

Nerve Compression Syndromes

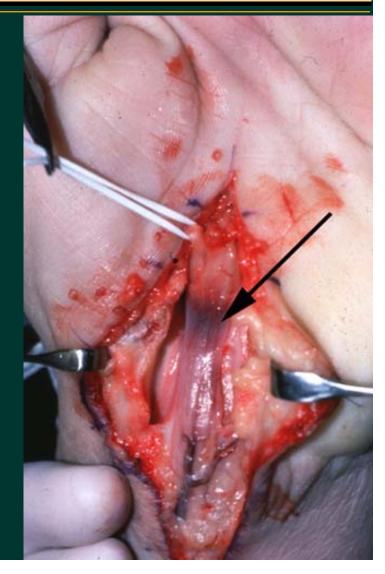
- Median Nerve
 - Carpal Tunnel Syndrome
 - Pronator Syndrome
- Ulnar Nerve
 - Cubital Tunnel Syndrome
 - Ulnar Tunnel Syndrome
 - -TOS

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Carpal Tunnel Syndrome (CTS)

Definition
Compression of the
Median Nerve in the
Carpal Canal





CTS Epidemiology

- Female/ $\overline{Male} = 2:1$
- No association with Keyboards

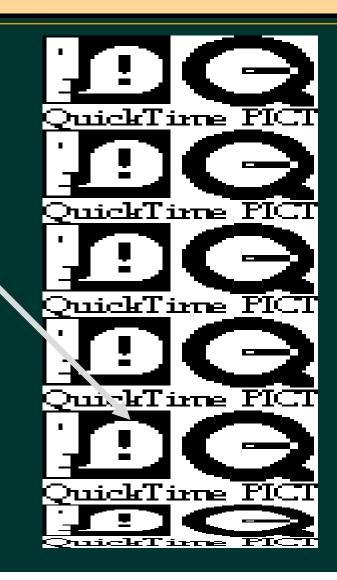


CTS Epidemiology

- Increased Incidence:
 - -Diabetes
 - -Thyroid
 - -Inflammatory Arthritis
- Peak Age: 50 years



- Symptoms
 - -Numbness
 - -Night Pain





- Physical Examination
 - -Tinel's Sign
 - -Phalen's Test
 - -Sensory and Motor Loss





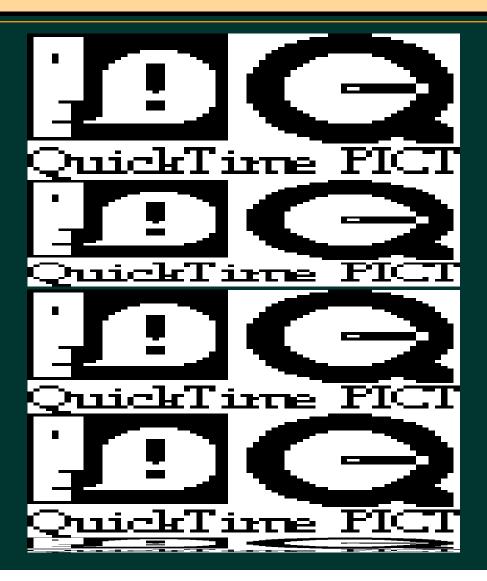
How to Work Up

- EMG/NCV: Median & Ulnar nerves
 - -(+) Latency > 4.0 msec
- What is Latency?
- What is Conduction Velocity?



Office Management

- Splint
- Inject
- No timeloss!





When to Refer

- Persistent Symptoms
- (+) EMG/NCV (motor latency > 4.0 msec, sensory > 3.6 msec)



Carpal Tunnel Release





Rehabilitation

- Driving: 1 day postoperatively
- Writing: 1-2 weeks postoperatively
- Typing: 4-6 weeks postoperatively
- Heavy lifting: 6-8 week postoperatively



Pronator Teres Syndrome

Definition
Compression of the
Median Nerve at the
Pronator Teres

ronator Teres Epidemiology

- Male > Female
- Rare
- Associated with forearm fatigue
- Neuritis vs. compressive neuropathy



