

CARPAL TUNNEL AND NERVE ENTRAPMENT SYNDROMES

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Massage therapists, I hope by this time you are one of the few who have developed an expertise to treat Carpal Tunnel Syndrome and other nerve entrapment syndromes common to the arm. This is one of the great opportunities for massage therapy to take its rightful place in the healthcare delivery system as a first line intervention. It is also one of the greatest opportunities for massage therapists to make a difference with a significant contribution to a large number of clients with carpal tunnel syndrome and nerve entrapment. Massage therapists who specialize in treating carpal tunnel and nerve entrapment have unlimited opportunity for clients, and prosperity for themselves. I am still amazed when I talk to groups of massage therapists that there are so few who have taken the time to learn to identify, understand and effectively treat carpal tunnel syndrome, the “health” condition of the new millennium. This is the first of four articles to assist you. The first step is to expand your understanding and awareness of carpal tunnel and nerve entrapment syndromes.

IDENTIFYING THE PROBLEM

Massage therapists must be able to recognize the symptoms of carpal tunnel and other nerve entrapment syndromes of the arm, wrist, and fingers in order to be effective in treating these conditions. When I teach workshops on carpal tunnel, it amazes me that at least half of the participating therapists are not familiar with the more well known symptoms, let alone the less obvious ones. Some have even told me that, unless a doctor diagnoses carpal tunnel, they do not relate their clients’ symptoms to this condition. It is out of our scope of practice to diagnose, but we can recognize and treat these symptoms.

Common manifestations of carpal tunnel and nerve entrapment syndromes:

- Nancy woke up with her whole arm numb and thought it had fallen asleep.
- Jim noticed his hand felt hard and the fingers had difficulty fitting into his bowling ball making it difficult to get enough rotation on his ball.
- Susan noticed she had difficulty picking up her coffee cup with her right hand and was forced to use her left, which was awkward for her.

- Jeff tried to give a firm handshake to his future father-in-law, but was embarrassed because his grasp was weak.
- Mary was awakened with a throbbing pain in her hand after working overtime on the computer at the office.
- Ralph noticed swelling in his hands and wrists after painting, so he had to tell his disappointed wife that he couldn’t finish painting the eves.
- 85-year-old Myrtle started having more and more trouble doing fine needlepoint, and her patterns were less and less accurate.
- 65-year-old Charles became aware of inflammation and pain in his elbow that radiated into his wrist, and was concerned that his arthritis might be acting up.
- Jennifer started noticing pain and numbness in her hand two weeks after she suffered a whiplash injury from being rear-ended.
- John noticed his wrist and fingers were becoming less flexible with reduced range of motion during the stretching exercises he did before cutting clients hair.
- Paul was embarrassed when his wife asked him to open a jar of mayonnaise and he couldn’t do it, but his 12-year-old son could.

Each of these potential clients is exhibiting symptoms common to carpal tunnel /nerve entrapment syndrome that can be alleviated with massage intervention. Some of these potential clients might report their symptoms on an intake form, but others wouldn’t think they were significant enough to bother mentioning.

As massage therapists we need to be aware that carpal tunnel syndrome and other nerve entrapments of the arm are extremely common in the people who seek massage, as well as in people we meet in our every day life. Many people will not be aware that the symptoms they are having could be related to nerve entrapments and carpal tunnel syndrome, or that they have developing problems that could lead to disability and surgery if left untreated. So often, when I am outside of my office and involved in my daily life, I see people who exhibit symptoms that I immediately recognize as potential problems: people who change hands to pick up a water bottle, shake their hands out after turning a door knob, complain about how their hands or wrists hurt, talk about dreading some simple activity because of the pain they will experience, complain about unsympathetic bosses who don’t understand that they are in pain while working, laugh at the numbness they are experiencing in their hands thinking it is funny and will go away, as well as the obvious telltale wrist splint. Many of these people didn’t realize the seriousness of their symptoms, or that there was anything that could help them, until they found

relief after being treated with the carpal tunnel protocol I use.

The first step in learning to recognize the symptoms of carpal tunnel syndrome and nerve entrapment of the arm is to become familiar with them. The following is a list of these symptoms with a brief description of each, excerpted from my book: **RELIEF FROM CARPAL TUNNEL PAIN AND OTHER NERVE ENTRAPMENT SYNDROMES**

NUMBNESS IN THE HAND can vary from severe constant numbness and tingling to occasional numbness and tingling during daily activities. The severe constant numbness is indicative of fully developed nerve entrapment such as carpal tunnel, and needs to be addressed before it becomes incapacitating or requires surgical intervention. The sporadic or occasional numbness indicates a developing problem that will probably become more acute in time without treatment. These symptoms are normally intensified when the client is under any kind of stress. The first manifestation of these symptoms often occurs when the client is awakened from sleep experiencing numbness in a hand or arm.

