

SET TALK

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SELF-TREATMENT FOR CARPAL TUNNEL

Most massage therapists tend to take care of everyone else and not pay attention to their own arms and hands. This article will talk about a self-treatment protocol that is based on the protocol found in my *Relief from Carpal Tunnel Pain and Other Nerve Entrapments* book. Until you are able to learn the self-treatment protocol, you can treat yourself by adapting the same principles and direction of strokes as much as possible from the book. Please take care of your arms and hands – your most important tools. Pay attention to the following symptoms:

- Hand numbness
- Pain in wrist and forearm
- Radiating pain down the arm
- Fingers going numb
- Weakness and clumsiness in the hand
- Rock hard hands
- Limited range of motion of wrist and fingers
- Swelling of the hands, fingers, and forearms
- Progressive immobility in the arm and hand
- Sleep interrupted by pain
- Inflammation in shoulder, arm, wrist and hand
- Adhesion build up in the arm

Several years ago during a lecture I was describing the above symptoms of carpal tunnel and nerve entrapment pain of the arm, hand and wrist. During a break a massage therapist who was attending the lecture came up to me with tears in her eyes. She had been in denial of the symptoms that were taking place in her arms and hands and had been hoping that they would just go away. She came to my lecture to learn about carpal tunnel so she could treat her clients, never realizing that she was on her way to major problems with her own hands and arms. I later found out that she was in tears because she was from North Carolina, and there would be nobody up there who would know the carpal tunnel protocol that was going to be presented.

This started me thinking. I had recently published my carpal tunnel book for massage, occupational, and physical therapists to be used with my videotape of the protocol. My hope was that this combination would provide enough instruction for experienced massage therapists to understand and effectively treat their clients with arm and hand problems. However, I quickly realized the need for a treatment protocol that massage

therapists could use to treat themselves. This also reminded me of the times in my own life when I had symptoms in my hand and arms and had to wait a considerable amount of time before another therapist, who was adequately trained, could schedule me. I had improvised a number of techniques that were effective for self-treatment that had worked in my case, but I had not written a self-treatment protocol for other therapists.

I shared some of these self-treatment techniques with the therapist from North Carolina that had been effective on my own hands and arms. She contacted me several months later and was very thankful and appreciative. She had been able to effectively treat her own arms and hands, and was no longer experiencing any symptoms.

So, about five years ago I developed a written self-treatment protocol for carpal tunnel based on the principles and techniques described in my *Relief from Carpal Tunnel* book, and have taught it to about 300 massage therapists.

Like the protocol in the book, this self-treatment protocol focuses first on releasing the structural imbalance of the internal rotation of the arm and shoulder that creates a weakened strain pattern in the shoulder, arm, wrist and hand. As this weakness progresses, normal life activities such as typing, tennis, massage, etc., that involve repetitive motion causes micro tears in the soft tissue leading to swelling, inflammation, and the formation of adhesions that will compress and entrap nerves in the arm, wrist and hand.

The second focus of this self-treatment protocol is to release the swelling, inflammation, ischemia and trigger points that build up in the arm directly causing discomfort and dysfunction.

The third focus is a myofascial holding pattern that maintains the internal rotation of the arm and shoulder and the pronation of the hand. This also affects the range of motion and strength of the hand and arm.

Finally, the shortened and chronically tightened individual fibers in the connective tissue and muscle tissue are addressed. These tightened fibers not only limit the range of motion, but also compress and entrap the major nerves of the arm and hand including the median nerve in the carpal tunnel. This also includes atrophy from the limited range of motion that is often fairly progressed if the nerve entrapment is advanced.

Every time I teach this protocol, I receive comments at the end of the class from massage therapists who are amazed at how effective this protocol is after learning to

apply it for the first time in a three hour demonstration. The following two case histories are perfect examples.

Gina came to an FSMTA Convention even though she had not been able to effectively massage her clients for the past two months. Her problems began after she had massaged a big wedding party on a Friday afternoon and night from 12 p.m. in the afternoon until 1 a.m. in the morning without a break. A normal day for her was usually only four one-hour massages, and the 13 hours of straight massage totally overworked her arms and hands. In addition, she confessed that toward the end of the night her body mechanics were totally inappropriate, and she was greatly over stressing her thumbs. The next day she could hardly move her arms, and picking up her coffee cup was difficult because her hands felt so weak.

She was very surprised three days later when she started her daily routine of four massages to find her arms still feeling very weak, tired, and sore. After only two massages, she was taking medication for the pain to try to get through the day. That night she woke up with her arm feeling like it had fallen asleep and had pain in her wrist and palm. She took several days off from massage, but when she tried to go back her symptoms got worse. Her doctor told her she had carpal tunnel syndrome and gave her a brace and some exercises. He told her not to resume her massage practice until the symptoms improved. If there was no improvement within three months then surgery would be necessary. She had come to the self treatment class not really believing it would help her so much, but it would be something she could teach her clients since she could no longer work.

During the instruction the participants in the class worked on themselves following my demonstration. Periodically, I would look at Gina and notice that every area that she treated initially brought a look of discomfort to her face followed by a look of relief. By the end of the class Gina had effectively given herself a treatment of her arm wrist and hand. When I opened the floor for sharing her hand shot up. She was very excited! For the first time in two months the pain was gone from her wrist and hand, and only about 30% of the numbness down her arm remained. In addition, she had picked up a water bottle in what had been her weakest hand and was holding it easily. Her big question was how long would this last? The answer was if she would apply this protocol two or three times a week until the symptoms disappeared, her problem would be over. I saw her at another FSMTA meeting a year later, and she informed me that she had not had any problems for 10 months, but that it had taken her about 10 treatments to totally resolve her problem. I suggested that at the very first sign of any symptoms it would be appropriate for her to repeat the treatment protocol.

Carl, an information services specialist who spent many hours on the computer, was also a massage therapist. He came to the FSMTA Chapter presentation on self-treatment for carpal tunnel just because he needed CEU's for his renewal.

During the instruction and supervision where the participants applied the self-treatment protocol, I noted that Carl seemed surprised at what he was finding. He was locating many tight and sore areas that were over contracted, holding his arm and shoulder in internal rotation. During the individual fiber portion on the forearm, I noticed Carl winced several times as he was treating the ulnar nerve pathway releasing the adhesions. Afterward during the sharing, Carl turned to the whole group and told them that they had better pay attention to their symptoms because he had been ignoring them, and if what he had just found in his arm was anything like what they would feel from doing massage while in a strain pattern (internal rotation of the arm) they were definitely doing significant damage to themselves. Carl then shared that he had been waking up at night with his arms and hands numb and had been avoiding projects on the computer and doing massage due to the discomfort he had been experiencing.

Carl called me a week later and thanked me profusely. He had not been awakened by the tingling and numbness in his arms and was back to his usual productive self on the computer as well as once again doing massages which he truly loved. He had applied the protocol several more times, and he was also teaching it to other computer operators that worked in his workspace.

As massage therapists we are constantly doing repetitive motions, and many times overworking our arms and hands. We are also at a disadvantage on being treated regularly due to the fact that we rarely make time to take care of ourselves. The self-treatment for carpal tunnel is best used as a preventative measure before the symptoms become significant, and can be applied anytime that you can sit down for 30 minutes to an hour. You will always have a therapist that knows your body well and will work within your pain tolerance! This therapist is also a bargain in that the fee is very reasonable.

It is my privilege to present the self-treatment for carpal tunnel during this years' FSMTA Convention. It is wonderful when you can take care of your most important tools for massage by using a therapist that will always be there for you. I hope to see you at the convention in June.