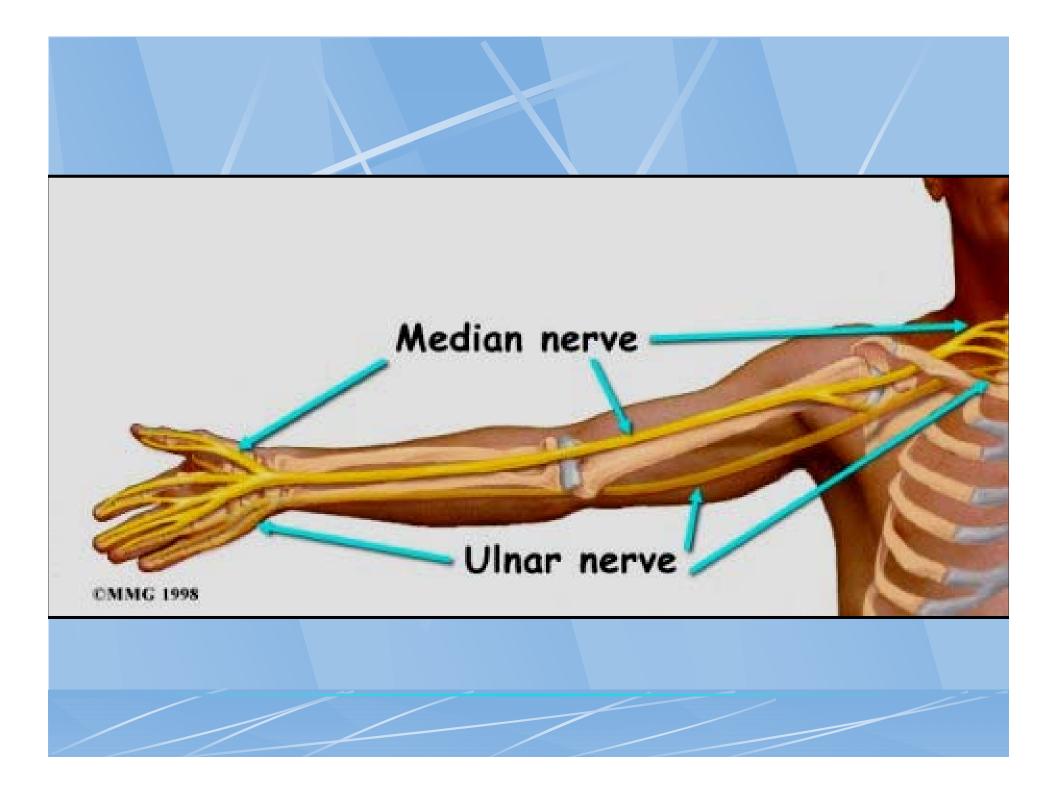
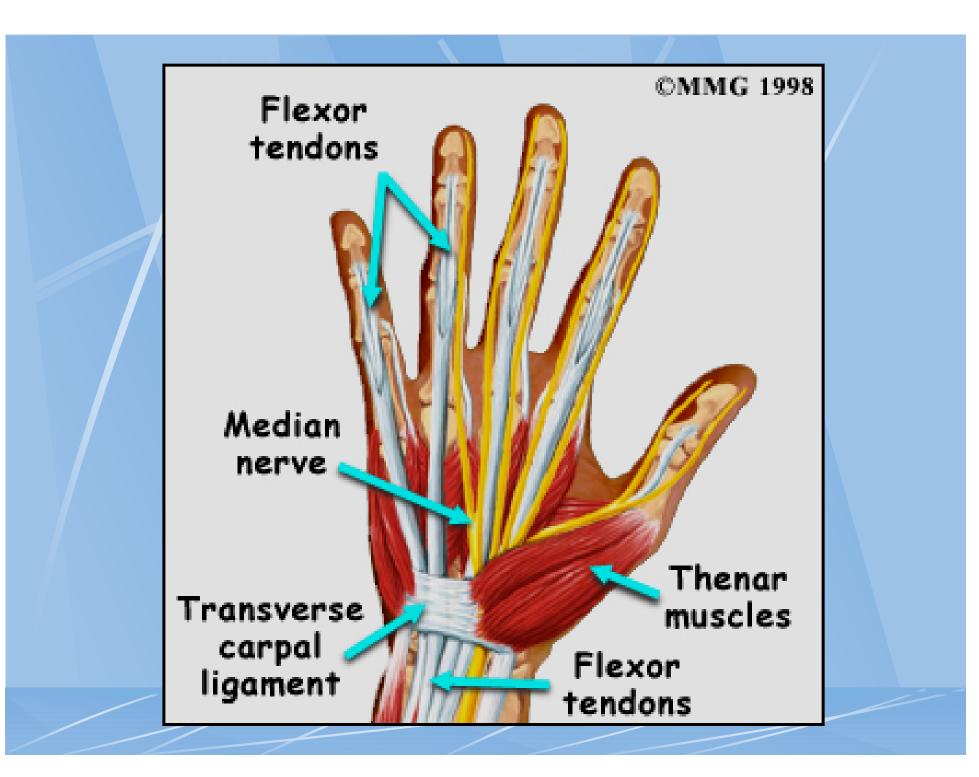
Carpal Tunnel Syndrome Description, Diagnosis, and Treatment

