

Conservative Management of Intersection Syndrome: A Narrative Review

Kalyani Kumari, BPT, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India
Jatin Sangwan, MPT (Neurology), (PhD), Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

Urvashi, MPT (Cardiothoracic and Pulmonary Disorder), (PhD), Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

Aditi Popli, MPT (Orthopaedics), (PhD), Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Jatin Sangwan,

MPT (Neurology), (PhD Scholar), Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

E-mail: sangwanjatin1234@gmail.com

ABSTRACT

Intersection Syndrome (IS) is a relatively rare overuse tendinopathy characterised by pain, swelling, and crepitus in the forearm. It arises due to friction between the tendons of the first and second dorsal compartments and is a common overuse wrist injury. The review synthesises insights from four recent studies on IS including randomised controlled trials and case reports, focussing on treatment approaches, and outcome measures. Differential diagnosis is essential to distinguish IS from other conditions such as De Quervain's tenosynovitis. This can be done by using imaging techniques like ultrasound and Magnetic Resonance Imaging (MRI) for evaluation. This review seeks to assess the effectiveness of physiotherapy interventions in the management of IS, with a focus on their ability to reduce symptoms, enhance functional outcomes, and support recovery. A comprehensive search was performed using PubMed, Scopus, and Google Scholar for studies published

between 2018 and 2025. IS is effectively treated using a combination of conservative therapies, advanced physiotherapy techniques, and, in severe cases, surgical interventions. Studies indicate that conservative approaches such as rest, splinting non-steroidal antiinflammatory drugs and gradual stretching and strengthening exercises successfully alleviate symptoms in around 60% of patients. Diagnostic tools like ultrasound and MRI were emphasised as crucial for improving treatment accuracy and emerging therapies like pulsed laser therapy, have shown effective results. Studies have indicated that conservative treatments are generally effective, but innovative modalities and surgical options provide alternatives for refractory cases. This analysis highlights the clinical importance of physiotherapy treatment in IS and identifies gaps for future research, particularly in terms of long-term effectiveness and standardised treatment protocols.

Keywords: Pain, Splints, Tendinopathy, Tendons