PAIN IN THE WRIST AND FOREARM is a symptom that should not be ignored. Clients having this symptom usually are developing carpal tunnel or nerve entrapment syndromes. The pain can be occasional occurring only at night, situational occurring minutes or hours after a specific activity such as typing on a computer, or constant.

SLEEP INTERRUPTED BY PAIN is a sign that treatment is necessary now. Clients will almost always pay attention to this symptom.

PAIN RADIATING DOWN THE ARM can start in the neck, chest, shoulder, upper arm, or elbow. It can be sharp, somewhat stabbing, or mild. Clients seldom fail to report sharp stabbing pain as it grabs their attention immediately, but occasional dull pain is often overlooked and not mentioned. However, to avoid even the dull pain, people will often limit the use of the involved hand or arm indicating that there is a developing problem that needs to be evaluated and addressed.

FINGER NUMBNESS can include the thumb and all four fingers or different combinations. The most common combinations are the thumb and index finger, the last three fingers, the thumb and first two fingers, or just the thumb. Numbness in any of those fingers or thumb is caused by entrapment or compression along the nerve pathways leading to them. The intensity can vary

from complete numbness to mild, and the duration can be momentary, or lasting for days, months, or even years.

WEAKNESS/CLUMSINESS OF THE HAND RESULTING IN PROBLEMS GRASPING becomes apparent when clients aren't able to open a jar, pick up a water bottle, give a firm handshake, or turn a doorknob. This is often accompanied by pain and stiffness, but is generally ignored until a limitation of function is experienced or the pain is severe.

HARDNESS OF THE HANDS is often a result of nerve entrapment in the arm or carpal tunnel. When a client's hands feel like cement there is usually a significant amount of atrophy in the hands and forearms with extensive adhesions both between and within the muscle tissues. The tightened atrophied tissue and adhesions are a primary cause of nerve entrapment within the carpal tunnel and/or around the bony prominences resulting in nerve entrapment producing pain or tingling or numbness or any combination of these symptoms.

LIMITED RANGE OF MOTION OF WRIST OR FINGERS is easily observed in flexion and extension. The tendons of the wrist flexors pass through the carpal tunnel (flexor retinaculum), and the tendons of the extensors run through the posterior forearm to the wrist and fingers passing through the extensor retinaculum. Tightness, swelling, adhesions or restricted myofascial holding patterns in any of these muscles, tendons and related fascia greatly restricts the movement of the wrists or fingers and entraps or compresses the nerves.

SWELLING OF FOREARMS, HANDS, OR FINGERS is commonly found in carpal tunnel and nerve entrapment. Repetitive motion and nerve compression cause a build up of waste products (ischemia). Also, strain patterns within the muscles and soft tissue often lead to the development of micro tears from repetitive use causing fluid build up and swelling. This ischemia and swelling put pressure on the nerve pathways which creates the pain and inflammation.

PROGRESSIVE IMMOBILITY IN THE FINGERS, HANDS, WRIST, FOREARMS, OR ELBOWS is an important indicator of nerve entrapment, and is found in almost every case of nerve entrapment syndrome of the arm including carpal tunnel.

INFLAMMATION AROUND THE JOINTS OF THE ELBOWS, HANDS, WRISTS, OR FINGERS is evident in most carpal tunnel/nerve entrapment syndromes. Clients often report that they experience burning and swelling around any or all of these joints

which indicates inflammation within the soft tissue that needs to be addressed.

ADHESION BUILD UP IN THE ARM is normally a significant problem in carpal tunnel and nerve entrapment cases. The body will weave collagen fibers in multiple layers of fascia creating the adhesions to mend or support a weakened area when it is subjected to stress, injury, or strain patterns. This causes a shortening of the muscle resulting in limited range of motion, stiffness and pain and is definitely aggravated by repetitive motion activities.

Your awareness of these symptoms will enable you to identify people with developing problems, and to communicate to them that there is hope and a very effective treatment for them. Diagnosis is outside our scope of practice, but we can identify symptoms and treat with an appropriate protocol. Thus, it is important that you understand their significance.

When clients fill out an intake form, it is helpful to have a list of these symptoms on the form to be checked because clients often ignore the symptoms when they are mild, which is the optimal time to start treating to prevent further development. I also like to have a figure showing the front and back which includes the arms and hands, and have clients shade areas of discomfort, weakness or limited range of motion. Many times clients will shade these areas but mention nothing on the intake form. Also, try to observe clients filling out the forms, opening the door, getting a glass or water, and the like, and note any observable symptoms. Then, discuss any of your observations with your clients, and ask questions that will help clarify the extent, frequency, and intensity of the symptoms. You will find as the clients communicate their awareness, they will be more than ready to begin treatment to alleviate these symptoms. ***You WILL make a difference.***

Next installment: Developing Treatment Goals for Carpal Tunnel and Nerve Entrapment Syndromes.