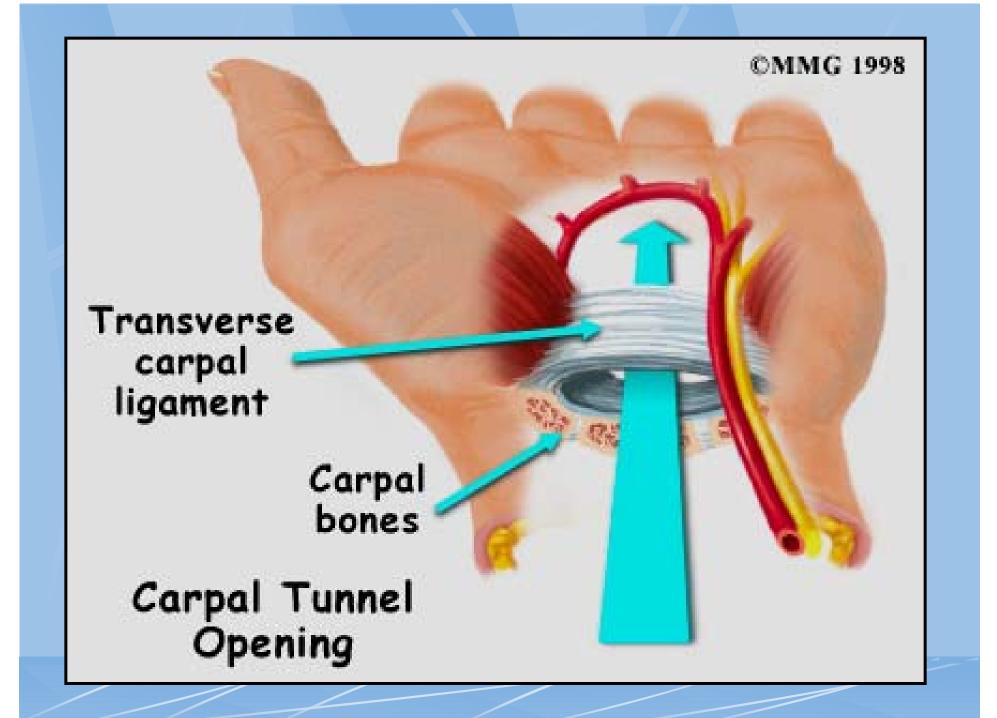
www.fisiokinesiterapia.biz

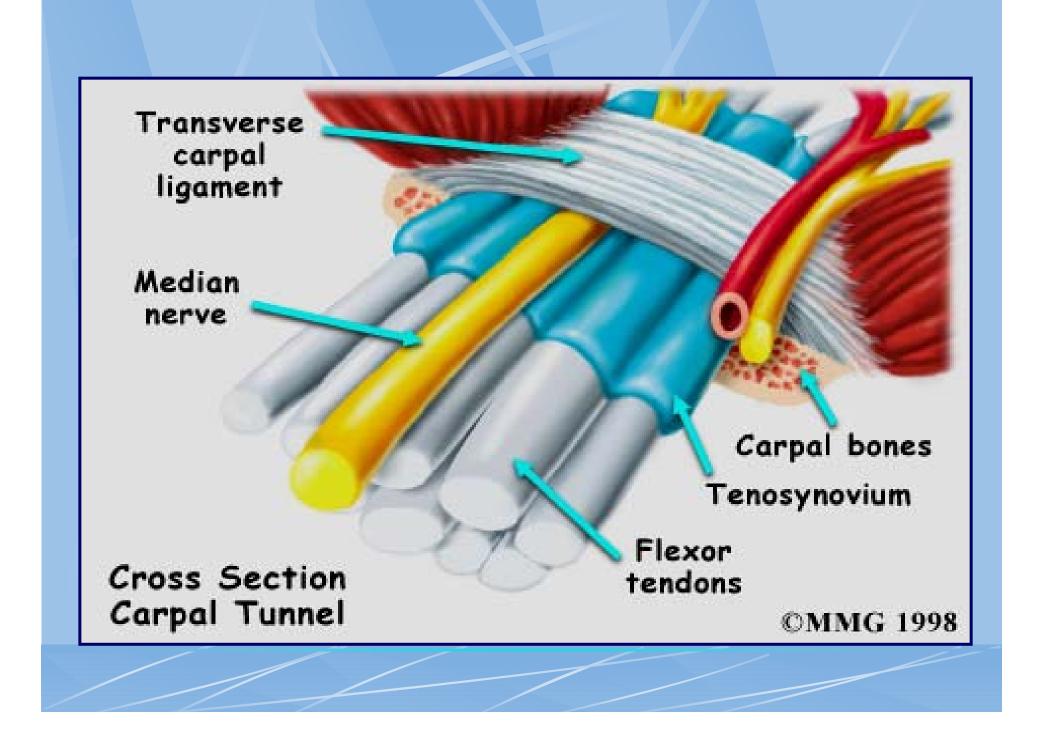
Carpal Tunnel Syndrome (CTS)

Repetitive stress injury Due to inflammation of the tissues around the median nerve Results in reduced nerve transmission; pain, numbness, and tingling in wrist, hand, and fingers (except little finger) Estimated 2.8 million identified cases in 1988











Causes of CTS

Work-related

- Repetition
- High force
- Awkward joint posture
- Direct pressure
- Vibration
- Prolonged constrained posture

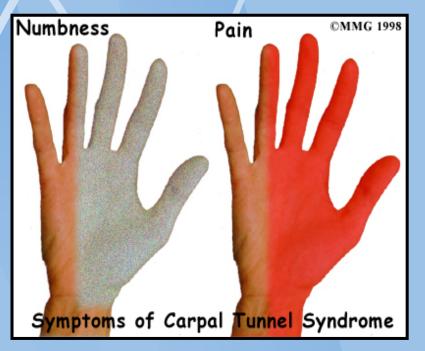
Medically-related

- Fractures
- Arthritis
- Diabetes
- Obesity
- Acromegaly
