



The website for accurate information on carpal tunnel syndrome

### Carpal Tunnel Syndrome: The Facts

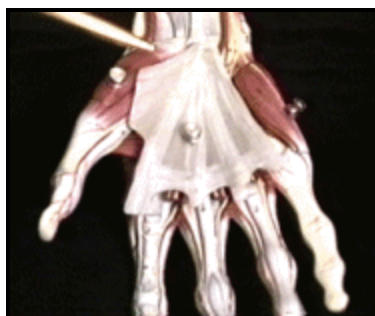
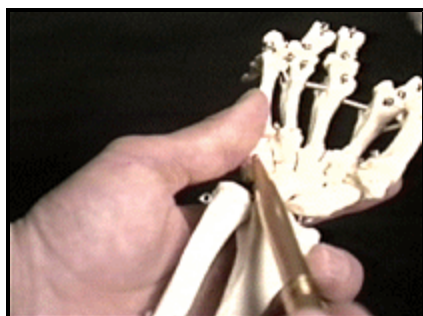
I doubt that there are few people in the United States who have never heard of carpal tunnel syndrome. Most have a friend or family member who has had carpal tunnel syndrome and many have had a carpal tunnel release operation themselves. As with any common entity there are all sorts of tales told about carpal tunnel syndrome, various ways to treat it, and even some real horror stories about bad outcomes. Carpal tunnel syndrome (CTS) has long been regarded in the medical community as a "simple problem" and unfortunately there have been very few comprehensive publications in either the medical or the lay literature to clear up some of the misinformation that surrounds carpal tunnel syndrome.

Carpal tunnel syndrome was a term first used in the 1930's to describe an entrapment neuropathy of the median nerve at the wrist. There is nothing new whatsoever about carpal tunnel syndrome. Human beings have had carpal tunnel syndrome for as long as there have been carpal tunnels. The first open carpal tunnel release was described in 1947 and nothing changed very much for 50 years until the advent of the endoscopic procedure in 1990.



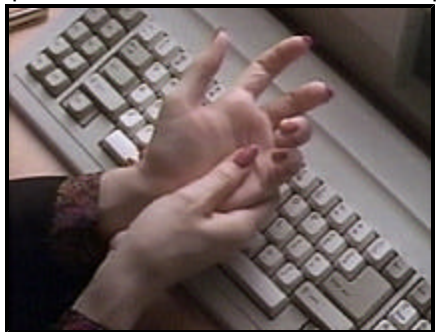
*Michael G. Brown, M.D.*

Along about the same time, the media publicized the fact that some individuals involved in repetitive type work activities, such as those who work on computers all day, have an increased incidence of carpal tunnel syndrome. In point of fact, most people who come in the hand surgeon's office with carpal tunnel syndrome are perplexed as to why they have this disease because they do not engage in classical repetitive type work activities.



Carpal tunnel syndrome is easily understood if one begins with the anatomy. The carpal tunnel is formed by a semi-circle of carpal bones on three sides. The fourth side that forms the carpal tunnel is the transverse carpal ligament. The ligament cannot stretch. Thus the carpal tunnel is a defined space that cannot

enlarge. There is only so much room in that opening. Through that opening passes the median nerve, nine tendons, and spongy tissue around the tendons called tenosynovium. We start our lives with that extra space. When we run out of extra space due to the swollen tenosynovium then pressure is placed on the



nerve. When this happens, one begins to develop carpal tunnel symptoms. Classic textbook carpal tunnel syndrome symptoms are tingling and numbness in the thumb, index and middle finger (median nerve distribution), aching in the forearm which can radiate to the shoulder and clumsiness or weak grip. Only about one or two patients out of ten presents with a classic textbook carpal tunnel picture. Some present with tingling in all fingers while others present with tingling only in the thumb or the middle finger. Some present with aching and pain in the hand while others have radiating pain just medial to the back.

