

A Unique Approach to the Treatment of Repetitive Motion Disorders

Repetitive motion syndrome is a malady that affects millions of people. It is named repetitive motion syndrome because its etiology is due to repetitive motions such as typing, computer work, or other labor involving repetitious motion or overuse of the tendons. Its clinical manifestations include numbness or tingling (with or without pain) in the forearm, wrist, hands or fingers. Weakness in thumb abduction may be present, as well as tendon inflammation and swelling. It may present unilaterally or bilaterally.

Carpal tunnel syndrome is a painful wrist disorder caused by compression of the median nerve. It is the leading compensable occupational illness, having surpassed back injuries since 1990. It is commonly thought of as being caused by repetitive motion (and sometimes it is); however, a correct diagnosis of carpal tunnel syndrome requires adherence to strict electrophysiological data. Many studies supporting the notion that carpal tunnel is a repetitive motion disorder have not used exact clinical data and rarely have included electrodiagnostic information.

Repetitive motion syndrome in general (and carpal tunnel specifically) have always been viewed as being well treated with Oriental medicine, especially acupuncture. Standard treatments involve treating points such as PC 7 (*daling*), PC 9 (*zhongcong*), LI 11 (*quchi*), TE 5 (*waiguan*) and LI 4 (*hegu*), which are local to the affected areas. My treatment approach (described below) is somewhat different, but for me, it has yielded excellent clinical results.

From an observational point of view, the problems of carpal tunnel syndrome or repetitive motion syndrome are confounded by the simultaneous presence of repetitive motions; the neurovascular compression of nerves coming from the shoulder area; and arterial compression. Painters, cashiers or assembly-line workers who type or perform repetitive motions of the wrist also develop a postural accommodation that leads to shoulder and neck tension.

When the shoulders slouch forward and the chest becomes slightly concave, abnormal compression of the subclavian artery or the axillary and/or brachial plexus may result. This compression produces a series of signs and symptoms such as pain and numbness in the distal extremities of the forearm, wrist, hands and fingers which is termed neurovascular compression. Patients with this problem typically have stiff necks, shoulders and backs, and oftentimes have headaches. My typical treatment style involves alleviating the compression and removing the stagnation that manifests in the signs and symptoms of carpal tunnel and repetitive motion syndromes.

In my treatment repertoire, the most important point to alleviate neurovascular and arterial compression is the shoulder point ST 12 (*quepen*). ST 12 is located in midpoint of the supraclavicular fossa four cun lateral to the ren channel. Treating it can loosen up the tissue and muscles of the supraclavicular fossa, which are tight or constrained due to posture, stress or tension. Consider this point to be more of an area that encompasses the discrete point, as well as about 1/2-1 inch above it.

ST 12 is highly underutilized in the point repertoire of many practitioners. It possesses powerful

and unique energetics that account for its efficacy. ST 12 is the point of intersection of many meridians. It is the union of the stomach, small intestine, triple warmer and gall bladder meridians.

ST 12's unique anatomical position may account for its therapeutic usefulness. Anatomically, it is located directly above the supraclavicular portion of the brachial plexus. Its traditional indications center on cough, asthma, sore throat, pain in the supraclavicular fossa, stiff neck and neck spasms.

Even if repetitive motion syndrome or carpal tunnel syndrome is only one-sided, treat the point bilaterally. If needling is done, the patient should recline in the lateral recumbent position (on their side). Gently insert a #1 gauge 30mm needle perpendicularly .3-.5 cun posterior to the sternocleidomastoid muscle. Note that this is not the usual Chinese method of needling ST 12, which is perpendicularly downward. Do not obtain qi, nor tonify, nor disperse; that is, do not manipulate, turn, lift, thrust or use any other technique with the needle.

Needle with caution. Carefully monitor the angle and depth of insertion due to proximity to the apex of the lung, which is not in danger of being punctured if the needle is correctly inserted. Retain the needle for 10-15 minutes, then reverse sides. Additionally, I add distal points along the meridians that may be involved such as LI 1 (*shangyang*), LU 11 (*shaoshang*), LI 11 (*quchi*) and PC 9 (*zhongcong*). The jing well points can be needled perpendicularly .1 cun or bled by using a bleeding technique to remove stasis and smooth the course of qi and blood in the channels. Obtain 1-2 drops of blood. LI 11 can be needled perpendicularly 1.0-1.5 inches.

Moxibustion can be integrated into the treatment. Apply gentle moxa in the form of a moxa pole to ST 12 and LI 11 for approximately three minutes on each point until the patient reports radiating warmth. If massage is performed, gently massage the point for about 20 seconds on each side.

This treatment can be performed once a week for 3-5 treatments. At the end of this course of treatment, the problem is usually alleviated. Additionally, I tend to augment the treatment with a generous application of the liniment *zheng gu shui* which, in my opinion, is the best liniment for qi and blood stasis. Apply it along the course of the affected meridians with a cotton ball. I recommend the patient apply it to the same areas before going to bed every evening. Use caution not to get it into the mucous membranes or eyes.

Lifestyle counseling should also be provided to eliminate etiological factors. The person should cultivate a sense of their posture; take frequent breaks from repetitive motions; obtain massage; do gentle neck exercises like rotations; and use ergonomically designed seating, wrist pads and keyboards if they are a causative factor of the problem. Sometimes vitamin B6 deficiency may account for improper neurological functioning. Unless otherwise contraindicated, a good quality multivitamin can assist in restoring and maintaining proper nerve functioning.

References

1. Kirschberg G, Fillingim R, et al. Carpal tunnel syndrome: classic clinic symptoms and electrodiagnostic studies in poultry workers with hand, wrist, and forearm pain. *Southern Med J* March 1994;87(3).

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