- Long term hemodialysis
- Pregnancy

Symptoms

Pain in wrist and hand
Numbness and tingling in fingers
Weakened grip
Feeling of swelling in hand
Worsened pain at night

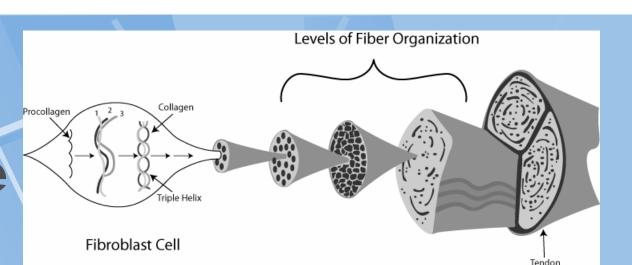
Worsened pain at night with rest



Inflammation

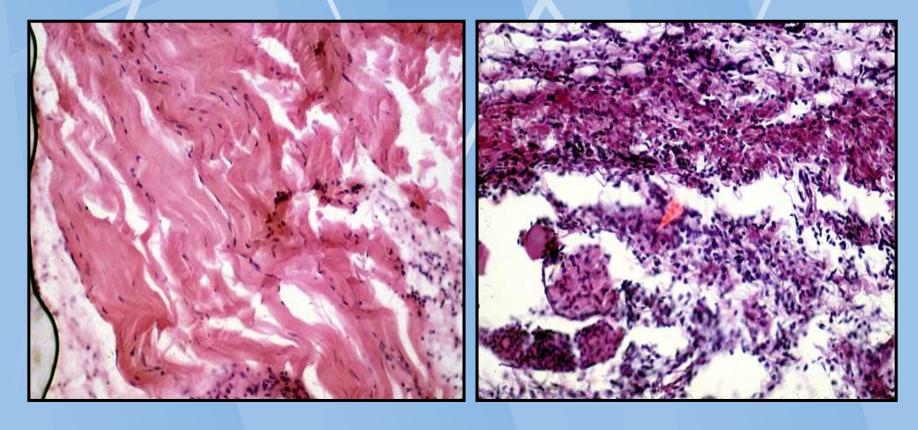
- Body's response to injury: Characterized by blood vessel dilation and increased temperature at site.
- Stage 1, Inflammatory: monocytes, fibroblasts & phagocytes migrate to injury.
- Stage 2, Proliferative: Fibroblasts increase in #; lymphocytes recruited to provide control signals
- Stage 3, Remodeling: Decrease in cellularity and fibronectin production; collagen production

