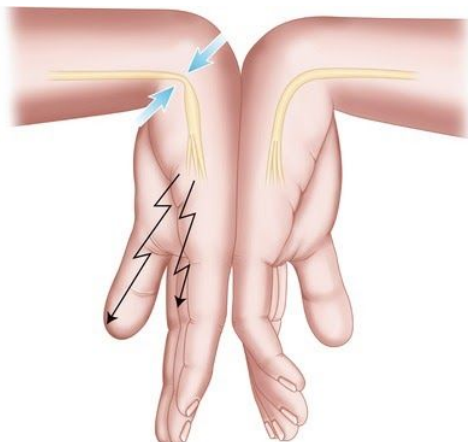




Ep 15 Notes- Carpal Tunnel Syndrome - Dr. Lattisha Bilbrew

History/Physical

- Pain and paresthesias involving the wrist and/or pals are aspect of the thumb, index finger, long finger, and radial half of the ring finger
- Feelings of clumsiness, weakness, and hypesthesia
- Night pain
- Assess for muscle wasting in thenar compartment
- Muscle strength test
- Sensation testing
- Tinel sign - percussion over the nerve that produces electric sensation distally in distribution of the nerve
- Phalanx maneuver - wrist flexion with the elbow in extension for up to 60 seconds produces paresthesias
- Carpal compression test (Durkan's Test) - direct compression for 60 seconds over the collar aspect of the forearm at the level of the or slightly proximal to the wrist crease elicits distal paresthesias





Imaging

Not required to make the diagnosis

EMG can be used

Anatomy

- Carpal Canal
 - A. Ulnar border - hook of hamate and the pisiform
 - B. Radial border - scaphoid tubercle and trapezium
 - C. Roof - Transverse carpal ligament palmarly

Contains nine flexor tendons: the flexor pollicis longus, flexor digitorum superficialis, flexor digitorum profundus

Treatment

- NSAIDs, and static splint to maintain the wrist in neutral
- Steroid injections (If no improvement then carpal tunnel release may not be as effective)
- Open vs Endoscopic release of Transverse carpal ligament
 - A. Incomplete release of transverse carpal ligament most common reason for persistent symptoms



Nailed It Ortho podcast episode

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References:

AAOS Comprehensive Orthopedic
Review - Nerve Compression
Syndromes