

Madigan Army Medical Center Referral Guidelines

Carpal Tunnel Syndrome and Ulnar Neuropathy at the Elbow

Diagnosis/Definition

Pain, loss of strength or sensory changes (paresthesias, numbness) in the distribution of the median or ulnar nerves not associated with neck pain. Most commonly symptoms occur at night and awake patient from sleep, while talking on the phone or driving. These syndromes can be, but are not necessarily, associated with repetitive motion jobs.

Initial Diagnosis and Management

- History and physical exam (screen for associated conditions, i.e., diabetes, pregnancy, Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE)).
- Assessment with provocative tests to include Tinel's and Phalen's sign and carpal compression tests of specific nerves.
- Plain radiographs are not required (unless there was trauma); MRI/CT are not indicated.
- For Carpal Tunnel Syndrome (CTS) symptoms prescribe a wrist splint (wrist in a neutral position) to wear at night and during the day for aggravating activities (take splint off during the day every 2 hours and move wrist to prevent stiffness).
- For ulnar neuropathy at the elbow, educate the patient to avoid pressure on elbow, and may prescribe a elbow pad to protect the nerve and to limit flexion of the elbow at night.
- For both, try work simplification techniques using ergonomic principles and activity modification to decrease symptoms.
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Ongoing Management and Objectives

- Expect resolution or decreasing symptoms within two to four weeks.
- Consider confirming the diagnosis with EMG/NCV (PM&R or Neuro diagnostics) if symptoms have not resolved within 6 weeks or if there has been no response to treatment.
- Continue NSAID and splint use.

Indications for Specialty Care Referral

- Refer to OT after initial diagnosis for further conservative management.
- Orthopedic Hand Clinic referral is indicated if a sensory (2 point discrimination >5mm) or motor deficit or thenar or hypothenar atrophy is demonstrated in patients with CTS or ulnar neuropathy at the elbow respectively.

Criteria for Return to Primary Care

- Resolution of symptoms.
- Chronic condition that can be managed at primary care level with intermittent specialty care evaluation/intervention as need

References:

Cannon, N. M. (2001). Diagnosis and treatment manual for physicians and therapists: Upper extremity rehabilitation, 4th ed. (pg. 170-171). The Hand Rehabilitation Center of Indiana, Indianapolis, IN.

Last Review for this Guideline: **October 2012**
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator