

Name: _____
Date: _____

CARPAL TUNNEL SYNDROME HOME CARE

Carpal tunnel syndrome is often caused by repetitive motion activities and working in an environment that demands long periods of poor posture to complete a task. Rapid weight gain and pregnancy can also initiate the symptoms of carpal tunnel syndrome. Carpal tunnel syndrome is characterized by wrist and hand pain with numbness, tingling, and loss of strength in the thumb, index, and middle fingers. Most of the cases I have seen actually have nerve problems in the neck region relating to these symptoms. Many physicians are short sighted and only look at the wrist.

A comprehensive assessment requires examining the neck where the nerves leave the spine and travel to the finger tips. The nerves may be entrapped in the neck, upper arm, forearm, or wrist causing the symptoms of carpal tunnel syndrome.

Nearly all patients can receive relief of symptoms without surgery.

- _____ Follow your home treatment plan and chiropractic adjustment schedule strictly.
- _____ Take B₆, 250-300 mg per day for six weeks.
- _____ Take 1,000mg of Glucosamine Sulfate 2 times per day. This will reduce inflammation.
- _____ Use cervical pillow when sleeping.
- _____ Avoid wearing wrist splints, and if needed only while you sleep for 3-6 weeks.
- _____ Apply ice to the wrist. With active swelling and aggravation of nerves you need to apply an ice pack to the area of pain for 20 minutes (no more). (Wrap a moist hot wash cloth around the ice pack to make the initial application more tolerable.) The area will feel cool, achy, and then numb--the desired effect.
- _____ Squeeze tennis balls in hands slowly for 1 minute, three times per day to help maintain strength.
- _____ Stretch and massage muscles of arm and hand atleast 3 times per day (see attached sheet)
- _____ Avoid repetitive motions with arms and hands and see posture do's and don'ts attached.
- _____ If you are unsure, or you have any questions concerning any of the above instructions, make sure you talk to me BEFORE proceeding.
- _____ If your condition changes, or you are at all concerned about it, call the office immediately.
My home number is: 676-7151
- _____ Other: _____