Weakness >Numbness >





Hallmark:Anterior nervePalsy



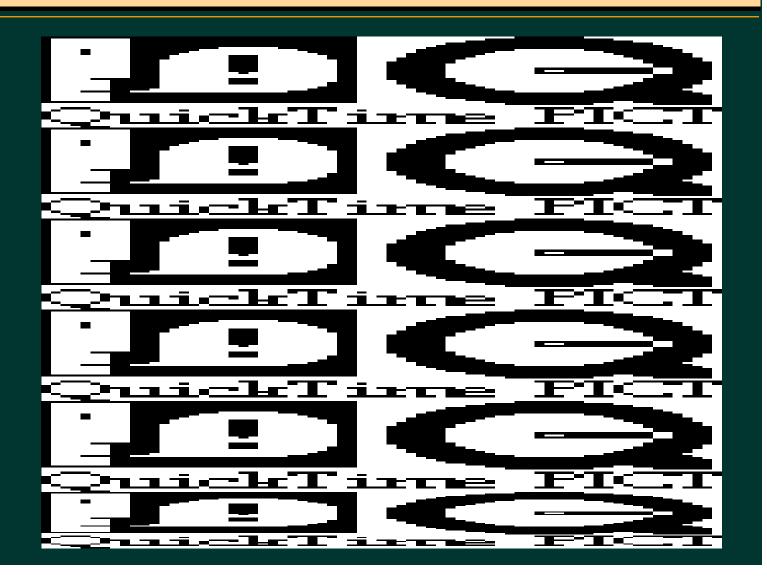


When to Refer

- Persistent Symptoms especially weakness
- (+) EMG/NCV (motor changes of FPL or FDP)



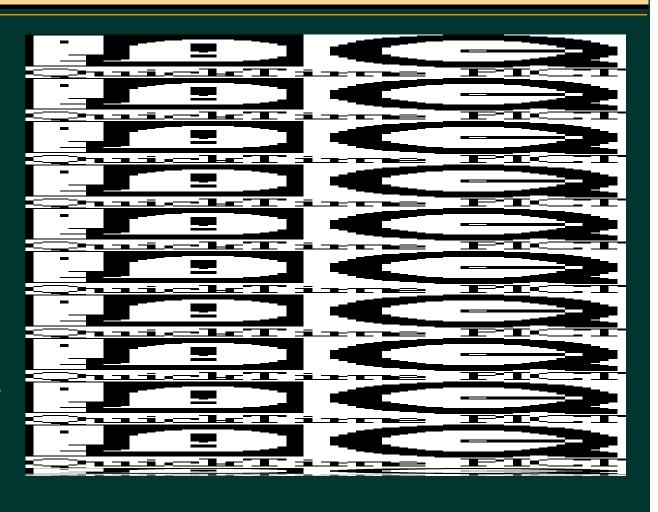
PronatorTeresRelease





Cubital Tunnel Syndrome

Definition:
Compression
of the ulnar
nerve in the
cubital tunnel





Cubital Tunnel Syndrome

- Differential
 - -Cubital tunnel syndrome
 - -Ulnar Tunnel syndrome
 - -Thoracic outlet syndrome (TOS)
 - -Cervical radiculopathy (C7,C8)



Epidemiology

- Male = Female
- Increased Incidence
 - -Diabetes
 - -History of elbow fracture



- Symptoms
 - -Ulnar sided numbness
 - -Night Pain





- Physical Examination
 - -Tinel's Sign
 - -Stretch Test



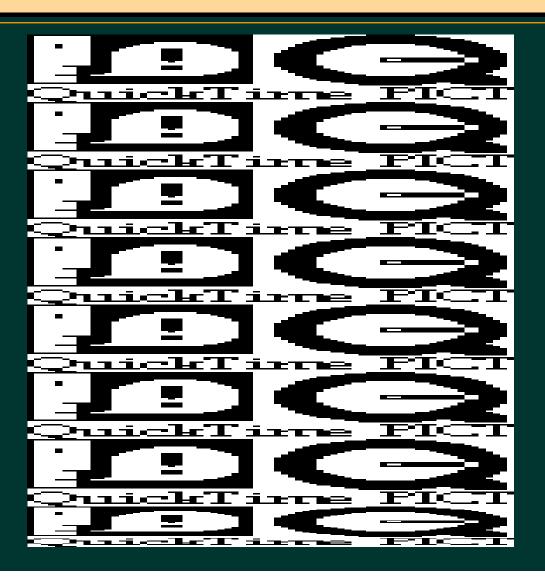


- MotorExamination
 - -Weakness
 - -Atrophy



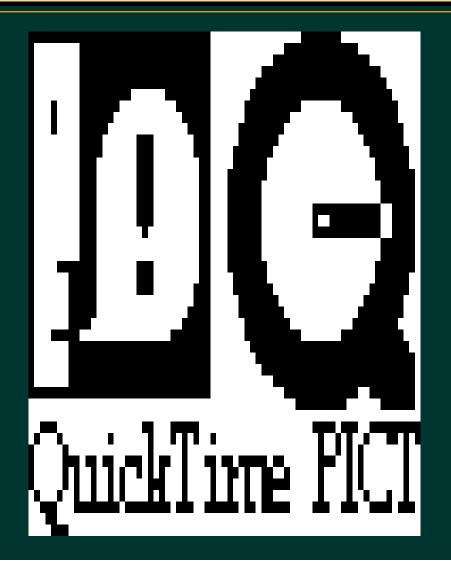


- MotorExamination
 - -Weakness
 - -Atrophy





- SensoryExamination
 - -Widened 2 pt
 - Decreased S-W monofilaments





How to Work Up

- EMG/NCV: Median & Ulnar nerves
 - -(+) Conduction velocity < 50 m/sec
- What is Latency?
- What is Conduction Velocity?

