

# Carpal Tunnel Syndrome

## *MyoRehab Has Answers*



Providing a “Team Approach” to drug-free pain relief for over a quarter of a century

If you have hand or wrist pain, by now, you’ve read as much about Carpal Tunnel Syndrome (CTS) as you’ve been able to find. After completing all that reading (or maybe just getting advice from friends, coworkers, family, etc.), chances are you know quite a bit about CTS. What follows is the information about CTS that’s so new, you may have missed it. So Read on!

Let’s begin with clarification of the anatomy of the wrist. We’ll start with; what’s a carpal and where’s the tunnel? (Illustration A.) The carpal bones are like a bunch of pebbles that sit up against the two bones of the forearm and create a flexible wrist. Moving toward the finger tips, we come to the metacarpals. These bones are in the palm of your hand and they sit up against the carpal bones. The phalanges are the bones of your fingers.

The muscles that move your wrist, hand and fingers are shown in Illustration B. They attach all the way up by your elbow (circle a), come down your forearm and pass through the carpal tunnel (circle b) then they attach to the carpals, metacarpals and phalanges. Notice the two Xs in Illustration B; these indicate trigger points (TrPs) which produce the pain at the wrist and hand shown in red. Trigger points develop in muscle due to overuse, direct trauma, the accumulation of multiple micro injuries or just living a very active life.

TrPs are a sensitive, self-sustained contraction knot in muscle that produces a shortening in the overall length of the muscle. When the trigger point (TrP) is stimulated by movement or pressure, pain is referred in a predictable pattern away from the point. The two TrPs shown in Illustration B are very common. Ironically, the pain they produce mimics the pain of carpal tunnel syndrome.

When these muscles develop TrPs and shorten, they pull the phalanges and metacarpals toward the elbow resulting in the carpal bones becoming compressed. The carpal bones then press the median nerve into the retinaculum of the wrist (Illustration C) causing the “pinched nerve” symptoms associated with carpal tunnel syndrome. At this point, the diagnosis is CTS and surgery to enlarge the tunnel is recommended.

At MyoRehab, we really understand carpal tunnel syndrome. When you come to MyoRehab, we will identify and treat all components of your pain complex. During

your first visit, a detailed review of your medical history will provide insight into factors that have initiated and now perpetuate your pain.

Distortions of the musculoskeletal system are evaluated with standard ortho-

pedic tests and a neurological evaluation. Treatments are always drug-free and combine a hands-on approach with adjunctive therapies that may include photo-biostimulation employing a cold laser to reduce inflammation at the wrist and elbow. Frequency Specific Microcurrent is used to target and treat specific soft tissue pain producing conditions.

Your body’s own muscle energy will be employed to gently move joints back to a neutral position after issues involving soft tissue are effectively addressed. An individualized home exercise program is developed to maintain the progress gained during treatment. Surgery is not the only solution. If you’ve already had CTS surgery, chances are the pain returned or was never relieved. This is usually the result of not treating the original cause of the pain; trigger points in the muscles of the hand and wrist.

