

# **Carpal Tunnel Treatment**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

Last week I covered many aspects of the presentation of carpal tunnel syndrome. I also stressed that all pain in the hands is not "arthritis". The diagnosis of carpal tunnel syndrome is often delayed because of the self diagnosis of "arthritis" in the hand. It can even appear to health care personnel to be arthritis rather than carpal tunnel when they are evaluating patients.

If the diagnosis is established, what is the treatment?

Well, several things really. Surgery is usually not the first suggestion.

## **Conservative (non surgical) Treatment**

Bracing is the standard treatment of carpal tunnel syndrome. It has always been a mainstay of treatment. If wearing a brace especially at night when symptoms are worse, can lessen symptoms many people are willing to do this to avoid surgery. A custom made brace can be made by a hand therapist (Occupational Therapist), but over the counter braces can work well for many patients. If you wear a brace for several weeks on a daily basis (at night or even night and day) for several weeks and your symptoms have not been relieved, you need additional treatment.

Why can bracing help some patients? It seems to help reduce swelling in the canal thereby giving the median nerve more room and the nerve begins to feel better.

Why may bracing not help? Too much pressure already built up in the canal is one reason. Another is that changes in the nerve's internal mechanism may have gone too far for anything to work short of surgery.

Medication plays some role in carpal tunnel management, but not a big role. I recommend Motrin (ibuprofen). Other non-steroidal anti-inflammatory medication can be used also. These medications can to some extent reduce swelling in the synovial tissues, which are around the tendons in the carpal tunnel. If swelling decreases, even a little it can reduce pressure in the canal. Less pressure in the canal means less pressure on the median nerve. Symptoms can then begin to decrease.

Injection. Injecting the carpal canal with a cortisone preparation (steroid) such as Kenalog or Celestone can relieve symptoms depending on the degree of swelling and the size of the canal. I do it only

occasionally in certain circumstances. It is not a primary form of treatment, however. There can be complications because the nerve can be injured by the injection.

Physical (Occupational) Therapy. I haven't found therapy to be much more helpful than things already mentioned. It does have a place, though. I'm not opposed to it especially if the patient wants to try it. The goal like other measures is to relieve canal pressure. If it can accomplish this, the person improves.

Light Therapy. Laser Light Therapy is a treatment method in which low energy laser light penetrates, but does not cut the skin and stimulates cell activity in the injured (inflamed) areas. Light photons are absorbed into damaged tissue cells increasing cell energy source synthesis. Improvement if it comes will occur in 3 to 6 visits or 2 to 3 weeks. It is done in a Physical Therapy facility. It is available, but I need to check more into insurance covering it. I'll let you know.

We haven't talked about surgery. I will completely cover it next week. See you then.

All Orthopaedic Surgery problems including carpal tunnel syndrome can be evaluated by Dr. Haverbush at the Lakeview Community Wellness Center in Lakeview or at the office in Alma at 315 Warwick Dr., Alma, Michigan.

Please call 989-463-6092 for information or to schedule an appointment.

Future Lakeview Community Wellness Center Clinic dates are March 20, April 3, and April 17, 2009.

Please don't forget there is a wealth of accurate information about all the Orthopaedic conditions I treat on the office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). Please log on and check it out.

We are happy to answer questions from readers. You can e-mail me at [orthopodsurgeon@hotmail.com](mailto:orthopodsurgeon@hotmail.com) or write to me at 315 Warwick Dr., Alma, Michigan 48801.

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Good health. Good life. All the best to you.

Be well.

Dr. Haverbush