



DOCTOR DISCUSSION GUIDE

Managing Carpal Tunnel Syndrome

The success of treating carpal tunnel syndrome largely depends on your involvement, so knowing about your condition can help you recover. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

Carpal Tunnel	A passageway in your wrist through which bones, ligaments, and a nerve called the median nerve travel to reach the hand. It is a narrow passageway, and if the structures inside it become swollen or inflamed, they can be compressed.
Paresthesia	Tingling, numbness, and unusual sensations are described as paresthesia. Paresthesia may be associated with pain, but it is usually not.
Median Nerve	A long nerve that helps move your arm and hand. It also provides sensation to your thumb, index finger, middle finger, and half of your ring finger. When it is compressed in the carpal tunnel, it can cause weakness of the fingers, paresthesia, and decreased sensation.
Nerve Compression	A nerve can become less functional if there is pressure on it. Nerve compression can result from swelling or inflammation, and can cause pain, paresthesia, or weakness.
Electromyography (EMG)	A diagnostic study that examines nerve function using needles, an EMG can help with the diagnosis of carpal tunnel syndrome. The examination lasts for about 10 minutes and may be uncomfortable, but the discomfort usually resolves right after the test is completed.
Nerve Conduction Studies (NCV)	A diagnostic study that uses electric shocks to test nerve function, NCV is often done at the same time as EMG. It can help diagnose carpal tunnel syndrome, and, as with EMG, it takes about 10 minutes and may be uncomfortable, but does not cause severe or lasting pain.
Atrophy	When a muscle is not used as much as it should be, as in carpal tunnel syndrome, it can become smaller and weaker. This is described as atrophy. You may develop atrophy of your thumb muscles in your hand if your carpal tunnel syndrome is untreated for months on end.
Phalen's Maneuver	A diagnostic test in which your doctor may ask you to flex your wrist during your physical examination. If you have pain within a minute of wrist flexion, there is a strong chance that you have carpal tunnel syndrome.
Tinel's Sign	Your doctor may tap on your wrist to see if your pain or paresthesia occur. Tinel's sign, like Phalen's maneuver, can help diagnose carpal tunnel syndrome.



Questions to Ask

These questions will help you start a conversation with your doctor about how to best manage your carpal tunnel syndrome.

About Symptoms

- Can I continue to use my hands as usual when I don't have symptoms?
- Should I rest if my symptoms develop?
- Is my case mild, moderate, or severe?

About Causes & Risk Factors

- Is my carpal tunnel syndrome related to my computer use or to mobile phone use?
- Will I be tested for thyroid disease, arthritis, or any other risk factors?

About Diagnosis

- Is there a possibility that my symptoms could be caused by something else?
- What tests will I need to confirm my diagnosis?

About Treatment

- Can I use a splint that I already have at home or from a drugstore?
- If I take pain medicine, can I continue to use my hands as usual?
- Are there exercises that I can do at home?
- Can I use ice or heat on my wrists?
- Can I use a splint whenever my symptoms act up?
- What are the signs that I would need surgery?

About Coping

- Can I use a hand rest designed for carpal tunnel syndrome?
- Do I need to see or call a doctor if the tingling returns after resolving?
- Are there natural treatments that I can use?
