

CARPAL TUNNEL SYNDROME



SUPPORTS LOCAL CHARITIES

What Is It?

Before explaining the syndrome, it is important to understand the associated anatomy.

The carpal tunnel is a restricted place at the front of the wrist, bounded by ligaments, through which pass the tendons that flex the fingers and wrist. This space is roofed over by a tough ligament, called the flexor retinaculum (Fig1.), which prevents the tendons from pulling away from the wrist when it is bent. One of the two sensory nerves to the hand, the median nerve, also passes through the carpal tunnel and there is little or no room for expansion.

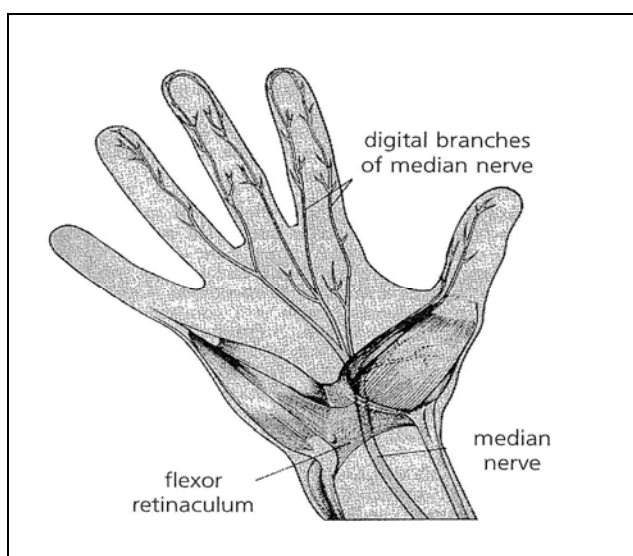


Fig.1. Carpal Tunnel syndrome. Note the distribution of the median nerve. This is the area affected if the nerve is compressed in the tunnel under the flexor retinaculum

Any swelling in the region, from any cause will, therefore, tend to compress the median nerve and interfere with the conduction of nerve impulses. The result is numbness and tingling, sometimes even pain, in the half of the hand on the thumb side which is supplied by the nerve.

The carpal tunnel is significant because of the common occurrence of compression within it, particularly of the median nerve.

Carpal tunnel syndrome occurs most commonly in women of middle age, although the exact disease causing agent of this common condition is still poorly understood.

Can it Occur on Both Hands?

The spontaneous condition is frequently on both hands but often begins in one hand some months, or longer, before it begins on the other. Early symptoms are pain and tingling felt in the fingers. This tingling is often most troublesome at night or on waking in the morning.

Numbness in these fingers renders the handling of small objects difficult and is accompanied by the weakening of the tendons in the wrist and the resulting weakness in opposition furthers the clumsiness of the hand.

Can it be Confused with Other Conditions?

This condition must be differentiated from the beginnings of multiple sclerosis and arthritis. What it can be compared to is RSI which has similar symptoms e.g. tingling, coldness, sensory and motor loss and a numbness sensation in the fingers.

How Can it be Treated?

If there are no fractures or dislocations on the wrist then it is assumed that it is definitely carpal tunnel syndrome and at this stage chiropractors can help greatly. Chiropractors not only specialize in treating spinal problems but also any mechanical and other problems with the extremities.

The treatment consists of splinting the wrist and if possible at night also. This not only relieves the symptoms but breaks the cycle of swelling and pain. Analysis of the mechanical causes of the problem then must occur, e.g. ergonomic evaluation of the patient's workstation, to eliminate the cause. At this time some ultrasound therapy at the wrist, to help disperse the swelling, is useful. This can be combined with gentle mobilization or gentle chiropractic manipulation of the wrist bones to help establish space in the tunnel which has been lost due to prolonged swelling.

Other joints are also assessed for any secondary or associated problems; these include the elbow and shoulder. The cervical (neck) and thoracic (chest) spine are also checked.

Will Painkillers Help?

Anti-inflammatory drugs have been shown to be of some assistance during this period. Vitamin B6 and magnesium can also be helpful.

Are Recurrences Likely?

There should not be, but if this treatment fails it is only then that surgery to cut the overlying carpal ligament should be considered. Steroid injections into the carpal tunnel have been used as alternatives but have not proven to give any lasting therapeutic benefit.

How long you decide to benefit from chiropractic care is, of course, always up to you, but for effective long term results, always follow the chiropractor's recommendations.

We care about you

Please give this to a friend or colleague if you think Chiropractic may help them.

Have them call us on

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