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Carpal Tunnel Syndrome – Symptoms, Tests & Treatments

By "Jeff P. Anliker, LMT"

Carpal tunnel syndrome (CTS) is a devastating injury that affects more than 8 million people in the United States and continues to increase each and every year.

Carpal tunnel syndrome is one of many repetitive strain injuries (RSI's) that are everywhere; homes, offices, assembly lines, grocery stores, book clubs, construction sites, dental offices, everywhere! Because carpal tunnel syndrome is so commonplace, and its effects so devastating, it is important to be knowledgeable of how it occurs, what its symptoms are, the testing methods used and what treatment options are available, as the prevention of any injury, especially carpal tunnel, begins with education.

Carpal tunnel syndrome is a disorder affecting the median nerve, which supplies function to the thumb, index, middle and one half of the ring finger. Usually the symptoms are most prevalent in the thumb, index and middle fingers (Sometimes one-half of the ring finger) and include numbness, tingling, paresthesia (pins and needles), pain and tightness in the front of the hand, wrist and forearm. These symptoms do not have to occur simultaneously, and may only affect one finger one day and then three fingers a few days later.

If a doctor provides a carpal tunnel diagnoses and the symptoms are in the ring and little fingers, it is NOT carpal tunnel syndrome! The ulnar nerve, not the median nerve, supplies function to the ring and little finger. Repetitive strain disorders affecting these two fingers are usually either Guyon's syndrome, entrapment of the ulnar nerve in the guyon's canal at the wrist junction, or cubital tunnel syndrome, entrapment of the ulnar nerve at the elbow junction. This is a common mistake made by many, many physicians and is completely inexcusable as they often recommend surgery for the patient, causing the patient to undergo an unnecessary procedure, and what makes it worse, for the wrong disorder!

If symptoms of carpal tunnel syndrome do arise, doctors will recommend that a nerve conduction velocity (NCV) test or an Electromyogram (EMG) be performed to see if carpal tunnel syndrome truly exists. These tests are often painful to the individual being tested, very expensive, and often give false positives and false negatives. This is why it is recommended that manual carpal tunnel tests be performed in order to obtain a more accurate (and much cheaper) diagnosis. Manual carpal tunnel

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tests take no longer than 10 minutes, have a high accuracy rate, are painless and are very cheap in comparison to the NCV and EMG tests.

The recommended manual carpal tunnel tests consist of the following:

- Phalen's Test: The wrist is flexed for 30 to 60 seconds in order to compress the median nerve and duplicate/increase the symptoms.
- Reverse Phalen's Test: The wrist is extended for 30 to 60 seconds in order to stretch the median nerve and duplicate/increase the symptoms. Stretching the median nerve if it is already impinged will duplicate/increase the symptoms if a patient has carpal tunnel syndrome.
- Tinnel Sign: Tapping directly over the median nerve at the wrist junction will cause carpal tunnel symptoms to exhibit themselves.
- Compression Test: Direct pressure is applied over the location of the median nerve for 30–60 seconds to see if carpal tunnel symptoms are exhibited.

If a positive diagnosis comes back, most doctors will push for surgery, a procedure that has a terrible success rate and is to only be performed as a last resort once all other conservative treatment methods have been utilized. Conservative therapy is the key to successfully recovering from carpal tunnel syndrome and obtaining not only short-term but long-term relief as well. The following is a list of conservative treatments that should be utilized in order to help prevent carpal tunnel syndrome from developing, but also rehabilitating carpal tunnel syndrome after it is already present.

- Ergonomics: Utilize proper ergonomic tools and equipment when working.
- Breaks: Take short breaks every 30 minutes when working in order to help reduce excessive strain on the hands.
- Stretches: Stretch the muscles that `close' the hands as these are the muscles that are exercised all day long in activities such as typing, writing, gripping a steering wheel, using a computer mouse, carrying groceries and everything else that is done day in and day out. When a muscle is involved in exercise, it becomes shorter, therefore it needs to be stretched and lengthened both during and after the exercises are completed. (End of day)
- Exercises: Exercise and strengthen the muscles that are used to `open' the hands, as these muscles do not receive much direct stimuli / exercise. (i.e. People do not turn doorknobs, hold things, type, use a computer mouse or lift things with the backs of their hands.)

The information provided above reveals how carpal tunnel syndrome occurs, what its symptoms are, the testing methods most commonly used and the best conservative treatment options that are used to thwart its existence.

It is very important for individuals to become well acquainted with the proper information and tools in

order to maintain and increase their level of health and productivity. It is also important for people to speak to their doctors regarding their health concerns, and if someone is involved in an occupation that is considered high-risk for carpal tunnel, they should discuss this with their physician, but is even more critical that people become self educated as no one can take care of you better than "YOU"!

Jeff P. Anliker, LMT, is a Therapist and Inventor of Therapeutic Exercise Products that are utilized by Corporations, Consumers and Medical Facilities around the world. Balance Systems, Inc.

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What Is Carpal Tunnel?

By Heather Colman

In the human wrist there is a sheath of tough connective tissue which surrounds and protects the median nerve and tendons that attach muscles to the wrist and hand bones. The Carpal Tunnel is the space above and below this sheath and the bones making up the carpal bones in the wrist and hand.

The term 'Carpal Tunnel' is also used quite commonly to refer to 'Carpal Tunnel Syndrome' which is a condition where the median nerve is pinched within the tunnel and causes pain and/or numbness of the wrist/hand, once thought to be a result of repetitive motion such as painting or typing.

Carpal Tunnel Syndrome is a medical condition more common in women than it is in men, and has a peak incidence around age 50 though it can occur in any adult.

What are the Symptoms of Carpal Tunnel?

The first symptoms of Carpal Tunnel usually appear when trying to sleep. Symptoms range from a burning, tingling numbness in the fingers, especially of the thumb and index and middle fingers to difficulty gripping and making a fist. Inability to firmly grasp and dropping things can become an issue. If left untreated the symptoms can progress, and increasing pain intensity can further restrict hand functionality.

In the early stages of Carpal Tunnel, individuals often mistakenly blame the tingling numbness on their sleeping position, thinking their hands have had restricted circulation and are simply falling asleep.

It is important to note that unless numbness is one of the predominant symptoms, it is unlikely the symptoms are primarily caused by Carpal Tunnel Syndrome. In effect, pain of any type, location, or severity with the absence of significant numbness, is not likely to fall under this diagnosis.

Carpal Tunnel Syndrome is known as a "hidden disability" because people can do some things with their hands and appear to have normal hand function. However, despite these appearances, those afflicted often live with severely restricted hand activity due to the pain.

What Causes Carpal Tunnel? The jury is still out on this one. Most cases of Carpal Tunnel are

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idiopathic. Many people with Carpal Tunnel Syndrome have gradual increasing symptoms over time. A common factor in developing Carpal Tunnel symptoms is increased hand use or activity.

In summary, Carpal Tunnel Syndrome can easily be aggravated by activity. People that develop symptoms will frequently blame this on their work exposure, even though this exposure may indeed have little to do with the root cause of their Carpal Tunnel Syndrome.

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