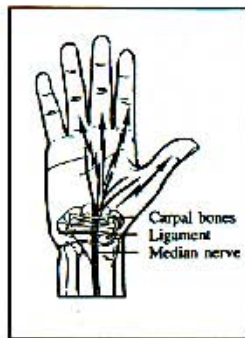


CHIROPRACTIC APPROACH TO CARPAL TUNNEL SYNDROME



Carpal Tunnel Syndrome (CTS) is compression of the median nerve usually in the wrist region. The median nerve starts in the neck, passes through the shoulder region, down the arm through the wrist to the hand and into the first three fingers. The tunnel is made up of 7 bones forming an archway, the roof, with a wide ligamentous band forming the floor. This is similar to an archer's bow with a taut string. When the ligament, or string, is relaxed, the tunnel collapses.

WHAT CAUSES CARPAL TUNNEL?

This syndrome has become more prevalent due to repetitive micro-trauma of the underside of the wrist. An example of micro-trauma would be improper position while typing or data processing for a prolonged period of time. Another example would be repetitive lifting with the wrist bent in assembly line.

Your work or sport that requires the wrist to be in forward bent (flexion) or backward bent (extension) position can cause compressive pressures inside the wrist space to increase five or tenfold.

Excessive muscular overuse may lead to hypertrophy of the muscle/tendon complex in the wrist region or fibrous scarring of the tendons. One of the major indirect causes for CTS is weakness of the major wrist ligaments. This results in pressure on the median nerve.

CTS can also occur from a sprain to the wrist area causing the ligaments to stretch or tear. The 7 bones in the wrist then lose their natural arch thereby allowing the tunnel to collapse resulting in compression of the median nerve. Fractures of the wrist bones or forearm may also cause median nerve compression.

WHAT ARE SOME OF THE CHARACTERISTICS OF THIS SYNDROME?

The most readily recognized signs are pain in the wrist and forearm region with numbness and tingling on the thumb side of the palm and first two fingers, which is worse at night. Frequently, it is worse during rest after work. Weakness of the thumb with grasping or pinching and weakness of grip in opening a jar are common. The thumb side of the palm is tender when deeply pressed or palpated. The symptoms temporarily improve with shaking or rubbing of the hand.

CARPAL TUNNEL SYNDROME DO I HAVE IT?

A simple test to see if there is median nerve involvement is to have someone try to pull apart the thumb and first finger while pinching the tips together.

If the fingers are weak you need to see your chiropractic physician to determine if you do, indeed, have Carpal Tunnel Syndrome.

WHAT CAN YOUR CHIROPRACTOR DO?

The first thing to be done is to get a detailed history of trauma to the wrist and how you do your job. Detail is very important. Your chiropractic physician will do a thorough exam to rule out other causes for your problem by examining your neck, shoulder, elbow, wrist and hand to determine if the compression is occurring only at the wrist. This is a very important phase of your care. If not done thoroughly, it may mean unsuccessful results.

Sometimes pressure on the median nerve in the neck or shoulder can mimic the symptoms of CTS. Your chiropractic physician will determine whether the CAUSE of your problem is in the wrist or neck. To confirm your diagnosis, your doctor will use various tests such as specific muscle tests and x-rays.

Clinical research has shown that chiropractic is the conservative treatment of choice. Your chiropractic physician can easily treat CTS with adjustments to the wrist followed by bracing of the wrist in a position of physiological rest. It is important to have proper nutrition during the healing process. Your doctor may recommend a B-6 supplement for improved function of the synovium, the sheath that surrounds the tendons.

A series of frequent adjustments will be necessary to realign the bones of the wrist so that the archway tunnel is re-established along with proper joint motion—so vital for wrist function and movement. The uses of antiinflammatory or steroid injections are not recommended because carpal tunnel is not a chemical problem. Carpal tunnel is a mechanical pressure problem.