

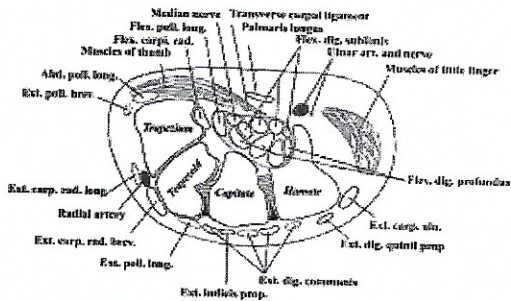
Carpal tunnel syndrome

I have diagnosed and treated hundreds of patients with Carpal Tunnel Syndrome for more than twenty years .

It is a medical condition due to compression of the median nerve as it travels through the wrist at the carpal tunnel.¹The main symptoms are pain, numbness, and tingling, in the thumb, index finger, middle finger, and the thumb side of the ring fingers. Symptoms typically start gradually and during the night. Pain may extend up the arm. Weak grip strength may occur and after a long period of time the muscles at the base of the thumb may waste away. In more than half of cases both sides are affected.

Risk factors :obesity, repetitive wrist work, pregnancy, and rheumatoid arthritis. There is tentative evidence that hypothyroidism increases the risk. Diabetes mellitus is weakly associated with CTS. The use of birth control pills does not affect the risk. Types of work that are associated include computer work, work with vibrating tools, and work that requires a strong grip. Diagnosis is suspected based on signs, symptoms, and specific physical tests and may be confirmed with electrodiagnostic tests. If muscle wasting at the base of the thumb is present, the diagnosis is likely.

About 5% of people in the United States have carpal tunnel syndrome. It usually begins in adulthood and women are more commonly affected than men. Up to 33% of people may improve without specific treatment over approximately a year.



Treatment

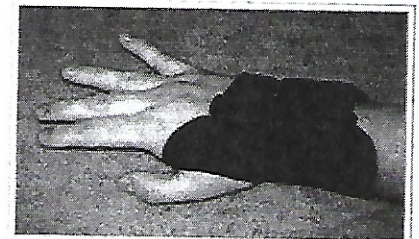
Generally accepted treatments include: physiotherapy, steroids either orally or injected locally, splinting, and surgical release of the transverse carpal ligament. Limited evidence suggests that gabapentin is no more effective than placebo for CTS treatment. There is insufficient evidence for therapeutic ultrasound, yoga, acupuncture, low level laser therapy, vitamin B6, and exercise¹ Change in activity may include avoiding activities that worsen symptoms.

The American Academy of Orthopedic Surgeons recommends proceeding conservatively with a course of nonsurgical therapies tried before release surgery is considered. A different treatment should be tried if the current treatment fails to resolve the symptoms within 2 to 7 weeks. Early surgery with carpal tunnel release is indicated where there is evidence of median nerve denervation or a person elects to proceed directly to surgical treatment. Recommendations may differ when carpal tunnel syndrome is found in association with the following conditions: diabetes mellitus, coexistent cervical radiculopathy, hypothyroidism, polyneuropathy, pregnancy, rheumatoid arthritis, and carpal tunnel syndrome in the workplace.

Splints :

The importance of wrist braces and splints in the carpal tunnel syndrome therapy is known, but many people are unwilling to use braces. In 1993, The American Academy of Neurology recommend a non-invasive treatment for the CTS at the beginning (except for sensitive or motor deficit or grave report at EMG/ENG): a therapy using splints was indicated for light and moderate pathology. Current recommendations generally don't suggest immobilizing braces, but instead activity modification and non-steroidal anti-inflammatory drugs as initial therapy, followed by more aggressive options or specialist referral if symptoms do not improve.

Many health professionals suggest that, for the best results, one should wear braces at night and, if possible, during the activity primarily causing stress on the wrists.



A rigid splint can keep the wrist straight

Corticosteroids :