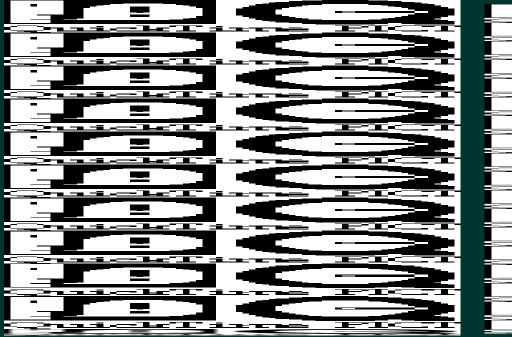


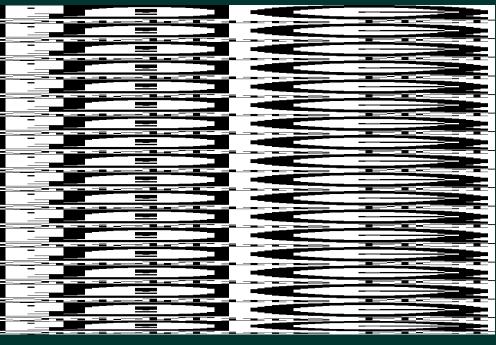
Office Management

- Activity Modification
- Night Splints: a soft wrap around the elbow



Simple Decompression if no motor involvement







 Submuscular Transposition for Motor Involvement





 Submuscular Transposition for Motor Involvement





ehabilitation: Simple Release

- Driving: 1 day postoperatively
- Writing: 1-2 weeks postoperatively
- Typing: 3-4 weeks postoperatively
- Heavy lifting: 6 weeks postoperatively



lehabilitation: Submuscular Transposition

- Driving: 1 week postoperatively
- Writing: 2-3 weeks postoperatively
- Typing: 4-5 weeks postoperatively
- Heavy lifting: 8 weeks postoperatively



Ulnar Tunnel Syndrome

 Definition: compression of the ulnar nerve in the ulnar tunnel (Guyon's canal).

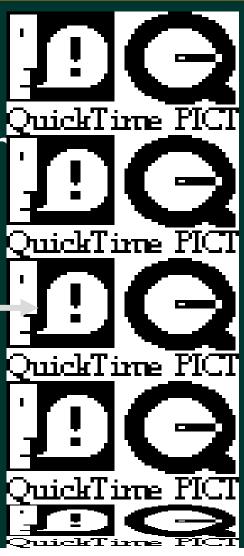


Epidemiology

- Male = Female
- Rare
- •80% due to mass in ulnar tunnel
 - -Ganglion
 - -Aneurysm