Tendon Structure



- Tendon has low cellularity normally
- Consists of highly organized fibrils of collagen
- Wavy appearance in healthy tendon
- Specialized fibroblasts called tenocytes are aligned between the collagen fibers.
- Each tendon is surrounded by a structure known as tenosynovium; a protective sheath
 affected area in CTS – inflamed:
 - **CTS = compression of median nerve**

Healthy vs. Injured Tendon



Diagnosis

Medical History

- Job
- Symptoms
- Medical conditions

Physical Exam



- Tinel's sign (tapping median nerve)
- Phalen's test (compression of nerve)
- Muscle strength (thenar strength)

Diagnosis

Lab tests

• X-ray

• MRI

Electrodiagnostic tests

- Electromyography
- Nerve conduction (electric shocks)

X-ray and MRI

X-ray: check for arthritis or fractured bones; not useful for detecting CTS
MRI: around \$1,000/test: to estimate severity of CTS: not used routinely but is capable of detecting abnormalities indicative of CTS.

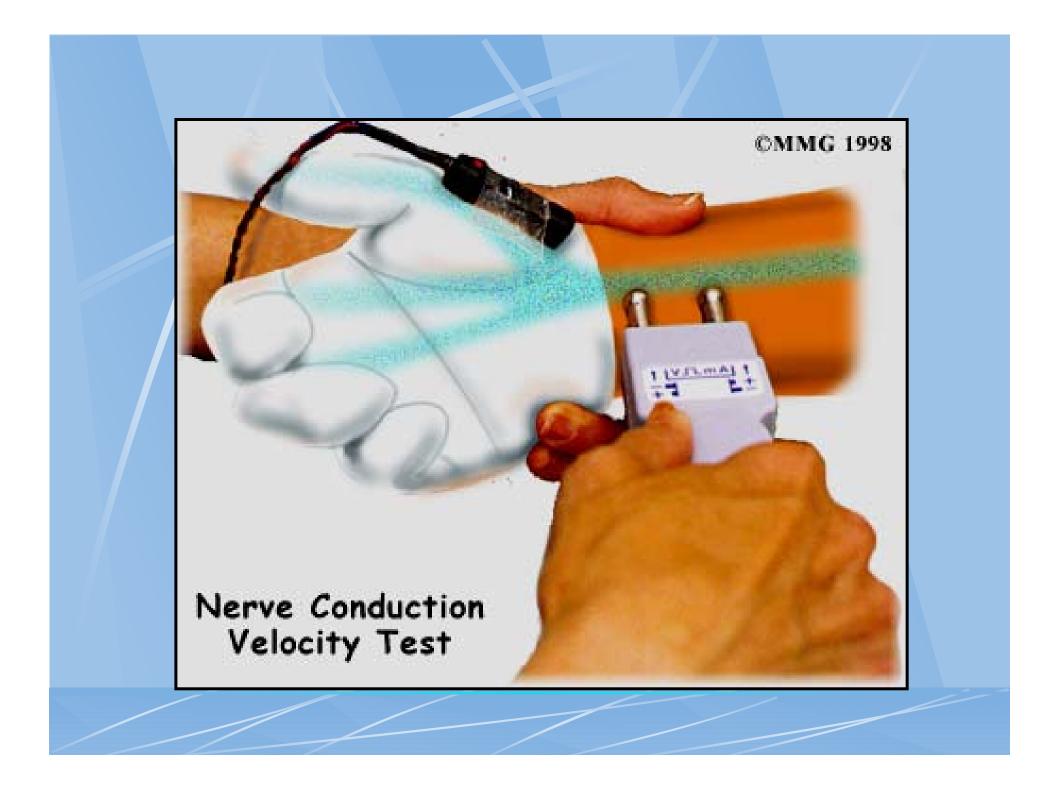
Electromyography (EMG)

 To confirm diagnosis
 Indwelling or surface electrodes; electrical activity is displayed on a screen (benefits vs. disadvantages)
 Conditions such as obesity and anxiety can slow conduction speed and cause skewed results

