections or surgery to the first dorsal compartment of the affected hand for de Quervain's disease. These patients have already received invasive treatment and therefore conservative management is less likely to be effective. By excluding these patients we will be reducing any influencing variables and ensuring that only the effectiveness of immobilisation is being studied.
2. Patients who display a positive grind test for 1st CMC joint osteoarthritis. The nature and cause of pain in patients with a positive grind test is likely to be due to osteoarthritis of the joint and not de Quervain's disease.
3. Patients with a negative Finkelsteins test or whose pain during the test is not localised to the first dorsal compartment - as this is a diagnostic tool patients who do not display a positive Finkelsteins test are unlikely to have de Quervain's disease.
4. Patients who are unable to give informed consent or comply with the treatment regime will be excluded from this study. Hounslow PCT requires all patients to give informed consent and as this study requires participants to adhere to a protocol, all patients who are unable to do so will

be excluded.
5. Patients not registered with a General Practitioner (GP). The Hand Injuries Unit requires that all patient referred to the unit are registered with a GP. This allows handover of duty of care to occur when treatment is completed. Patients who are not registered with a GP will not be assessed or receive treatment from the Hand Injuries Unit until they are registered.

Date of first enrolment
01/09/2006

Date of final enrolment
01/06/2007

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
West Middlesex University Hospital
Isleworth
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TW7 6AF

Sponsor information

Organisation
Record Provided by the NHSTCT Register - 2007 Update - Department of Health

Funder(s)

Funder type
Government

Funder Name
Hounslow Primary Care Trust

Funder Name
NHS R&D Support Funding

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration