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**Invasive Treatments – Do They Really Work For Carpal Tunnel Syndrome?**

**By "Jeff P. Anliker, LMT"**

If you have been diagnosed with Carpal Tunnel Syndrome (CTS), you may be wondering - what next? Below you will find information regarding the most common (not the best) treatment options currently in use in the medical industry and their success and failure rates.

If you have received a positive carpal tunnel diagnosis, most doctors will push for cortisone injections and/or surgery, procedures that have poor success rates and ones that should only be performed as a last resort, after all other conservative treatment methods have been utilized.

The following information provides details about what each current procedure entails as well as statistics that reveal why conservative therapy should be implemented over the following invasive treatment methods.

**CORTISONE INJECTIONS FOR CARPAL TUNNEL SYNDROME:**

Cortisone is medication that treats inflammation only. Often the carpal tunnel pain will subside because the inflammation of the median nerve is reduced from the use of the cortisone, but this is only a temporary effect.

The one main problem with cortisone is that for 21 days following the injection, the tendons have the consistency of rubber and can be seriously overstretched and damaged. This is a common side effect that most doctors fail to tell their patients. If the patient continues overusing and/or stressing their hands and wrists, the tendons can overstretch and cause the structural integrity of the joint to diminish greatly, causing the joint to become loose and sloppy, resulting in an even greater possibility of further injury and damage.

Cortisone can be used wisely as a part of a carpal tunnel treatment program along with the implementation of proper stretches and exercises, the most important tool that can be used to recover from carpal tunnel. If cortisone is utilized, it is good for the patient to take this time, when the carpal tunnel is not inflamed, to be on a conservative therapy program to correct the existing muscle imbalance in the wrist joint and eliminate the carpal tunnel symptoms for good. The problem is that

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most doctors give the cortisone shot and the patient goes home and either does nothing, or does too much, causing greater trauma to the median nerve within the carpal tunnel and exacerbating the symptoms.

### Steroid (Cortisone) Injection Statistic:

\*Failure rate (Including "partial success" as failure) is 72.6% after 1–year follow up. Source: Irwin, et al. J Hand Surgery.

### SURGERY FOR CARPAL TUNNEL SYNDROME:

Carpal tunnel surgery consists of releasing (severing) the transverse carpal ligament that forms the roof of the carpal tunnel. Surgery is utilized to open and widen the carpal tunnel in order to allow more room for the median nerve, artery and nine flexor tendons to move around. There are several surgical

procedures that are utilized to achieve this:

- Open Release Surgery: A local anesthetic is injected into the wrist and/or hand and a 2–3–inch incision is made in the palm and cuts the carpal ligament free from the underlying median nerve. This operation takes about 20–25 minutes.

- "Mini" Open Release Surgery: The mini–open release technique involves an incision that is about 1.5 inches long and can be performed in the doctor's office with only a local anesthetic. The operation takes only about 12 minutes.

- Endoscopic Release Surgery: The Endoscopic technique is less invasive and uses involves one or two .5" inch long incisions in the wrist and or palm, and one or two endoscope (pencil–thin) tubes are inserted. A tiny camera and a knife are inserted through these lighted tubes. While observing the carpal ligament on a television monitor, the surgeon cuts the ligament to free the compressed median nerve.

### Carpal Tunnel Surgery Statistics:

\*"Only 23% of all Carpal Tunnel Syndrome patients were able to return to their previous professions following surgery." Source: NIOSH

\*"Carpal tunnel surgery has about a 57% failure rate following patients from 1–day to 6–years. At least one of the following symptoms re–occurred during this time: Pain, Numbness, Tingling sensations." Source: Nancollas, et al, 1995. J. Hand Surgery.

### CONSERVATIVE TREATMENT FOR CARPAL TUNNEL SYNDROME:

Conservative therapy is really the only key to preventing carpal tunnel syndrome as well as for the successful recovery and long–term relief of existing carpal tunnel symptoms, even for post–surgery patients that have experienced little relief. Always try conservative therapy first and eliminate future

injections and surgical procedures - Try the "Conservative Alternative".

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 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.

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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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