Nerve Conduction Studies

Surface electrodes on hand and wrist
 Small elec. shocks applied to nerves in fingers, wrist, and forearm (measure speed of conduction)
 Can detect 84% of people with CTS
 Can eliminate 95% of cases that are not

Can eliminate 95% of cases that are no CTS



Investigative Tests

- Researchers reported on a computerassisted device
- Measures pinch and grip strength and finger pressure
- Accurate and consistent way to diagnose CTS (FROM: <u>http://www.medinfo.ufl.edu</u>)

**Example Ref:

Nindl G, Balcavage WX, Vesper DN, Swez JA, Wetzel BJ, Chamberlain JK, and Johnson, MT (2000) Experiments showing that electromagnetic fields can be used to treat inflammatory diseases. *Biomed. Sci. Instrum.* 36: 7-13.

Stats on CTS

- Estimate:
 - Company costs: \$37,000 in lost work time, treatment, rehabilitation per worker
- Workman's comp figures: \$6-10,000/case
- Imp. to find noninvasive, low-cost treatments
- Federal statisticians say repetitive motion injuries account for more than half of all workplace injuries.

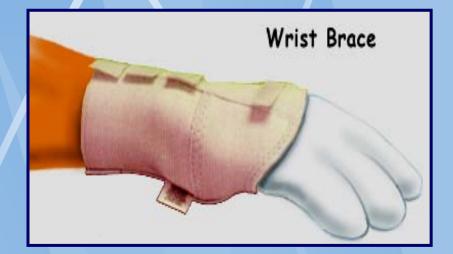
Other culprits

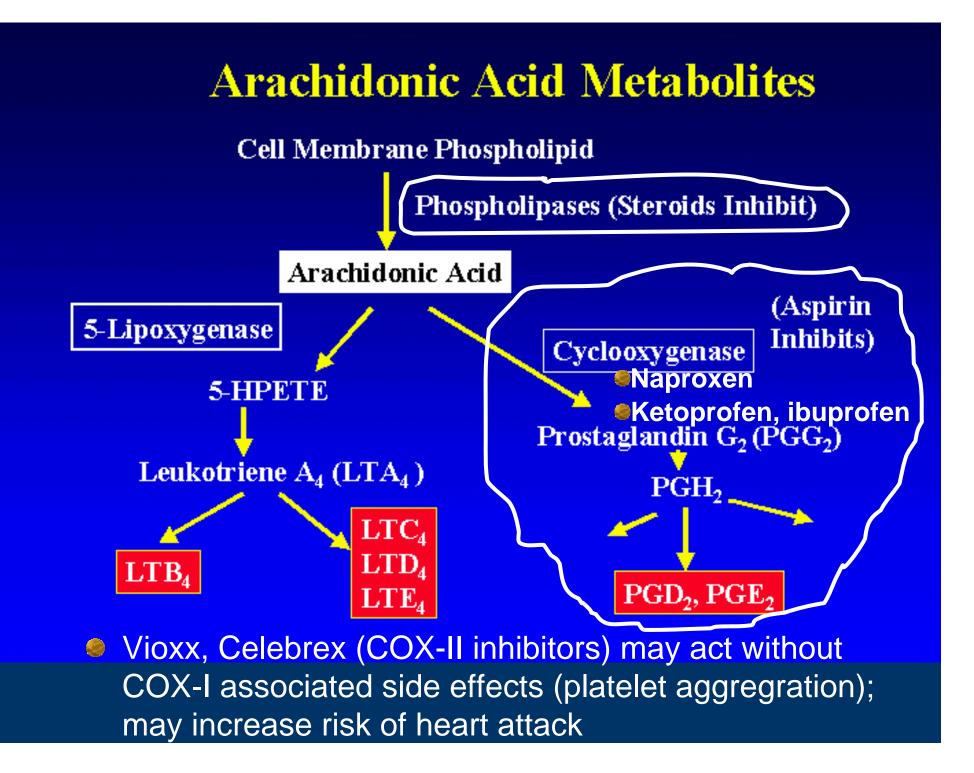
 Workplace not always culprit
 Associations with fluid retention: pregnancy, diabetes, sudden weight gain, birth control pills

Treatment

Conservative

- Rest, Ice, Heat
- Brace
- Physical therapy
- Drugs
 - NSAIDS (ibuprofen naproxin, aspirin): recommended EARLY in the inflammation cycle
 - Corticosteroids: decrease in tendon strength & mass over time





