"Gotta lotta of nerve..."

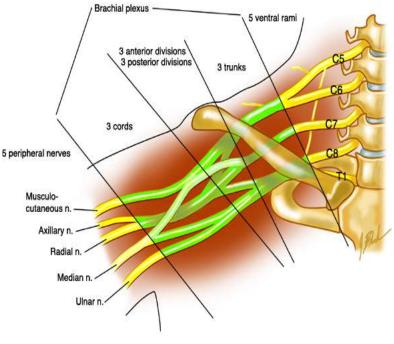


Compressive Neuropathies of the Upper Extremity

PRESENTED BY ANNE MOSCONY, OTR/L, CHT

Healthy UE Nerves BRACHIAL PLEXUS ORIGINATES FROM C5 TO T1

 CONSISTS OF MOTOR AND SENSORY FIBERS



JOB: continuous communication

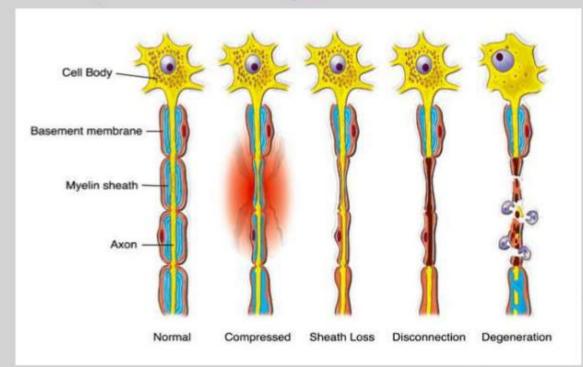
COMPRESSION NEUROPATHIES

Etiology

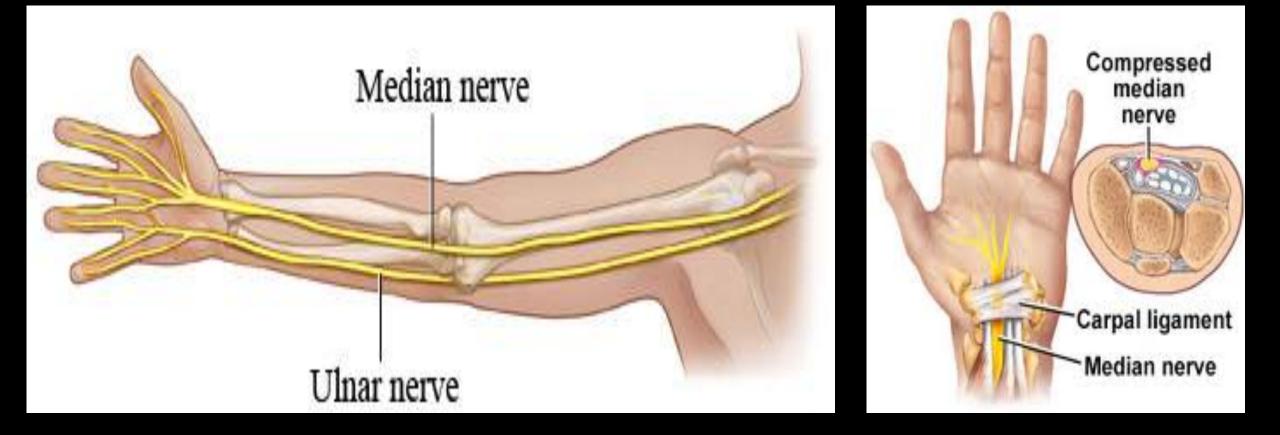
Presentation

Progression

Nerve Pathology



CARPAL TUNNEL SYNDROME





Anatomy of median nerve compression at the carpal tunnel

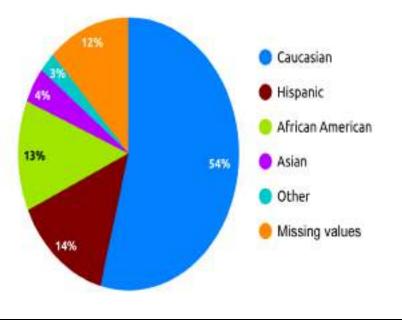




Presentation: signs and symptoms

STATISTICS

Carpal tunnel syndrome prevalence by ethnicity



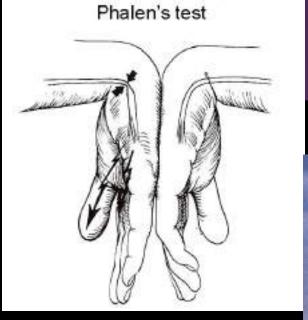
Age

ullet

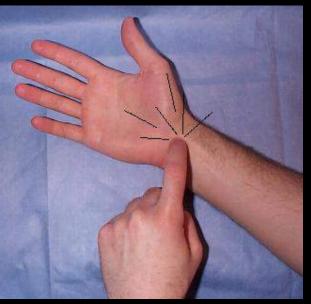
Gender

Occupation

Associated comorbidities/conditions

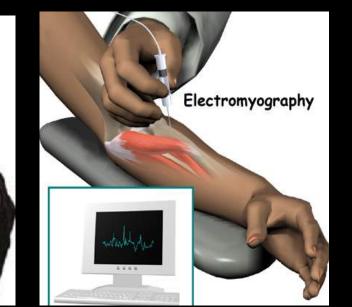


Diagnosis









Evidence-based interventions









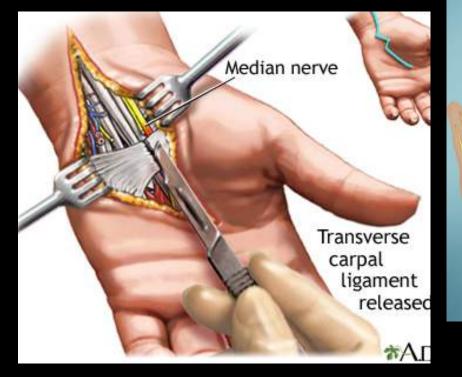
Evidence-based interventions: nerve gliding

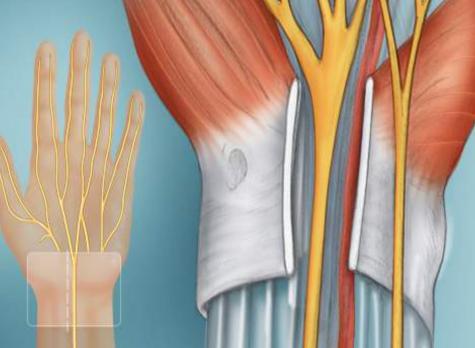
Technique: slider verses tensioner

Nerve gliding should NEVER increase pain, especially burning pain.

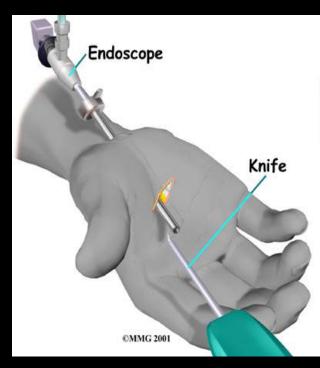
DO NOT pull on the base of the thumb with MNG

Surgical considerations









Take-home points

1.Conservative management: night bracing, tendon and nerve gliding, ergonomic considerations and education

2.Do NOT teach nerve tensioners or nerve glides that pull on the CMC of the thumb

3.Patients who complain of numbress and present with thenar wasting should see a surgeon ASAP