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Muscle Spasms Mimic Symptoms of Carpal Tunnel Syndrome & Cause Repetitive Strain Injury

By Zev M. Cohen MD and Julie Donnelly, LMT

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Do you suffer from chronic low back pain? Do your knees hurt when you go up the stairs, and your hands hurt when you try to open a jar? Do you experience headaches that feel like a bomb going off in your head? Do you get ringing in your ears? Have you been diagnosed as having carpal tunnel syndrome?

These conditions can all be the end result of muscle spasms! While it seems incredible that a simple thing like a spasm can cause so much trouble, it's easy to understand when you take a close look at the body. There are 600 muscles in the body and 206 bones. The only reason that bones move is because muscles pull on them (unless you have a traumatic accident), and therein lies the problem. The muscle originates at a stationary point in the body, it then crosses over a joint and inserts onto another bone. When a muscle contracts it pulls the insertion point toward the origination point, and the joint bends. For example, the biceps and triceps are responsible for bending the elbow. If your arm is straight out and you contract the biceps muscle the elbow begins to bend. At the same time, in order for the arm to completely bend, the triceps muscle must fully stretch. If you then want to straighten your arm again the triceps must contract and the biceps must fully stretch. If you try this, slowly, with your own arm you will understand the concept easily.

If, for example, the triceps muscle is contracted and shortened by a spasm, you will only be able to bend your arm as far as the triceps will stretch. Many people then think that they have a problem with the elbow, while the

problem is actually less serious than it appears.

We teach our clients an analogy that is very helpful in understanding the root of the muscle spasm situation. Imagine a young child standing between a deep well filled with water, and a big rain barrel. The child has an eyedropper and is going from the well to the rain barrel putting tiny amounts of water into the barrel, many times back and forth for hours every day. Then, about 40 years later, the rain barrel overflows. The child (who is now an adult) says "I don't understand, I've been doing this for years and it's never done this before!" Likewise, people say to us: "I've been doing this (exercise, etc.) for years and it never hurt before, I must be getting old" No you're not getting old, you just never emptied your "rain barrel" and now it's overflowed!

The body is amazing. We have mechanisms for healing that are so incredible that science still hasn't been able to fully understand how they work. Our bodies mutate very slowly, but life is now changing rapidly. It wasn't such a long time ago, before electricity was discovered, that people would work very hard all day and then rest when the sun went down, going to bed early. In the past, when people would rest at the end of the day, the body would begin its process of removing the lactic acid that is the natural by-product of muscle action. This is the body's method of emptying the rain barrel. But, when electricity increased the hours in our days, we began to stretch ourselves by working out in gyms, staying on the computer until late at night, and even doing fun things like dancing until the wee hours. Our bodies weren't able to keep up with the increased lactic acid production, and we began to pile up spasms one on top of the other. This continued day after day, and our muscles started getting tighter and tighter.

This situation leads to the next analogy that we share with our patients. Remember that muscles originate in one place, cross over the joint and then insert in another place. Muscles always pull on the insertion point. Now, visualize pulling your hair at the end. You don't feel it at the end where you are pulling, but you do feel it on the scalp where it inserts. Likewise, you rarely feel the pain in the part of the muscle that is being pulled, but you do feel it at the insertion.

With so many people working for hours on the computer, we are seeing more and more people with wrist and hand pain. Using the information just mentioned above, examine the muscles that move the hand. The muscles of the forearm originate at, or near, the elbow. They then insert in the hand and wrist. The muscles on the top of the arm are called the "extensors", and the muscles on the underside of the arm are called "flexors". When the flexors contract the hand is pulled into a fist, &/or the hand moves down. When the extensors contract the hand &/or finger are pulled up. If you grip your

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forearm with your opposite hand, then wiggle your fingers, and open & close your hand, you will feel the flexors & extensors contracting. Also, if you move your hand side to side you will also feel the muscles that are responsible for that motion.

These are very powerful muscles, and they are being used repetitively for many hours daily. After work if you go home and play tennis, or the piano, crochet or play computer games, you are again contracting these muscles over and over. Eventually you have pain at your wrist, and you are told you have carpal tunnel syndrome. In reality you have repetitive strain injury (RSI) of the forearm muscles.