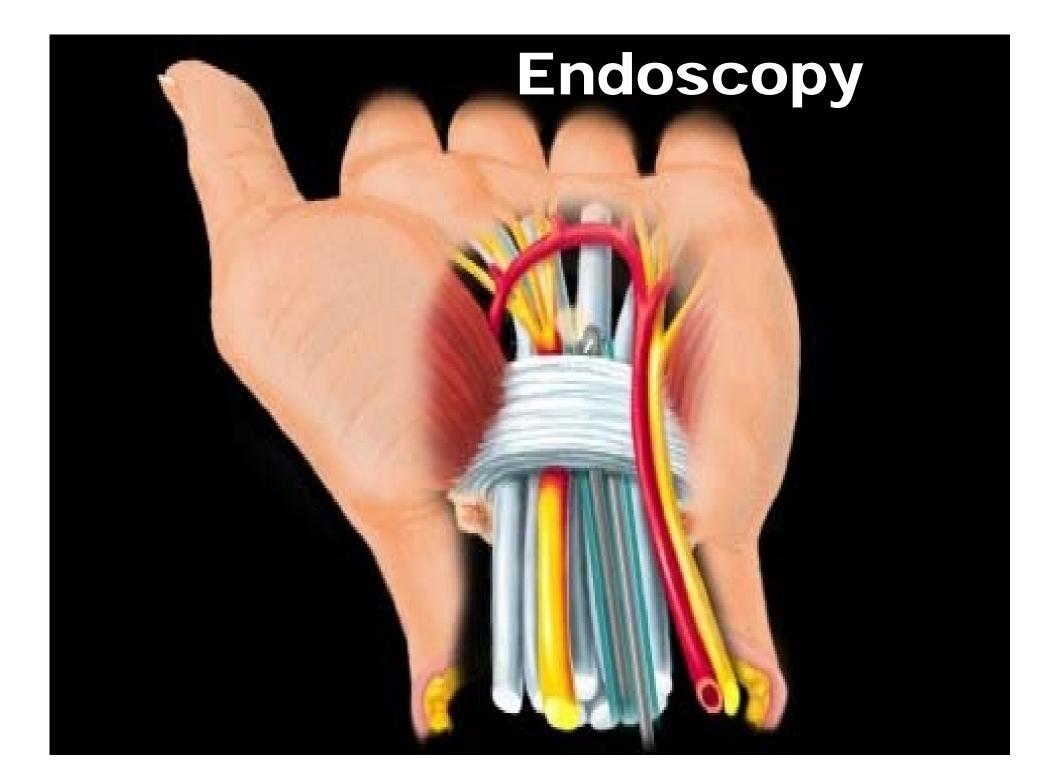
Treatment (con't)

Surgery

- Endoscopy
- Mini Open Release
- Percutaneous Balloon Carpal Tunnel-Plasty

Surgery Open release





Treatment (con't)

Alternative Therapies

- Vitamins (B6)
- Chiropractic methods
- Acupuncture
- Electromagnetic fields

Ganglion Cysts

- very common, masses (lumps) that grow in the hand and wrist, generally found on the top of the wrist, on the palm side of the wrist, the end joint of a finger (mucous cysts), and at the base of a finger.
- usually come from nearby joints or tendon sheaths, but, no specific cause.
- painful, especially when they first appear or with constant or strenuous use of the hand. Ganglions often change in size and may disappear completely. These cysts are not malignant (cancerous).

Diagnosis & Treatment of Ganglionic Cysts

- Diagnosis. usually based on location & appearance of the cyst
- X-rays may rule out problems in nearby joints.
- Treatment. watching for any changes. However, if painful, limits activity, or its appearance is unacceptable to the patient, other treatment may be recommended:
 - Needle aspiration of cyst fluid
 - Wearing of a splint to immobilize joint
 - Surgery to remove the cyst

Some "Good" Web Sources

- http://www.assh.org/
- http://www.sechrest.com/mmg/reflib/ctd/cts/c ts.html
- <u>http://www.carpaltunnel.com/</u>
- http://www.chicagolegalnet.com/4step.htm
- http://www.scoi.com/handanat.htm
- http://www.cdc.gov/niosh/topics/ergonomics/

Some "?able" Web Sites

- <u>http://www.anyvitamins.com/treatment-carpal-tunnel-syndrome.htm</u>
- http://www.geocities.com/cfsdays/ctstre at.htm
- http://hypnosismd.com/Treatment/c/carp al-tunnel.htm

SOAP Notes

S- Subjective. Information the patient give you.
O- Objective. Information from tests.
A- Assessment. What you think about the information. Differential diagnoses.
P- Plan. What you are going to do.