

Occupational Therapy for Carpal Tunnel Syndrome



WHAT IS CARPAL TUNNEL SYNDROME?

Carpal Tunnel Syndrome (CTS) is a condition where the median nerve is compressed at the region of the wrist. It results in numbness, tingling, coldness and / or pain at the thumb, index, middle and half of the ring finger. It may also cause weakness of the hand and difficulty in holding or pinching items.

WHAT CAUSES CTS?

- Prolonged forceful gripping of objects or vibration tools e.g., using screwdrivers or power drills
- Repetitive finger and wrist movements e.g., wringing of towel
- Prolonged awkward wrist postures e.g., playing musical instruments
- Prolonged period of handling cold items

WHAT ARE THE TREATMENTS AVAILABLE?

Conservative Management

Your doctor may refer you to an occupational therapist for hand therapy to manage your symptoms and improve your ability to perform your daily activities by

- Educating you on activity modification techniques to allow rest and recovery at the affected nerve
- Fitting you with splints / orthosis to alleviate nerve tension and compression
- Teaching you exercises to facilitate nerve and tendon gliding to optimise nerve recovery

Surgical Management

Surgical release of the carpal tunnel may be advised by the doctor if conservative management fails to alleviate symptoms.

ACTIVITY MODIFICATION PRINCIPLES

Modifying how you use your hands in daily activities may help reduce numbress or pain intensity and prevent future recurrence of this condition.

To begin, identify and reflect on the daily activities which will involve excessive and prolonged forceful gripping, and awkward wrist postures.



Scan the QR code to find out more:



Using the activity of grocery shopping as an example, you are applying the Activity Modification Principles when you:



Pen down some ways by which you can apply the Activity Modification Principles to two of the activities that you have identified earlier.

SPLINT / ORTHOSIS WEARING REGIME



Use of splint / orthosis will encourage neutral wrist positioning to prevent compression and stretching of median nerve.

This helps to alleviate the symptoms of numbness and pain.

For maximum result, the splint / orthosis should be worn at night daily for at least 3 weeks. For more severe cases, your occupational therapist may advise for the use of splint / orthosis for a longer duration throughout the day or up to 6-8 weeks.

The splint / orthosis can be taken off for the following activities:

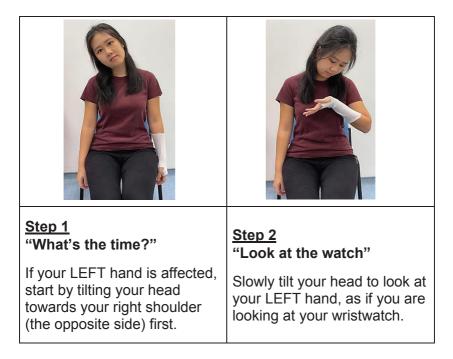
- Simple self-care activities such as hand hygiene and showering
- Performing home exercise programme for the affected hand

HOME EXERCISES

- Median nerve and tendon gliding exercises are important in reducing the formation of adhesions and improving blood circulation and nutrition supply to the injured structures
- Complete 5 repetitions, 3 times a day

Median Nerve Gliding Exercise

• Alternate between Step 1 and Step 2



Tendon Gliding Exercises

1) Hook Fist Make a hook fist with your finger, keeping knuckle joints straight
2) Straight Fist Make a straight fist by bending knuckle and middle joints, keeping the last joints straight
3) Full Fist Make a full fist by bending all finger joints

Scan the QR code to find out more:

Home Exercise Programme and Splinting	

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This patient information leaflet was jointly created by Occupational Therapy from National University Hospital, Ng Teng Fong General Hospital and Alexandra Hospital.

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