At the Carpal Tunnel Treatment Center we use an analogy that helps our patients understand why the pain is felt so far from the spasm. If you pulled your hair at the end you wouldn't feel it there, you would feel it at the scalp where it inserts. If you pulled it for a very long time you would eventually get an inflammation, swelling, and pain would radiate away from the point of insertion. Exactly the same thing is happening in your wrist.

When the muscles of the forearm contract, and stay in the contracted position due to spasms, the strain is put on the insertion point at the wrist. Eventually you end up with an inflammation and swelling. Since all the flexor tendons travel through the carpal tunnel, they cause pain and swelling in that area. You are diagnosed with carpal tunnel syndrome, but the quickest and easiest therapy is to release the muscle. Surgery will open the bridge to the carpal tunnel, but the muscles will still be putting strain on the insertion points.

Another muscle that has a serious impact on the carpal tunnel is the muscle of the thumb. This is the meaty muscle that is felt at the base of the thumb, called the Opponens Pollicis. The Opponens Pollicis originates at the ligament that forms the bridge of the carpal tunnel, and it inserts at the base of your thumb. When this muscle contracts you draw your thumb in toward your palm. You use this muscle many thousands of times a day and you never stretch it. It is extremely common for this muscle to contract, and stay in the shortened position. When that happens it is pulling hard on the bridge to the carpal tunnel and is pressing down on the median nerve. You now experience numbness in your thumb and first two fingers. Releasing the tension in this muscle will also release the pressure on the median nerve.

It is vital to work on the muscles of the forearm. Each individual muscle spasms needs to be worked out. These are deep muscles, a light massage won't be as effective as deep muscle therapy. Proper therapy, and stretching all of the muscles, has proven to completely heal this condition

without surgery.

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Carpal Tunnel Syndrome – A Secondary Effect

By Jeff P. Anliker, LMT

What causes carpal tunnel syndrome to develop? Although there are many professional opinions out there regarding the subject, most do not provide an accurate description of how carpal tunnel syndrome actually occurs. What is agreed upon is the fact that the flexor tendons and median nerve are operating in a much smaller space than they were prior to the onset of symptoms. Many professionals state that it is the swelling of the involved tissues that is diminishing the space and others say that is caused by a muscle imbalance between the flexor and extensor muscles that is causing the carpal bones to shift into the carpal tunnel, making the carpal tunnel much smaller.

After much research, my opinion is that the swelling is a "secondary effect" of the nine flexor tendons and median nerve having to glide through the carpal tunnel which has decreased in size due to a muscle imbalance*.

How does the carpal tunnel decrease in size? The carpal tunnel decreases in size because the flexor muscles that 'close' the hands are exercised on a daily basis with virtually every activity we perform, and they become stronger, shorter and tighter than the extensor muscles that 'open' the hands, thus causing the carpal bones to shift inward, collapsing the carpal tunnel and making it smaller. As the tendons and median nerve slide back and forth in the much smaller space, friction between the tissues occurs.

What does friction in the carpal tunnel cause? Friction between flexor tendons and median nerve within the carpal tunnel causes inflammation and swelling, which puts pressure on the median nerve, resulting in carpal tunnel syndrome. This is the reason that surgeons sever the carpal ligament, making more room for the flexor tendons and median nerve to move around in. If the carpal tunnel is returned back to its original size, prior to the onset of symptoms, the friction and swelling is eliminated and the symptoms disappear.

Continually performing repetitive wrist and finger flexion while symptoms are already present will ultimately aggravate the existing condition even more and lead to possible irreversible damage of the flexor tendons, blood vessels and median nerve within the carpal tunnel.

How can the carpal tunnel syndrome be eliminated? By stretching and lengthening the overly restrictive flexor muscles that 'close' the hands and strengthening and shortening the extensor muscles that 'open' the hands, the carpal tunnel can return to its normal size, decreasing impingement of the tendons and median nerve, which also eliminates friction and causes the carpal tunnel symptoms to

disappear.

Now is the time to take the steps to prevent and/or eliminate carpal tunnel syndrome by starting a stretch / exercise program for your hands. Speak with your doctor or contact a certified therapist today to implement a good stretch and exercise program to keep you strong, healthy and injury-free!

Jeff P. Anliker is a Therapist and Inventor of Flextend and other therapeutic products that are utilized by Corporations, Consumers and Medical Facilities around the world for prevention, rehabilitation and

performance enhancement.



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