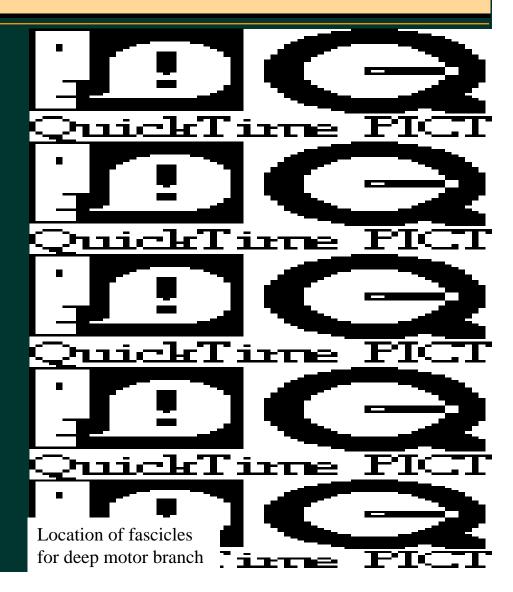


• Decreased sensation in palm spared dorsally



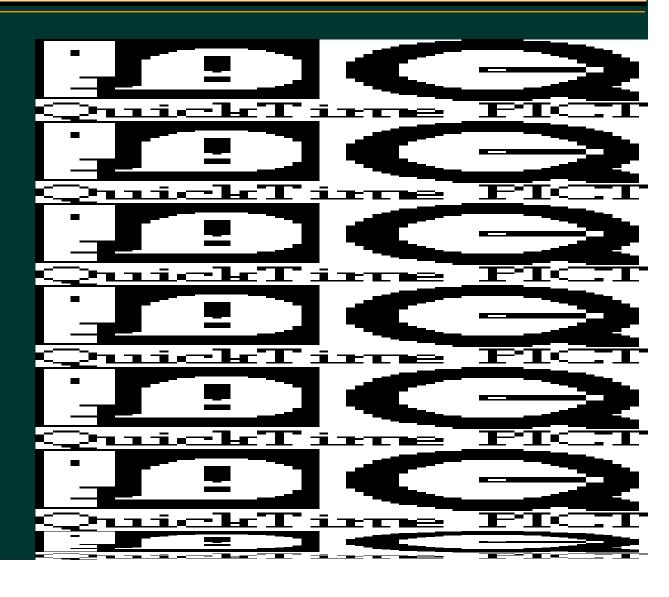


• Tinel's with ulnar nerve paresthesias





Motor
 (Intrinsics) ±
 Sensory
 depending on
 the site of
 compression





- EMG/NCV
- MRI



How We Treat

- Ulnar Tunnel Release
- Resect Ganglion
- Repair Aneurysm



horacic Outlet Syndrome

Definition: TOS is the brachial plexus





Epidemiology

- Female / Male = 3.5:1
- < 55 years
- Increased incidence of vascular anomalies in men
- Rare



- Symptoms
 - -Ulnar sided numbness
 - -Fatigue with



The lower trunk (C8,T1)most commonly affected



• Tinel's at Erb's point



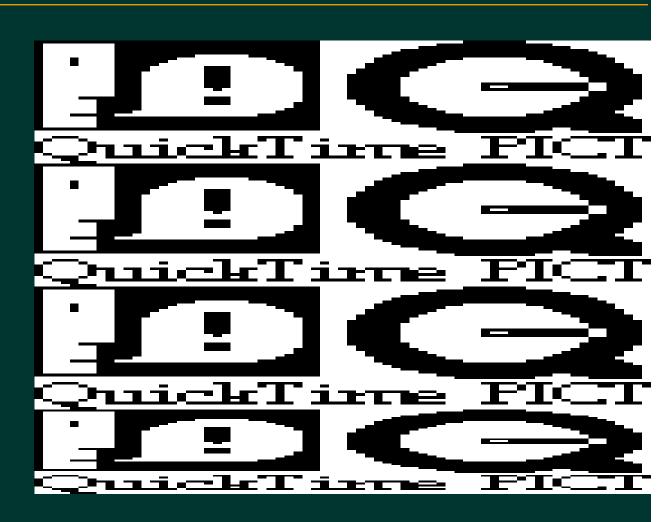


• (+) Wright's and Adson's Test





- (+) Vascular Studies
 - -Doppler
 - -Arteriogram





- (+) EMG/NCV & SSEP
 - -Cervical paraspinals (rule out cervical radiculopathy
 - -B.P. wave form
 - -F wave



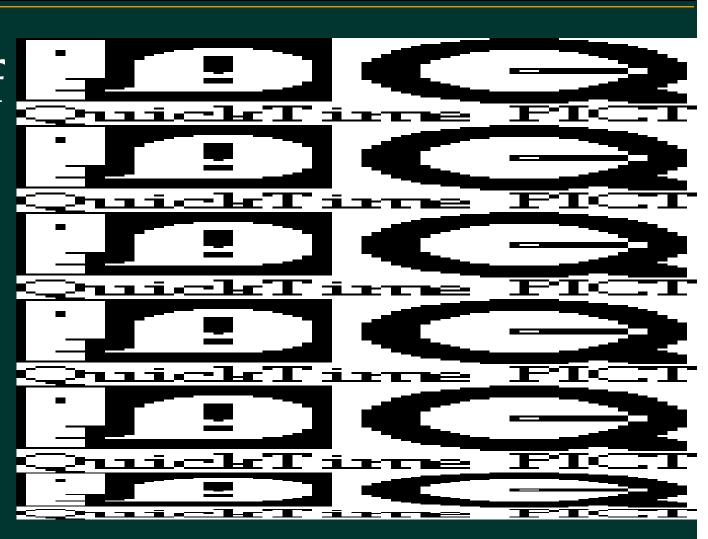
Office Management

- •PT for Strengthening & Posture
 - -Correct droop shoulder
 - -Strengthen rhomboids and trapezius



How We Treat

Resection of 1st rib





Rehabilitation

- Shoulder exercise: 3-4 weeks postoperatively
- Strengthening: 5-6 weeks postoperatively
- Heavy lifting: 6-8 weeks postoperatively