

Everyone and No One Has Carpal Tunnel

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Yogis, writers, tailors, hair cutters, software engineers, carpenters, baristas... For many of these people, wrist pain is the bane of their existence. Ask, and most will tell you they have carpal tunnel. However, in a high percentage of cases, this ubiquitous diagnosis for workplace-induced wrist pain is false.

Most people whose jobs cause or worsen wrist pain are not dealing with true carpal tunnel syndrome. Rather, they are dealing with trigger points caused by repetitive strain on the arm and hand muscles. These trigger points mimic the symptoms of carpal tunnel and can be completely eliminated with acupuncture.

Who Really Has Carpal Tunnel?

True carpal tunnel means that the median nerve, which runs from the forearm through a passageway in the wrist to the hand, is compressed. This compression causes pain, numbness and tingling, and sometimes weakness in the wrist, arm and hand. Structural malformations that compress the median nerve are not necessarily unusual — for example, a wrist fracture or inflammation from arthritis can crowd the area — but they are not as common as carpal-tunnel statistics would have us believe.

So why is a false diagnosis of carpal tunnel syndrome problematic? Initial medical treatment for carpal tunnel includes wrist splinting, NSAID drugs and cortisone shots. Not great, but no more harmful than conventional pain management for any other condition. But with carpal tunnel, when these measures don't work, people turn to surgery relatively quickly because their condition often threatens their livelihood.

Acupuncture could save a lot of people from unnecessarily going under the knife.

Which Trigger Points Cause Wrist Pain?



Photo courtesy of Sara Calabro

Trigger points in the following muscles can mimic the symptoms of carpal tunnel syndrome:

If wrist pain is mainly on the back of the wrist, there may be trigger points in one or several of the wrist extensor muscles — extensor carpi ulnaris, extensor carpi radialis brevis and extensor carpi radialis longus. Pain from extensor ulnaris trigger points tends to concentrate on the pinky side of the wrist while radialis brevis trigger points refer pain to the center of the wrist and slightly down the hand. Radialis longus trigger points, in addition to wrist pain, refer pain to the outside of the elbow.

For inside-of-the-wrist pain, an acupuncturist may suspect trigger points in the hand flexor muscles — the flexor carpi radialis and flexor carpi ulnaris. The pronator teres, whose trigger points refer pain to the thumb side of the inner wrist up into the forearm, also can be involved.

Another forearm muscle, the palmaris longus, can harbor trigger points that cause pain and tingling in the inner wrist and up into the forearm. Accompanying hand pain can help differentiate this muscle. The palm is the primary referral area for trigger points in the palmaris longus, so in addition to wrist pain, there also would be pain in the center of the palm.

Trigger points directly in the hand, in a muscle called opponens pollicis, can cause lower wrist pain on the thumb side of the inside crease. Trigger points in this muscle are common in people whose hands and especially thumbs are very active. For example, the opponens pollicis is one of the first places

acupuncturists look when people complain of BlackBerry thumb.

While most wrist pain comes from trigger points in the arm and hand muscles, the scalene muscles of the neck also can play a role. Trigger points in the scaleni can cause back-of-the-wrist pain that extends into the fingers, as well as thumb-side pain on the inside of the wrist. This type of wrist pain is distinguishable by the accompanying upper arm, back or chest pain.

Trigger points in another upper-body muscle, the pectoralis minor, can cause referred pain to the wrist. Most pain from pectoralis-minor trigger points is at the front of the shoulder, but there is a common spillover pattern that extends down the inside of the arm and wrist, all the way into the ring and pinky fingers.

Why Go With Acupuncture?

Considering the risk-benefit ratios of various wrist-pain treatments, acupuncture should be a first-line option rather than a last resort.

Acupuncture is safer than NSAIDs and cortisone shots, and it actually eliminates the pain source rather than temporarily masking symptoms. Compared with surgery, acupuncture is cheaper and less invasive, and has a higher probability of providing relief in people who don't have a structural malformation (i.e., the majority). In relatively rare cases of true carpal tunnel syndrome, acupuncture can help manage post-operative trigger points that form in scar tissue and surrounding fascia.

Wrist pain burdens our system not only in the form of medical expenses but also lost wages. Before labeling it all carpal tunnel, let's look to acupuncture for a new perspective on this prevalent problem.

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