Dynamic Chiropractic

Carpal Tunnel Diagnosis Denied

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We have talked about many things and have always focused on the physical demands of whatever the job entailed within that industry, also some of the ideologies we need to incorporate into our thinking process in order to achieve some long-lasting effects for that company and its people.

One of the biggest concerns today are those two words that everyone is aware of, and that is carpal tunnel. I would like to make the statement that if caught early, 85% of the carpal tunnel will not become, nor is it carpal tunnel syndrome. We need to utilize early detection procedures for these cumulative trauma syndromes and use the means that we have to offset this symptomology before it becomes pathology.

So let us talk today about some early detection and prevention of carpal tunnel. A good place for that would be to start with some of the tests that really don't give us much indication of what is going on. We should begin with Tinel tap. Tinel tap was originally designed by Dr. Tinel as a post-surgical procedure to see if there was any sensory stimulation upon tapping of the inner wrist. There is so much variation in how this test is performed that I personally don't even use this as a criteria in my exam.

If anyone is going to begin to learn early detection and prevention of cumulative trauma syndromes, whether in the low back or in the upper extremities, it is absolutely essential that a thorough knowledge of the anatomy and physiology of those areas be completely understood.

I further feel that it is very important that the correct muscles are identified by name, so that an absolutely accurate diagnosis can be given. The diagnosis of tendinitis of the wrist is fine, but there are 39 muscles in the forearm from the elbow, down. Which muscle has the tendinitis? Which tendon is involved? By being specific and understanding exactly what the problem is, we can begin to treat this properly, as well as make some changes to prevent these occurrences from happening.

Second is an understanding in treatment procedures of 1) myofascial pain syndromes. The explanation and the understanding given by motion palpation on trigger point levels, and the application of myofascial pain syndrome clinically, is unsurpassed. There is no question that this is a mandatory course for anyone wanting to work in cumulative trauma type cases. 2) A thorough knowledge of Cyriax's work, which is appropriate clinical testing of active ranges of motion against resistance and other clinical testing, will allow us to identify, specifically, the lesions that are occurring in the early phase.

That is the key -- the early phase. Anyone can detect the end result pathology. Just like any mechanic can diagnose a car that has had a piston come through the side of the engine. However, it's the true clinician that can detect that early tapping or early valve exhaust, or whatever it is before something like that happens and then make the corrective changes.

Further, a knowledge of joint play and range of motion of all the extremities involved is very important, as well. Mennel has done this work, and Dr. Fay has expounded upon it -- and again, a very necessary part in the clinical assessment of these cumulative trauma disorders.

Once these pieces of the puzzle are put together, treatment is administered or prescribed to individuals that can specifically release some of these syndromes. It is very important that very specific exercises are prescribed for that person to continue to manage those particular parts of anatomy that are under stress. And whenever anything changes -- a job change or a new hobby -- symptoms may develop and a new assessment may be necessary for treatment or exercise specificity.

Carpal tunnel and cumulative trauma is very widespread. You can develop an expertise that is unsurpassed by other practitioners and use that as your marketing tool to generate interest. And it is a service that absolutely needs to be done, because any type of manufacturing or assembly in plants, (I won't even mention meat packers) are just being swamped by these problems. Once a surgery is done, there is a permanent injury and sometimes it may or may not relieve the symptoms. So these syndromes need to be checked out on everyone and they all need to have a specific program of maintenance in terms of anatomically specific exercises.

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