A nerve test is done to confirm the diagnosis. Once the patient has been diagnosed with carpal tunnel syndrome, a decision versus treatment must be made. One must keep in mind what is going on with the nerve. The nerve is being squeezed. If one has a wedding band on the ring finger and the hand is crushed between two objects, then the entire hand begins to swell and the ring acts as a tourniquet cutting off the flow of blood to the finger. It is easy to understand that the ring has to be cut off the finger or else the finger will die. Likewise the nerve is being pinched. The nerve fibers are being pinched and they will be deprived of blood flow and undergo irreversible changes and ultimately die unless the pressure is released before those irreversible changes take place.



Thus the goal of treating carpal tunnel syndrome is not simply to reduce the pressure on the nerve so that the symptoms are tolerable and the patient can live with it but rather to alleviate the pressure entirely. Waiting "until it gets too bad" is not advised and one may actually end up with permanent nerve damage.

## **Treatment of Carpal Tunnel Syndrome**

Make no mistake; carpal tunnel is big business. Countless millions of dollars have been wasted on gimmicks and gadgets trying to prevent carpal tunnel, treat carpal tunnel, and avoid surgery. Almost all of them do not work. Rarely do ergonomic devices work. "Therapy" and "exercises" do not work. Think about it, repetitive motion contributed to the carpal tunnel to begin with in many cases. It's not a problem that can be exercised away. Magic lasers waved over the hand have not been proven effective by scientific evaluation. There is no evidence to suggest that they actually decrease the flexor tenosynovium. Splints worn during the day decrease the muscle pumping action of the hand, cause more swelling in the hand, and increase carpal tunnel symptoms. Splints can be helpful at night for positioning the hand to avoid sleeping in marked inflexion which puts increased pressure on the nerve. Vitamin B-6 is almost always ineffective. Topical creams by "renowned doctors" don't work. Magnets don't work for carpal tunnel syndrome. Dietary supplements don't work.



Steroid injections are only temporary and can cause permanent injury to the nerve if the needle is accidentally placed in the nerve, which usually happens on the third or fourth injection.

An open carpal tunnel release works, but it can cause weeks or months of pain and inability to work.

## **What's the answer?**

So why do carpal tunnel sufferers, employers, and insurance carriers fall for all of these worthless remedies? Simple. In the United States, one can sell just about anything if it's packaged right, even if it is worthless. Carpal tunnel is big business.



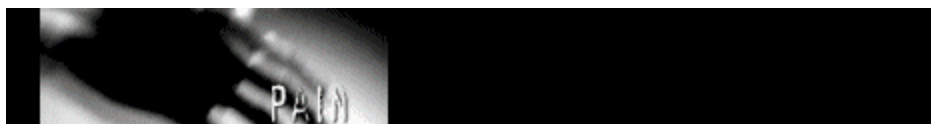
Unfortunately, that means a lot of hard-earned money is being wasted and people are going untreated. Not only are they suffering, but also they risk permanent damage to the nerve the longer the condition persists.

There is an excellent treatment however. It's not magic. It is a quantum leap forward in the treatment of carpal tunnel. It is the first major breakthrough in 50 years. It will almost certainly be the standard by which all other treatments are measured in years to come. Tens of thousands of people have been effectively treated in this manner, which requires about eight days of inconvenience; afterwards one can do whatever they choose to do. This is the treatment that informed people choose. If you wish to inform yourself, really understand the problem, and make an informed decision about how to proceed, then click on the link below.

If you want to throw your money away on worthless gimmicks then go to [www.i'llfallforanything.com](http://www.i'llfallforanything.com).

Click the buttons below for more information on Carpal Tunnel Syndrome

<b>Carpal Tunnel Syndrome</b>	<b>C T S Scientific Data</b>	<b>C T S New Technologies</b>
<b>CLICK HERE FOR Appointments or to visit <a href="http://www.TheHandCenter.com">www.TheHandCenter.com</a></b>		



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