Carpal Tunnel Syndrome: A Better Treatment!

Carpal tunnel syndrome, or “CTS” is the most common nerve compression problem in the upper body. Although statistics vary slightly each year, it accounts for tens of billions of $$$ in workers’ compensation costs annually in the U.S., according to the US Department of Labor, Occupational Safety and Health Administration (OSHA). Is it common? Upwards of 5% of all workers have it. Most common are women from age 30-50, and there’s a big-time increase in anyone with:

- Rheumatoid Arthritis
- Hypothyroidism
- Pregnancy
- Diabetes
- Dialysis use

What is the carpal tunnel?

It’s an anatomical tunnel on the underside of the wrist, with the ‘floor and sides’ formed by the carpal bones in the wrist and the ‘ceiling’ or top covered by a thick ligament (transverse carpal ligament), retinaculum (kind of like wrapping tape) and skin. Blood vessels, tendons and a nerve run through it. The nerve that runs through it is called the median nerve. This is the pain-and-pressure-sensitive tissue that causes all the problems.
How Does It Get Injured?

Although direct trauma and metabolic conditions mentioned above can be culprits or contribute, it’s most commonly caused by repetitive stress injury (RSI), where repeated actions over time build up, causing inflammation, swelling, and even adhesion (scar tissue) to put pressure on the median nerve. Can you say ‘keyboard’?

How Is It Diagnosed?

Symptoms can include:

- Numbness or tingling in thumb, index, middle side of ring finger
- Pain in elbow, wrist, hand or fingers, especially at night
- Weakness of the grip

Signs can include:

Orthopedic test failure (tethered median nerve test, Phalen’s & Reversed Phalen’s test, median nerve tapping/compression test, weak opponens pollicus or pronator teres muscle testing, etc)
Nerve testing (EMG, NCV, etc). These tests are usually performed in a clinical office setting.

How To Fix It?

Corrective stretches, exercises, wearing a brace, icing and rest can help. For advanced cases, a transverse carpal release or other surgery is performed, where a part of a ligament is removed to allow more space for the nerve. The problem is many of these don’t correct the condition, or require a second surgery due to scar tissue build-up. Is there a another way? YES!

The HealthQuestForMe 4-Step Carpal Tunnel Fix:

1) Correct misalignments of carpal bones using chiropractic or osteopathic manipulation.

2) Remove adhesion along nerve at wrist, FOREARM, ELBOW and NECK!!!
Most cases have nerve entrapment at the *pronator teres muscle* in the upper forearm, usually ignored in standard treatments. The muscle contracts and shortens every time you have your palm facing down when using a keyboard! This gradually builds inflammation, which forms scar tissue, then puts pressure on the median nerve, which runs just under it.

My favorite soft tissue technique for these types of cases is **Active Release Technique**, which is performed by health professionals.

**3) Cold laser therapy to all areas mentioned.**

The application of cold laser therapy to the wrist, forearm, elbow and related cervical nerve root supplies can mean the difference between failure and success. It reduces swelling, inflammation and pain, as well as speeds healing by regenerating tissues and facilitating ATP production (the stuff all our cells need to make in order to repair). After using many lasers over the years, I’ve found the most effective ones have several basic requirements:
1) At least 2 watts of continuous power, or 25 watts of power if ‘super-pulsed’.
2) Have multiple wavelengths, using both red (visible) and infrared (invisible) light.
3) Have been clinically proven effective in human studies.

See Apollo and Multiradiance Medical for studies and related conditions treated successfully. Sorry, cheap lasers just won’t do the job!

4) **Nutritional support for nerve healing.** In my office, we successfully use **PAIN-X** at 2-3 caps, twice daily and **vitamin B6** (pyridoxal-5-phosphate form only) at 50-100mg a day*. Take no more than 3 weeks without doctor supervision. Do not take PAIN-X if currently taking blood-thinning medication.

*Available through our **Virtual Pharmacy** on our website at **HealthQuestForMe**. Simply sign up for an account and search by product name or description.

These methods far exceed the standard of care for CTS, and over the last decade, we’ve been able to successfully and completely fix most cases of CTS where other methods fail. Try to find a practitioner that uses these techniques and you have a great chance of full recovery!

References:

